

基于 AGREE-China 对中文乳腺癌诊治相关指南/共识的质量评估

倪明^{1,2}, 王琳辉^{1,2}, 李广涛^{1,2}, 徐虹^{1,2}, 陆瑶^{1,2}

(1. 复旦大学附属肿瘤医院, 复旦大学上海医学院肿瘤学系, 上海 200032; 2. 《中国癌症杂志》杂志社, 上海 200032)

摘要: [目的] 评估中文乳腺癌诊治相关指南/共识类论文的质量, 并基于评价结果提出编辑决策。[方法] 通过知网、万方、维普三大中文数据库检索 2019—2020 年间发表的中文乳腺癌诊治相关指南/共识类论文, 并采用 AGREE-China 质量评价工具对上述论文进行质量评价, 同时向乳腺癌领域专家发放问卷, 对上述论文进行质量评价。采用 SPSS22.0 对数据结果进行统计处理, AGREE-China 评分结果采用区组设计方差分析, 计量资料采用 *t* 检验或 Spearman 相关分析。[结果] 经遴选后, 共 23 篇中文乳腺癌诊治相关指南/共识类论文纳入到本研究, 总体有较高的被引频次 (52.2% 的论文被引超过 10 次) 和下载次数 (65.2% 的论文下载超过 500 次)。然而 AGREE-China 总体得分不高 (平均 21.7 分, 5.5~70.3 分, 满分 100 分), 论文获得推荐情况较弱。而乳腺癌领域专家评价结果显示, 该类论文获得乳腺癌领域专家的认可度较高 (平均 8.0 分, 7.0~9.4 分, 满分 10 分)。统计分析显示: AGREE-China 总分、被引频次、下载次数和专家评分之间呈正相关; AGREE-China 总分、专家评分、被引频次和下载次数与指南/共识作者类型和所发表的期刊类型均无关; 定期更新的医学指南/共识类论文相比未更新者有较高的被引频次、下载次数和专家评分 ($P<0.05$), 但在 AGREE-China 总分方面差异无统计学意义 ($P>0.05$)。[结论] 中文乳腺癌诊治相关指南/共识制定和发表时未有效参考方法学内容, AGREE-China 评价得分较低, 但仍然受到该领域学者的认可。期刊编辑应该加强医学指南/共识制定和发表的知识学习和储备, 发挥主观能动性, 尽可能参与到医学指南/共识的制定过程中, 进一步提升中文医学指南/共识类论文的整体质量。

关键词: AGREE-China; 医学指南/共识; 质量评价; 乳腺癌; 中文论文

中图分类号: R73 **文献标识码:** A **文章编号:** 1004-0242(2022)10-0828-11

doi: 10.11735/j.issn.1004-0242.2022.10.A011

Evaluation of Guidelines and Consensuses Related to the Diagnosis and Treatment of Breast Cancer: Based on the AGREE-China

NI Ming^{1,2}, WANG Lin-hui^{1,2}, LI Guang-tao^{1,2}, XU Hong^{1,2}, LU Yao^{1,2}

(1. Fudan University Shanghai Cancer Center, Department of Oncology, Shanghai Medical College, Fudan University, Shanghai 200032, China; 2. Periodical Office of *China Oncology*, Shanghai 200032, China)

Abstract: [Purpose] To evaluate the quality of breast cancer diagnosis and treatment related Chinese guideline/consensus papers, and to make editorial decisions based on the evaluations. [Methods] Breast cancer diagnosis and treatment related Chinese guideline/consensus papers were searched from the databases of CNKI, WANFANG and Chongqing VIP. The quality of the papers was evaluated both by AGREE-China evaluation tool and by questionnaire for experts of breast cancer. SPSS 22.0 was used for statistical analysis. The results of AGREE-China evaluation were analyzed by block-designed variance. Measurement data were analyzed by *t* test or Spearman correlation test. [Results] A total of 23 papers of Chinese guidelines and consensuses were collected, which had higher cited frequency (52.2% of the papers were cited more than 10 times) and more downloads (65.2% of the papers were downloaded more than 500 times). The total scores of AGREE-China evaluation were poor (average score 21.7, range 5.5~70.3, full 100), and the papers were also poorly recommended. The scores evaluated by experts of breast cancer were high (average score 8.0, range 7.0~9.4, full 10). The total scores of AGREE-China were positively correlated with cited frequency, download number and scores evaluated by experts; while there was no correlation between author or journal type with the total scores of AGREE-China, cited frequency, download number, scores evalu-

收稿日期: 2022-06-30; 修回日期: 2022-09-06

基金项目: 中国高校科技期刊研究会 2021 年医学期刊专项基金(CUJS-YX-2021-1-4);

上海市科技期刊学会青年编辑“腾飞”项目(2020A04)

通信作者: 倪明, E-mail: niming@shca.org.cn

ated by experts. The papers which regularly updated had higher cited frequency, download number, score evaluated by experts ($P<0.05$), but not for score of AGREE-China ($P>0.05$). [Conclusion] Although the methodological content of guidelines and consensus papers of the diagnosis and treatment of breast cancer was poor when they were formulated and published, and had low score evaluated by AGREE-China, they were still approved by scholars in this field. The medical editors should learn more about the knowledge of publishing guidelines and consensus, make more subjective initiative, and fully participate in the development process of guidelines and consensus. These can improve the overall quality of Chinese guidelines and consensus.

