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Chinese Clinical Guidelines in Oncology: A Mapping Review protocol of Methodological Quality and GRADE Application

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Data extraction.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 23 April 2026 and was last updated on 23 April 2026.

INTRODUCTION

Review question / Objective To (1) map GRADE implementation in Chinese oncology CPGs against the seven minimal requirements proposed by the GRADE Guidance Group; (2) examine temporal trends in implementation across publication years; and (3) explore the association between GRADE minimal requirement scores and guideline quality assessed by AGREE II Domain 3 (Rigour of Development).

Background Despite rapid growth in Chinese oncology clinical practice guidelines (CPGs), concerns persist about the superficial application of the GRADE approach, particularly the gap between claiming GRADE use and meaningfully implementing its core requirements. Few study has directly examined whether Chinese oncology CPGs fulfil the minimal GRADE requirements defined by the GRADE Guidance Group, or whether such implementation is associated with higher overall guideline quality.

Rationale Despite rapid growth in Chinese oncology clinical practice guidelines (CPGs), concerns persist about the superficial application of the GRADE approach — particularly the gap between claiming GRADE use and meaningfully implementing its core methodological requirements. While prior studies have described guideline quantity, general methodological features, and evidence–recommendation mismatches in the Chinese guideline literature, few have directly examined whether guidelines claiming to use GRADE fulfil the minimal requirements defined by the GRADE Guidance Group, or whether such implementation is associated with higher overall guideline quality as assessed by established appraisal instruments.
This scoping review addresses this gap by applying the seven minimal GRADE requirements (Schünemann et al., 2023) to Chinese oncology CPGs and examining their association with AGREE II Domain 3 (Rigour of Development) scores. Oncology was selected as the focus area as it represents the most frequently addressed disease category in recent Chinese CPG development and

has been identified as a priority area for methodological improvement. By distinguishing between merely claiming GRADE use and demonstrably implementing its core components, this study aims to provide the first empirical assessment of whether minimal GRADE implementation translates into measurable differences in guideline methodological quality in Chinese oncology, and to offer a replicable methodological framework applicable to other disease areas and national guideline ecosystems.

METHODS

Strategy of data synthesis This is a scoping review; formal meta-analysis will not be conducted. Data synthesis will include: (1) descriptive statistics of guideline characteristics and GRADE minimal requirement fulfillment rates; (2) mixed-effects logistic regression to model temporal trends in GRADE implementation (Requirements 1–6) with a guideline-level random intercept; (3) Wilcoxon signed-rank test to compare AGREE II Domain 3 scores between matched GRADE and non-GRADE CPG groups, reported with median (IQR), effect size (rank-biserial correlation), and two-tailed p-values; and (4) Spearman's rank correlation (with 95% bootstrap confidence intervals, 5,000 resamples) for dose-response analysis within the GRADE group. Results will be accompanied by visualizations including boxplots and scatterplots.

Eligibility criteria Inclusion:
CPGs developed in or specifically adapted for the Chinese healthcare context
Addresses cancer-related topics
Contains a formal methodology section with at minimum a systematic search strategy and an evidence appraisal process
Available in Chinese or English

Exclusion:
Protocols, editorials, and commentaries
Guidelines developed outside China and not formally adapted to the Chinese healthcare context
Documents lacking a formal methodology section (irrespective of self-assigned label).

Source of evidence screening and selection International databases: PubMed, MEDLINE Complete, and the Guidelines International Network (GIN) library. Chinese databases: Wanfang Med Online, CNKI, and the Chinese Medical Journal Full-text Database. All databases will be searched without date restriction. Search strategies will combine keywords and subject headings (e.g., MeSH terms) for "guideline" and "China," adapted for each database, in collaboration with a health sciences librarian.

Data management A standardized data extraction form will be developed prior to screening and piloted by the review team before full implementation. One reviewer will extract data from all included CPGs, and a second reviewer will independently verify a random 20% sample of extractions to ensure accuracy. Disagreements at the screening and extraction stages will be resolved through discussion, with arbitration by a third reviewer where necessary.
Extracted data will include general characteristics (author, year, specialty), guideline characteristics (cancer type and claimed use of methodological tools such as GRADE, AGREE II, RIGHT, or OCEBM), and information relevant to stakeholder involvement. For CPGs explicitly reporting GRADE use, additional data relevant to the seven-item GRADE Minimal Checklist will be extracted and scored dichotomously (Yes = 1, No or Unclear = 0).
AGREE II appraisal data will be collected independently by three trained reviewers across all included CPGs. Domain scores will be calculated as standardized percentages per the AGREE II user manual, with the final score per CPG representing the mean of the three raters' scaled scores. Inter-rater reliability will be assessed using the intraclass correlation coefficient (ICC) prior to any comparative analysis.
All data will be managed and analysed in R. A pre-specified random seed of 2025 will be used for any random sampling procedures (e.g., matched sampling of non-GRADE CPGs) to ensure reproducibility. The full dataset, extraction forms, and analysis code will be made available upon reasonable request to support transparency and replicability.

Language restriction Chinese; English.

Country(ies) involved China, Canada.

Keywords Clinical practice guidelines, GRADE approach, Oncology,AGREE-II.

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