# Appendix 5. Appraisal

The Korean Appraisal of Guidelines for Research & Evaluation (K-AGREE) was used as the appraisal instrument. The form of K-AGREE is as follows:

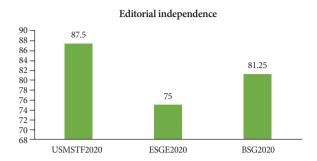
#### 1. K-AGREE

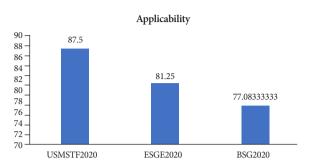
|     |   | ←Strongly Disagree Strongly Agree   |   |   |   |    |   | <br>gree→ |      |
|-----|---|---|---|---|---|----|---|-----------|------|
|     |   | 1   | 2 | 3 | 4 | 5  | 6 | 7         | NA   |
| Don | nain 1. Scope and Purpose   |   |   |   |   |    |   |           |      |
| 1   | The overall objective(s) of the guideline is (are) specifically described.                                  |   |   |   |   |    |   |           |      |
| 2   | The health (clinical) question(s) covered by the guideline is (are) specifically described.                 |   |   |   |   |    |   |           |      |
| 3   | The population (patients, public, etc.) to whom the guideline is meant to apply are specifically described. |   |   |   |   |    |   |           |      |
| Don | nain 2. Stakeholder Involvement   |   |   |   |   |    |   |           |      |
| 4   | The guideline development group includes individuals from all the relevant professional groups.             |   |   |   |   |    |   |           |      |
| 5   | The views and preferences of the target population (patients, public, etc.) have been sought.               |   |   |   |   |    |   |           |      |
| 6   | The target users of the guideline are clearly defined.  |   |   |   |   |    |   |           |      |
| Don | nain 3. Rigor of Development  |   |   |   |   |    |   |           |      |
| 7   | Systematic methods were used to search for evidence.  |   |   |   |   |    |   |           |      |
| 8   | The criteria for selecting the evidence are clearly described.  |   |   |   |   |    |   |           |      |
| 9   | The overall objective(s) of the guideline is (are) specifically described.                                  |   |   |   |   |    |   |           |      |
| 10  | The health (clinical) question(s) covered by the guideline is (are) specifically described.                 |   |   |   |   |    |   |           |      |
| 11  | The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.  |   |   |   |   |    |   |           |      |
| 12  | The overall objective(s) of the guideline is (are) specifically described.                                  |   |   |   |   |    |   |           |      |
| 13  | The health (clinical) question(s) covered by the guideline is (are) specifically described.                 |   |   |   |   |    |   |           |      |
| 14  | The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.  |   |   |   |   |    |   |           |      |
| Don | nain 4. Clarity of Presentation   |   |   |   |   |    |   |           |      |
|     | The recommendations are specific and unambiguous.   |   |   |   |   |    |   |           |      |
|     | The different options for management of the condition or health issue are clearly presented.                |   |   |   |   |    |   |           |      |
|     | Key recommendations are easily identifiable.  |   |   |   |   |    |   |           |      |
| Don | nain 5. Applicability   |   |   |   |   | l. |   |           |      |
|     | The guideline describes facilitators and barriers to its application.                                       |   |   |   |   |    |   |           |      |
|     | The guideline provides advice and/or tools on how the recommendations can be put into practice.             |   |   |   |   |    |   |           |      |
|     | The potential cost implications of applying the recommendations have been considered.                       |   |   |   |   |    |   |           |      |
|     | The guideline presents key review criteria for monitoring and/ or audit purposes.                           |   |   |   |   |    |   |           |      |
| Don | nain 6. Editorial Independence  |   |   |   |   |    |   |           |      |
|     | The views of the funding body have not influenced the content of the guideline.                             |   |   |   |   |    |   |           |      |
|     | Competing interests of guideline development group members have been recorded and addressed.                |   |   |   |   |    |   |           |      |
| Ove | rall assessment   |   |   |   |   |    |   |           |      |
|     | Overall appraisal of the guidelines   |   |   |   |   |    |   |           |      |
|     | Competing interests of guideline development group members have been recorded and addressed.                | ☐ The use of the guideline is recommended ☐ The use of the guideline is recommended (modification required) ☐ The use of the guideline is not recommended |   |   |   |    |   |           | nded |

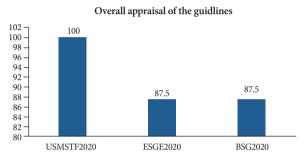


## 2. Results of appraisal

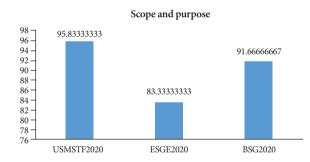
### $\square$ First appraisal

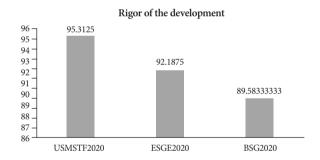


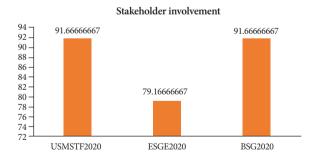


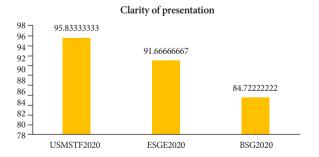


#### $\hfill\square$ Second appraisal









#### 3. Final selection of guidelines

After appraisal, all three guidelines were finally selected. The finally selected guidelines were as follows:

- 2020 Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer (US).
- 2020 British Society of Gastroenterology/Association of Coloproctology of Great Britain and Ireland/Public Health England post-polypectomy and post-colorectal cancer resection surveillance guidelines (BSG-ACGBI)
- 2020 Post-polypectomy colonoscopy surveillance: European Society of Gastrointestinal Endoscopy (ESGE) Guideline Update 2020 (EU)