Key words: AGREE-China; medical guideline and consensus; quality evaluation; breast cancer; Chinese paper

医学指南/共识类论文对临床诊疗决策具有重要意义,也是目前期刊界公认的优质稿源。在中国知网医药、卫生分类导航中简单检索题名包含“指南”或“共识”的文献发现,2015年以来,医学指南/共识类相关文献的检出量总体呈逐年递增的趋势。但是究竟中文指南/共识类论文的学术质量、实用性、可行性如何,不得而知。我们前期在中国知网、万方数据和维普数据库上检索2018—2019年发表的639篇肿瘤相关中文指南/共识类论文后发现,论文发表3年后,有80篇论文存在零被引、零下载情况,占12.5%^[1]。这初步印证了我们的猜想——并非所有的指南/共识类论文都是学者们关注的热点文章,甚至存在发表后无人问津的情况,可能存在一定程度的滥发,也提示期刊编辑应加强对指南/共识类论文发表的质量把关。

目前,国内虽已有学者^[2-11]采用AGREE II评价体系对部分学科指南/共识类论文进行质量评价,但这些研究或是单从方法学角度进行评价或是单从学术角度进行评价,为相关专业学者提供医学指南/共识类论文质量高低的参考,未提及使用者对指南/共识的主观评价。期刊作为指南/共识类论文最终发表的载体,如果不对指南/共识类论文发表把好关,草率发表低质量指南/共识类论文,不仅对期刊、作者声誉带来一定负面影响,更会影响我国建立中国临床实践指南的规范性和权威性。

AGREE-China是王吉耀等循证医学专家基于国外公认的AGREE II的框架,结合中国临床实践指南评价工作需要,制定的具有与AGREE II实质性等效的“中国临床指南评价体系”,更契合中国临床实

践指南特点和用户习惯的评价体系^[12]。本研究基于AGREE-China评价体系对中文乳腺癌诊治相关指南/共识类论文质量进行评估,结合使用者评估,以期对医学指南/共识的制定和更新提供依据和思路,同时也为编辑同仁主动组织或被动收到医学指南/共识类论文时审稿决策提供借鉴和参考。

1 资料与方法

1.1 文献检索

我们于2022年4月2日通过中国知网、万方数据和维普数据库检索2019—2020年间发表的中文乳腺癌诊治指南/共识类论文。知网采用专业检索,文题、摘要或者关键词中检索条件:乳腺癌 OR 乳腺肿瘤 OR (乳腺 AND 肿瘤) OR (乳腺 AND 小叶状 AND 癌) OR (乳腺 AND 导管 AND 癌);且文题中需包含:指南 OR 共识;出版时间:2019年1月1日至2020年12月31日。万方数据采用高级检索,摘要中检索条件:乳腺癌 OR 乳腺肿瘤 OR (乳腺 AND 肿瘤) OR (乳腺 AND 小叶状 AND 癌) OR (乳腺 AND 导管 AND 癌);且文题中需包含:指南 OR 共识;出版时间:2019—2020年。维普数据库选用高级检索,文题、关键词中检索条件:乳腺癌 OR 乳腺肿瘤 OR (乳腺 AND 肿瘤) OR (乳腺 AND 小叶状 AND 癌) OR (乳腺 AND 导管 AND 癌);且题名中需包含:指南 OR 共识;出版时间:2019—2020年。

1.2 排除标准

排除以下类型文献:①指南/共识解读类论文;②会议论文;③指南/共识论文发布的简讯类/推广

类论文;④指南/共识简介类论文;⑤指南/共识评估类论文;⑥非聚焦于乳腺癌类指南/共识论文;⑦科普类指南/共识论文;⑧外文翻译类指南/共识论文;⑨无法获取全文的论文;⑩其他与乳腺癌诊治不相关的指南/共识类论文。

1.3 题录初筛

下载3个数据库的题录信息,对题录信息进行筛选、整合、去重。阅读题目,剔除明显不符合要求的论文。

1.4 全文精筛

下载全文,由2名课题组成员对论文进行研读,根据排除标准,对不符合要求的指南/共识类论文予以剔除,共遴选出中文乳腺癌相关诊治指南/共识类论文23篇^[13-35](Figure 1)。

