methodology has been published and is publicly available.[3] The standards for ESMO CPGs include a common template to facilitate a homogeneous presentation, the selection of recognised multidisciplinary experts as main authors, a peer review system controlled by the subject editor and performed by at least 4 ESMO faculty members, and the inclusion of levels of evidence and grades of recommendation for all relevant statements.

We acknowledge deficits in the CPG production, which are related to the intent of publication and the specific format. For example, we acknowledge that ESMO CPGs are not currently using tools such as systematic literature reviews and the reliance on a rather narrative nature of the review as well as the lack of more "encompassing" analyses (eg, cost-benefit considerations). This is directly linked to the scope of ESMO CPGs to provide information for daily clinical use, in a concise format, for the target audience of (mainly) European medical oncologists. However, ESMO CPGs must be considered with regard to the presence of a plethora of high-volume, systematic guidelines, also intended for health policy decision-making. ESMO CPGs are intended to complement these other guidelines. Finally, of the CPGs reviewed, the ESMO CPG had the highest ratio of high-quality evidence to low-quality evidence. In conclusion, we would like to quote from a previously published article regarding heterogeneity in cancer guidelines[4]:

> We argue that such CPG heterogeneity is not detrimental for guideline quality, dissemination and adoption. A key point is to define clearly what the guideline intends to do, for whom and in which circumstances. There are different needs to be met by CPG in various health systems, societies, among health professionals, patients and organisational structures. Provided methodological standards are adhered to so as to guarantee high-quality, heterogeneity in aspects of development, structure, context, target user and end point definitions may be needed in order to better meet divergent patient and physician demands in a kaleidoscopic world.

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Reply to ESMO Guidelines Committee comment on 'Critical Evaluation of the Scientific Content in Clinical Practice Guidelines'

We thank Cervantes and colleagues for their interest in our recent article,[1] in which we sought to evaluate the development processes and scientific content of clinical practice guidelines (CPGs) for the diagnosis and management of rectal cancer. The selected CPGs were produced by major organizations and societies, including the European Society for Medical Oncology (ESMO), which represent the key authorities on rectal cancer care in North America and Europe and have the most credibility with end users of CPGs. We demonstrated wide variation in

the overall quality of CPG development, use and interpretation of the evidence base, and recommendations around key processes of care.

The overarching aim of our study was to perform a contemporary in-depth appraisal of the scientific recommendations presented in the CPGs. The Appraisal of Guidelines for Research & Evaluation (AGREE II) instrument facilitated our work by allowing us to objectively rate the quality of the reporting of the guideline development process and to compare the CPG recommendations across the board. This does not suggest that the authors completely agree with or endorse the content of the documents based solely on the AGREE II scores. AGREE II scores, which varied widely across the CPGs we evaluated, are dependent on the reporting of the development processes in the actual CPG document being evaluated.

By intent, our appraisal was limited to the most recently published CPGs from the representative groups. We obtained the most up-to-date versions of the CPGs from the organizations' official Web sites, including ESMO's Web page for CPGs in gastrointestinal cancers.[2] Although the ESMO home page has a specific tab for guidelines that is extensively populated, the colon and rectal cancer consensus statement[3] referenced above is not cited on the Web site. From their description, this appears to represent a potentially valuable resource, but the ESMO CPG end user is also not informed about the statement or its contents, and there is no direct way to obtain the document from the official Web site.

The ESMO CPGs are practical and concise documents and ESMO has invested substantial effort and time in this program to improve patient care. As summarized by our findings,[1] there are several strengths to the ESMO CPGs, including a relatively high percent of references to randomized controlled trials. We appreciate the attention shown by Cervantes and colleagues to the importance of guidelines and believe that they share our goal of developing high-quality CPGs that synthesize recommendations based on the best available evidence. Indeed, many of their points should be shared on the official ESMO Web site and made a formal component of ESMO's guideline program. Importantly, the document containing the ESMO policies and procedures for guideline development[4] is not readily identifiable from the appraised CPG document nor the ESMO Web site, and it should be referenced in future CPGs and made easily available to end users. This additional information improves transparency and affords users of the CPG a critical understanding of how the guidelines were developed and may result in a higher level of trust in the recommendations. Easier access to the appropriate consensus statements would serve the same purpose.

Finally, although we agree that some heterogeneity in clinical practice to provide individualized and patient-centered medicine is necessary and important, heterogeneity in guideline development is not necessarily beneficial within the context of evidence-based medical care. Critically, clinicians must have access to trustworthy guidelines and recommendations that take the weight of various sources of data into account. Our study found that even data from randomized controlled trials are interpreted differently across groups.[1] This further emphasizes our conclusions that there may not be a comprehensive and reliable resource to guide providers in the delivery of high-quality, guideline-concordant cancer care.

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