

Appendix 2 (as supplied by the authors): 2018 C-CHANGE Update – Guideline Development Composition and Principles

Table 1: Guideline Panel

C-CHANGE Guideline Group	C-CHANGE Guideline Panel Member
1. Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-Informed Tobacco Treatment (CAN-ADAPTT) (14)	Peter Selby MBBS, MHSc
2. Canadian Cardiovascular Society – Guideline for the Management of Heart Failure(16)	Justin A. Ezekowitz MBBCh, MSc. Eileen O’Meara MD
3. Canadian Cardiovascular Society – Guideline for the Management of Dyslipidemia (17)	Todd Anderson MD Jean C. Grégoire MD Glen J. Pearson PharmD
4. Canadian Association of Cardiovascular Prevention and Rehabilitation (CACPR)	Simon Bacon PhD
5. Canadian Society for Exercise Physiology (CSEP)(18)	Mark Tremblay PhD
6. Diabetes Canada (13)	Alice Y.Y. Cheng MD Lawrence A. Leiter MD Diana Sherifali RN, PhD
7. Hypertension Canada (19)	Doreen M. Rabi MD, MSc. Stella S. Daskalopoulou MD, M.Sc., DIC, PhD
8. Canadian Association of Bariatric Physicians and Surgeons/Obesity Canada	David C. W. Lau MD, PhD Sean Wharton MD, PharmD
9. Canadian Stroke Network, Heart and Stroke Foundation (20)	Gord Gubitza MD Patrice Lindsay RN, PhD
Other Expert Members	Member
Nutritional Sciences	Mary L’Abbé PhD
Health Data Analytics and IT Architecture, Family Medicine	Karim Keshavjee MSc, MD
Family Medicine and Continuing Professional Development	Rahul Jain MD Richard A. Ward MD
Health System, Community Care and Patient Outcome Measurement	Jack V. Tu, MD, MSc, PhD
C-CHANGE Guidelines - Executive	Member
Co-Chairs	James A. Stone MD, PhD Sheldon Tobe MD, MScCh
National Director	Peter P. Liu MD
Program Director	Kimberly Walker MPH
Program Manager	Diane Hua-Stewart MPH

Table 2: C-CHANGE

Principles and Methodology
<p>1. Scope</p> <ul style="list-style-type: none"> • Informed by evidence; • Easily implemented and effective in practice, intended to facilitate population surveillance and outcome assessments
<p>2. Guidelines Developers</p> <ul style="list-style-type: none"> • Volunteer content experts with academic appointments in Canadian institutions and are acknowledged experts in their field based on publications, and include primary care specialists, methodology experts, knowledge translation experts. • All conflicts of interest are declared beforehand
<p>3. Recommendations</p> <ul style="list-style-type: none"> • All recommendations being considered for harmonization are based on their relevance to cardiovascular disease diagnosis (e.g., screening, risk stratification, diagnostic tests) and treatment (therapeutic targets, health behaviour strategies, pharmacological interventions) • The wording of the recommendations is consistent with the evidence, and actionable • All of the C-CHANGE recommendations are considered to be ‘strong’ in nature and none are ‘weak’ recommendations • Drug therapy recommendations require a strong evidentiary base with randomized controlled trials with hard outcomes and excellent internal validity
<p>4. Implementation and Knowledge Translation Strategies</p> <ul style="list-style-type: none"> • Must have a guidelines developer on the team to ensure guideline fidelity • Must include target audience member in development process
<p>5. Cost analysis</p> <ul style="list-style-type: none"> • Not included as the assumptions required are best made by the individual jurisdictions implementing the recommendations to respect their circumstances