1.5 论文质量评价

由4名责编共同学习 AGREE-China 评价标准,并选择1篇医学指南/共识类论文进行评价,召开讨论会,对评价结果进行商议,达成一致共识。4名责编根据 AGREE-China 评价标准6个维度,15个条目,对23篇论文进行独立打分,最终得分采用均值表示。为弥补责编单纯采用方法学评价方法对文章质量进行评价的不足,本研究通过上海市抗癌协会乳腺癌专委会于2022年5月30日至6月10日向乳腺癌领域专家发放调查问卷,对23篇论文质量进行评价,质量从低到高分分别对应0~10分(0~3分为不推荐,4~7分为弱推荐,8~10分为强推荐)。专家最终得分采用均值±标准差形式表示,均值≤3分为不推荐,3~8分为弱推荐,>8分为强推荐。

1.6 统计学处理

采用 SPSS 22.0 对结果进行统计学处理, AGREE-China 总分采用区组设计方差分析,其余计量资料采用 *t* 检验或 Spearman 相关分析,以 $P<0.05$ 为差异有统计学意义。

2 结果

2.1 23 篇论文基本情况

23 篇论文中 14 篇(60.9%)由行业协会组织撰写,5 篇由多中心专家组撰写,4 篇为单中心专家组撰写(Table 1)。所发表的期刊 73.9%(17/23)为中文核心期刊,82.6%(19/23)为中国科技核心期刊,52.2%(12/23)为中国科学引文数据库(CSCD)收录期刊,仅 13.0%(3/23)为普通期刊。文章篇幅 3~71 页(中位 8 页)。文章参考文献 17~386 篇,平均 32 篇。82.6%(19/23)的医学指南/共识类论文未查到有更新,1 篇(序号 21)每 2 年更新 1 次,1 篇论文(序号 22)每 3 年更新 1 次,1 篇(序号 9)每 4 年更新 1 次,1 篇(序号 20)不固定更新频次。被引频次方面,有 52.2%(12/23)的论文超过 10 次(中位数 11 次,0~557 次)。下载次数方面,65.2%(15/23)的论文下载次数超过 500 次(中位数 719 次,156~24 188 次)。

2.2 AGREE-China 对 23 篇论文的质量评价结果

AGREE-China 评价结果经过区组设计方差分析显示(Table 2):23 篇文章在科学性/严谨性方面平均得分 11.5 分(2.8~49.2 分,满分 55 分),各文章间差异有统计学意义($F=12.445, P=0.000$);安全性/有

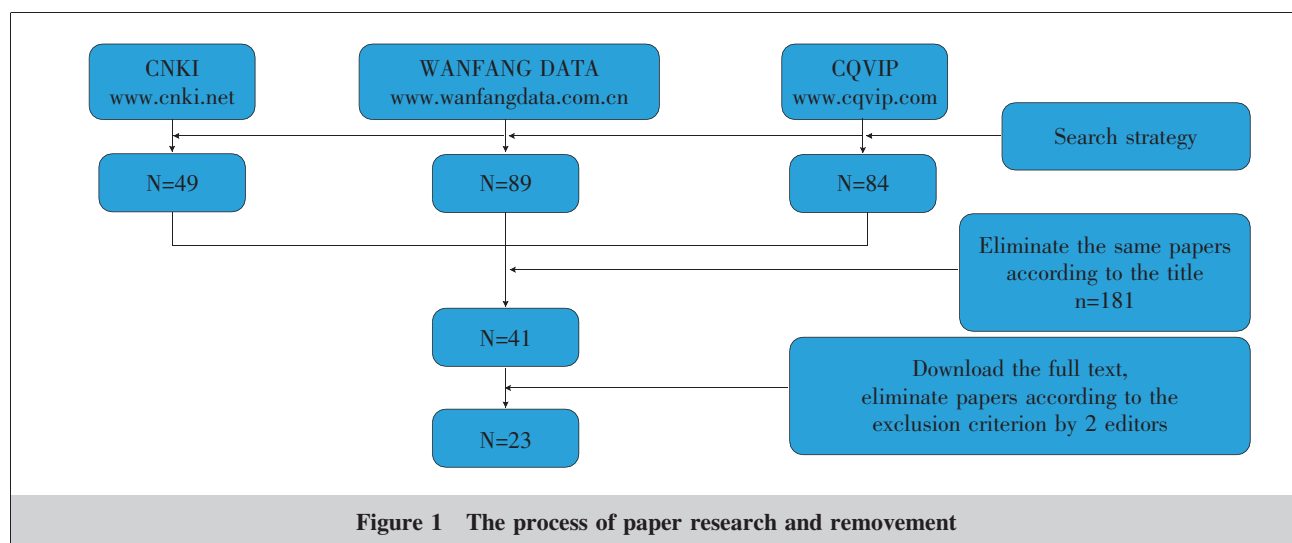


Table 1 Basic data of 23 Chinese guidelines and consensuses related to the diagnosis and treatment of breast cancer

No.	Paper	Cited frequency* max (CNKI+WANFANG DATA)	Download number* (CNKI+WANFANG DATA)	Page	Number of references
1	Expert consensus on breast preservation therapy (2020 edition) ^[13]	19	1863	56	386
2	Experts consensus on the liposomal doxorubicin for the treatment of breast cancer in Qinghai conference ^[14]	6	692	5	17
3	Expert consensus on clinical use of biomarkers in recurrent/metastatic breast cancer (2019 edition) ^[15]	11	1001	12	83
4	Expert consensus on surgical treatment of early breast cancer in Henan Cancer Hospital ^[16]	0	258	5	35
5	Expert consensus on the diagnosis and treatment of breast cancer-related secondary lymphedema in Henan Cancer Hospital ^[17]	9	467	4	22
6	Expert consensus on adjuvant endocrine therapy for breast cancer in Henan Cancer Hospital ^[18]	2	189	7	28
7	Chinese consensus guidelines for breast cancer in young women: clinical practice and fertility preservation ^[19]	23	546	10	64
8	Expert consensus on clinical treatment of pregnancy-associated breast cancer(2020 edition) ^[20]	7	944	5	19
9	Guidelines for HER2 detection in breast cancer ^[21]	163	2511	7	32
10	Clinical practice guidelines for intraoperative radiation therapy of breast cancer using intrabeam system ^[22]	2	351	5	43
11	Expert consensus on the management of adverse events of ErbB family tyrosine kinase inhibitors in breast cancer ^[23]	4	239	9	25
12	Consensus statements and operation guidelines on endoscopic surgery for breast cancer (2019 edition) ^[24]	4	185	4	19
13	Chinese expert consensus on breast reconstruction after breast cancer surgery (2019 edition) ^[25]	22	1103	3	20
14	Expert panel consensus on pathological diagnosis of breast cancer with neoadjuvant therapy (2020 version) ^[26]	17	719	9	30
15	Consensus on diagnosis and treatment of breast cancer treatment-related lung injury ^[27]	3	412	8	81
16	Expert consensus on the clinical practice of taxanes for the treatment of breast cancer ^[28]	2	156	10	50
17	A consensus statement on the breast-conserving surgery of early-stage breast cancer (2019) ^[29]	40	918	4	23
18	Consensus on TCM syndrome differentiation and internal therapy for early-stage breast cancer ^[30]	18	913	4	17
19	Expert consensus on neoadjuvant therapy for breast cancer in Zhejiang Province (2018) ^[31]	4	546	16	87
20	Chinese advanced breast cancer consensus guideline 2020 (CABC3) ^[32]	14	2527	20	128
21	Chinese Anti-Cancer Association guidelines and norms for the diagnosis and treatment of breast cancer (2019 edition) ^[33]	557	24188	71	46
22	Chinese expert consensus on neoadjuvant therapy for breast cancer (2019 edition) ^[34]	79	3709	11	30
23	Guidelines for clinical diagnosis and treatment of advanced breast cancer in China (2020 edition) ^[35]	65	1241	17	97

Note: *:The cited frequency and download number were searched in CNKI and WANFANG DATA database on April 2, 2022

效性方面平均得分 3.5 分(0~10.5 分,满分 20 分),各文章间差异有统计学意义($F=1.922, P=0.022$);经济性得分均为 0,不做统计;可用性/可行性方面平均得分 4.1 分(2.1~9.8 分,满分 15 分),各文章间差异有统计学意义($F=3.945, P=0.000$);利益冲突方面平均得分 2.5 分(0~5.0 分,满分 5 分),各文章间差异有统计学意义($F=8.771, P=0.000$)。总体而言,采用 AGREE-China 评价体系对 23 篇中文乳腺癌诊治相关指南/共识的评价结果显示,论文整体得分情况不佳(平均 21.7 分,5.5~70.3 分,满分 100 分),得分超过 60 分的仅 1 篇,有 10 篇文章得分低于 20 分,说明中文乳腺癌相关指南/共识类论文在撰写时未按照循证指南制定思路来定制。在对医学指南/共识类论文整体印象方面,4 名责编根据 AGREE-China 评价结果,强推荐 7 篇,弱推荐 6 篇,不推荐 10 篇。

2.3 乳腺癌领域专家对 23 篇论文的质量评价结果

2.3.1 问卷发放专家基本情况

通过上海市抗癌协会乳腺癌专业委员会向从事乳腺癌诊治工作的医务人员发放论文质量调查问卷,截至 2022 年 6 月 10 日,共回收有效问卷 41 份。

41 位专家中高级职称 31 位,占 75.6%;专业方向覆盖外科、内科、诊断科室;所有专家都表示对乳腺癌相关指南了解,其中 32 名(78.0%)表示非常了解;工作年限超过 10 年的 28 名,有一定的资历(Table 3)。上述情况表示,评价专家覆盖面较为全面,该评价具有一定权威性。

2.3.2 专家对乳腺癌指南/共识评价情况

乳腺癌领域专家对医学指南/共识类论文的评价整体较高,所有论文平均得分均超过 7.0 分(平均 8.0 分,7.0~9.4 分,满分 10 分),其中 11 篇(47.8%)论文平均得分超过 8 分,为强推荐,其余均为弱推荐(Table 4)。说明从乳腺癌领域专家的角度,医学指南/共识类论文的被认可度较高。

2.4 统计学分析结果

2.4.1 AGREE-China 总分、被引频次、下载次数与专家评分关系

Spearman 相关分析结果(Table 5)显示,专家评分与其他 3 项数值呈正相关,差异具有显著统计学意义($P<0.01$),说明专家评分越高的文章具有更高的被引频次、下载次数和 AGREE-China 总分。

Table 2 The scores of 23 papers evaluated by AGREE-China

No.	Scientificity/ rigorism	Effectivity/ safety	Cost- effectiveness	Applicability/ feasibility	Competing interests	Total score	Impression
1 ^[13]	49.2	10.5	0.0	9.8	0.8	70.3	Strong recommendation
2 ^[14]	9.8	6.0	0.0	4.1	5.0	24.9	No recommendation
3 ^[15]	12.5	2.0	0.0	4.1	0.0	18.6	No recommendation
4 ^[16]	8.2	1.0	0.0	3.9	2.5	15.6	No recommendation
5 ^[17]	3.8	1.0	0.0	2.9	4.5	12.2	No recommendation
6 ^[18]	7.6	5.0	0.0	4.1	3.8	20.5	No recommendation
7 ^[19]	14.0	4.5	0.0	4.4	3.3	26.2	Strong recommendation
8 ^[20]	2.8	0.5	0.0	2.2	0.0	5.5	No recommendation
9 ^[21]	12.6	2.0	0.0	5.2	5.0	24.8	Strong recommendation
10 ^[22]	5.8	2.0	0.0	2.6	0.0	10.4	No recommendation
11 ^[23]	7.8	6.0	0.0	3.8	5.0	22.6	Weak recommendation
12 ^[24]	5.8	3.0	0.0	2.9	5.0	16.7	Weak recommendation
13 ^[25]	5.8	1.5	0.0	2.1	1.5	10.9	Weak recommendation
14 ^[26]	8.5	2.0	0.0	4.9	5.0	20.4	Strong recommendation
15 ^[27]	5.2	3.5	0.0	3.2	3.3	15.2	No recommendation
16 ^[28]	11.0	7.0	0.0	3.9	0.8	22.7	Weak recommendation
17 ^[29]	10.2	1.5	0.0	3.2	5.0	19.9	No recommendation
18 ^[30]	6.4	0.0	0.0	2.8	0.8	10.0	No recommendation
19 ^[31]	11.6	5.0	0.0	4.1	0.0	20.7	Weak recommendation
20 ^[32]	14.5	3.5	0.0	4.6	0.8	23.4	Weak recommendation
21 ^[33]	13.9	8.0	0.0	6.5	0.8	29.2	Strong recommendation
22 ^[34]	15.4	2.5	0.0	3.8	0.8	22.5	Strong recommendation
23 ^[35]	23.0	3.5	0.0	4.9	4.5	35.9	Strong recommendation

Table 3 Basic information of experts(N=41)

Characteristic	Number
Title	
Senior	13
Vice senior	18
Intermediate	6
Primary	3
Non-title	1
Specialty	
Surgery	19
Internal medicine	12
Radiotherapy	5
Diagnosis (including pathology, radiodiagnosis, ultrasound)	4
Other	1
Familiarity for breast cancer guidelines and consensus	
Master	32
Familiar	9
No familiar	0
Years for working (years)	
≤5	4
>5~10	9
>10~20	16
>20	12

Table 4 Evaluation of Chinese guidelines and consensuses by experts of breast cancer

No.	Mean score	Standard deviation	Result of recommendation
1 ^[13]	9.4	0.9	Strong recommendation
2 ^[14]	7.3	2.4	Weak recommendation
3 ^[15]	8.1	1.9	Weak recommendation
4 ^[16]	7.2	2.1	Weak recommendation
5 ^[17]	7.3	2.0	Weak recommendation
6 ^[18]	7.3	2.0	Weak recommendation
7 ^[19]	8.0	1.9	Strong recommendation
8 ^[20]	8.2	1.8	Weak recommendation
9 ^[21]	9.0	1.2	Strong recommendation
10 ^[22]	7.1	2.4	Weak recommendation
11 ^[23]	8.4	1.8	Strong recommendation
12 ^[24]	7.9	2.1	Weak recommendation
13 ^[25]	7.6	2.3	Weak recommendation
14 ^[26]	8.6	1.5	Strong recommendation
15 ^[27]	7.4	2.2	Weak recommendation
16 ^[28]	7.6	2.2	Weak recommendation
17 ^[29]	8.2	1.7	Strong recommendation
18 ^[30]	7.0	2.5	Weak recommendation
19 ^[31]	7.2	2.3	Weak recommendation
20 ^[32]	7.6	2.1	Weak recommendation
21 ^[33]	9.1	1.4	Strong recommendation
22 ^[34]	9.3	1.0	Strong recommendation
23 ^[35]	8.9	1.5	Strong recommendation

AGREE-China 总分除与下载次数不相关外,与其他 2 项得分呈正相关,差异有统计学意义 ($P<0.05$)。这 4 个指标的相关性分析表明,被引频次、下载次数、AGREE-China 总分和专家评分的高低,在一定程度上能反映指南/共识类论文质量的高低。

2.4.2 AGREE-China 总分、被引频次、下载次数、专家评分与论文作者类型关系

单因素方差分析结果(Table 6)显示,虽然行业协会牵头的医学指南/共识类论文在被引频次、下载次数、AGREE-China 总分和专家评分方面高于单中心和多中心专家团队作者,但经过统计分析发现,三者间差异无统计学意义 ($P>0.05$)。可能原因是单中心和多中心专家团队作为作者的论文数量较少,数据离散较大,导致统计偏差。

2.4.3 AGREE-China 总分、被引频次、下载次数、专家评分与期刊类型关系

两独立样本 t 检验结果(Table 7)显示,虽然核心期刊上发表的医学指南/共识类论文在被引频次、下载次数、AGREE-China 总分和专家评分方面高于非核心期刊,但是经过统计分析发现,两者间差异无统计学意义 ($P>0.05$)。可能原因是文献数量不足,数据离散较大,导致统计偏差。

2.4.4 AGREE-China 总分、被引频次、下载次数、专家评分与是否更新的关系

两独立样本 t 检验结果(Table 8)显示,有更新的医学指南/共识类论文在被引频次、下载次数、专家评分方面较无更新的医学指南/共识类论文高,且差异有统计学意义 ($P<0.05$),而在 AGREE-China 总分方面,虽然较高,但是差异无统计学意义 ($P>0.05$)。

3 讨 论

指南/共识是指导临床实践的重要指引和参考依据,随着指南/共识的制定和发布数量不断的上升,我们更应该要关注指南/共识的质量。本研究采用定性和定量结合的方法,对中文乳腺癌相关指南/共识进行评估,拟为今

后指南/共识的制定和更新提供参考。本研究采用 AGREE-China 评价体系评价中文乳腺癌相关指南/

Table 5 Correlation among cited frequency,download number,AGREE-China score and expert's score

Item	Cited frequency	Download number	AGREE-China score	Expert's score
Cited frequency				
<i>r</i>	1.000	0.844**	0.414*	0.670**
<i>P</i>	—	0.000	0.050	0.000
Download number				
<i>r</i>	0.844**	1.000	0.336	0.564**
<i>P</i>	0.000	—	0.118	0.005
AGREE-China score				
<i>r</i>	0.414*	0.336	1.000	0.543**
<i>P</i>	0.050	0.118	—	0.007
Expert's score				
<i>r</i>	0.670**	0.564**	0.543**	1.000
<i>P</i>	0.000	0.005	0.007	—

Notes: *, $P < 0.05$, **, $P < 0.01$

Table 6 The correlation of cited frequency,download number,AGREE-China score and expert's score with author type

Item	Type of author						<i>F</i>	<i>P</i>
	Association (N=14)		Expert group from one center(N=4)		Expert group from multi centers(N=5)			
	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation		
Cited frequency	60.4	144.8	8.5	10.4	38.2	70.0	0.302	0.743
Download number	2823.9	6225.1	365.0	168.9	937.0	895.0	0.510	0.608
AGREE-China score	23.5	15.5	18.6	6.1	19.1	6.3	0.339	0.716
Expert's score	8.2	0.8	7.5	0.4	7.9	0.8	1.534	0.240

Table 7 The correlation of cited frequency,download number,AGREE-China score and expert's score with journal type

Item	Journal type				<i>t</i>	<i>P</i>
	Core journal(N=20)		Not core journal(N=3)			
	Mean	Standard deviation	Mean	Standard deviation		
Cited frequency	52.6	124.8	6.3	6.6	-0.629	0.536
Download number	2119.4	5267.1	1096.7	1239.1	-0.329	0.746
AGREE-China score	22.5	13.2	16.3	6.6	-0.784	0.442
Expert's score	8.1	0.8	7.4	0.2	-1.563	0.133

Table 8 The correlation of cited frequency,download number,AGREE-China score and expert's score with update situation

Item	Update situation				<i>t</i>	<i>P</i>
	Yes(N=4)		No(N=19)			
	Mean	Standard deviation	Mean	Standard deviation		
Cited frequency	203.2	243.6	13.6	16.1	-3.697	0.001**
Download number	8233.8	10650.9	670.7	445.4	-3.397	0.003**
AGREE-China score	24.9	3.0	21.0	13.8	-0.558	0.583
Expert's score	8.8	0.8	7.8	0.6	-2.497	0.021*

Notes: *, $P < 0.05$, **, $P < 0.01$

共识,总体得分情况不高(多数不足 50 分),披露项目不足,指南/共识在制作方法学方面以及报告规范性方面有待提高,有些指南/共识仅单纯从专家团队的角度来对某领域的内容进行归纳和整理,写作方法类似综述。这个结果同陈耀龙等^[36]对我国中医药临床指南的质量评价、马华萍等^[7]对成人抑郁临床实践指南的质量评价、徐春梅等^[8]对冠心病中西医临床实践指南的质量评价和田剑波等^[10]对结直肠癌筛查指南及共识的质量评价等研究结果基本一致,均表示我国指南/共识的方法学和规范性方面评价得分不高,有待进一步提高。本研究采用问卷形式对指南/共识的直接使用者进行调研,结果发现乳腺癌领域医务工作者对中文乳腺癌诊治相关的医学指南/共识类论文有一定的认可度,且相关论文仍有较高被引频次、下载次数,在乳腺癌领域专家中仍获较高的评价。综合两方面的评价可以得出使用者层面

对中文乳腺癌相关指南/共识有一定的认可度,但是专家团队在制定指南/共识的时候未能按照目前国内比较公认的 AGREE-China 评价工具中提及的六大维度来进行披露,也未能按照循证指南的制定流程来制定,有待进一步改进。

本研究结果显示,所有指南/共识文章在经济学评价得分均为零分,值得引起制定者的关注。主要的原因可能有以下几个方面:(1)制定专家团队均以乳腺癌学科临床基础专家为主,均未纳入经济学专家,导致经济学相关的内容缺失。(2)专家团队主要从临床获益角度出发来制定指南/共识,仅根据患者病情给予最合适的治疗方案,但未能

考虑不同地区、不同人群的家庭在无法负担最适合的治疗方案的时候,给予次优方案。建议指南在更新时,纳入经济学专家,并给出每种推荐方案的平均医疗费用,方便患者选择。

众所周知,只有基于高质量、高级别的证据支持,才能制定出令读者信服的指南/共识。然而本研究显示,所有的指南/共识中均未提及文献检索策略、文献入排标准等,虽然有些证据文献作者会纳入到证据中,但也无法避免让读者对证据检索是否全面、入排标准是否符合要求等产生疑虑,影响对指南/共识科学性的判断。23篇指南/共识中,未提及文献质量证据的评估过程,仅3篇文章(13.0%)对文献质量证据写了GRADE分级,对文献质量证据评估的缺失,极大地影响了读者对指南/共识科学性和权威性的判断,降低了指南/共识的可信度。

本研究结果显示,定期更新的医学指南/共识类论文有更高的影响力,在该领域有更高的被认可度,尤其是每两年更新一版的《中国抗癌协会乳腺癌诊治指南与规范(2019年版)》^[33]被引频次和下载次数分别达到了557次和24188次,远超其他文章。可能的原因是定期更新的高质量指南/共识类论文,经过反复的传播,形成了一批忠实的读者。然而本研究中的19篇指南/共识未能定期更新,占82.6%,说明牵头专家更新意识不强,也可能存在即兴而为。医学研究发展日新月异,内容更新迭代迅速,医学指南/共识类论文如不能及时有效地更新,将无法为读者提供最新的规范化操作路径,导致后续影响力不足。笔者认为编辑部应立足于本刊已发表的文章,定期(以2~3年为优)提醒牵头专家更新指南,并参与到更新版医学指南/共识的制定全过程,提供方法学指导,优化这类论文质量。

医学论文发表有其一定的标准和规范,如用于随机对照研究的CONSORT声明、用于系统综述或Meta分析PRISMA报告标准、用于观察性研究的STROBE报告标准等,这些报告规范已经被医务工作者和医学编辑熟知,然而用于指南/共识的AGREE评价标准,目前总体来说接受程度未像前述标准那么高,所以在撰写中文指南/共识类文章时,易存在方法学内容执行不到位,应披露项目披露不足的情况,导致整体指南/共识评价得分不高,国际认可度不高。期刊作为发表指南/共识的载体,编辑作为指南/共识类文章的加工者,有义务对医学指

南/共识类论文的方法学内容进行把关,以提高医学指南/共识类论文的规范性和权威性。

研究的局限性:本研究仅检索了3个国内数据库的中文乳腺癌诊治相关医学指南/共识类论文,样本仅选取国内期刊发表的文献。评价结果也是基于发表在期刊上的内容进行评估,可能在制定医学指南/共识类论文时,有披露相关的内容,但发表时由于版面等原因,删去了相关内容,导致评价可能出现偏差,得分低于实际结果的情况。同时本研究样本量虽然高于同类医学指南/共识类论文评价中的文献量,但是相对数量还是不足,所以在统计分析时,可能导致有些统计结果差异未能达到统计学意义。在今后的研究中,需要进一步扩大样本量或者拓展到其他医学领域共同分析,来提高准确性。

本研究基于AGREE-China对乳腺癌诊治相关指南/共识的质量评价,结合乳腺癌医务工作者对医学指南/共识类论文的评价结果提示:23篇指南共识的AGREE-China评价得分不高,均未按照循证指南/共识的思路来制定,但是仍有较高被引频次、下载次数,在乳腺癌领域专家中获较高的评价。所以期刊应继续重视指南/共识类论文的组稿和约稿,编辑应该熟练掌握相关评价体系,并发挥编辑能动性,积极参与到医学指南/共识类论文的制定过程中,进一步提升指南/共识类论文的发表规范,从而提高指南/共识的质量。

志谢:感谢复旦大学医学馆馆长应峻老师为本研究文献检索提供帮助!感谢上海市抗癌协会乳腺癌专业委员主任委员柳光宇教授为本研究调研乳腺癌领域临床医务人员评估医学指南/共识类论文质量方面提供帮助!感谢中国医科大学公共卫生学院流行病学教研室吴伟副教授在本研究统计处理方面提供指导!

参考文献:

- [1] 王琳辉,倪明,徐虹,等. 2018—2019年肿瘤学领域指南与共识文献的影响力和分布特征分析[J]. 新闻研究导刊,2022,13(14):195-199.
Wang LH, Ni M, Xu H, et al. Analysis of the influence and distribution characteristics of oncology field guidelines and consensus literature from 2018 to 2019[J]. Journal of News Research, 2022, 13(14): 195-199.

- [2] 马圆,车刚,连蓉娜,等. AGREE II 及 RIGHT 评价过敏性紫癜指南的方法学质量及报告质量[J]. 解放军医学杂志,2020,45(6):639-645.
Ma Y,Che G,Lian RN,et al. Evaluation of methodological and reporting quality of the clinical practice guidelines on Henoch-Schonlein purpura by AGREE II and RIGHT[J]. Medical Journal of Chinese People's Liberation Army, 2020,45(6):639-645.
- [3] 王宇,饶友义,郭军,等. AGREE II 系统对现行国内外急性胰腺炎指南的评价分析[J]. 临床肝胆病杂志,2018,34(6):1225-1230.
Wang Y,Rao YY,Guo J,et al. Evaluation and analysis of the current guidelines for acute pancreatitis using Appraisal of Guidelines for Research and Evaluation II [J]. Journal of Clinical Hepatology,2018,34(6):1225-1230.
- [4] 周亚平,杨敏,要鹏韬,等. 肺癌化疗领域指南与共识的质量评价[J]. 中华肿瘤杂志,2020,42(12):1025-1033.
Zhou YP,Yang M,Yao PT,et al. Quality assessment of guidelines and consensus in lung cancer chemotherapy[J]. Chinese Journal of Oncology,2020,42(12):1025-1033.
- [5] 叶恒力,贾朝旭,傅繁誉,等. 国内膝关节炎指南和共识的质量评价[J]. 中医正骨,2021,33(6):36-41.
Ye HL,Jia ZX,Fu FY,et al. Quality evaluation of Chinese clinical guidelines/consensus for knee osteoarthritis based on AGREE II [J]. The Journal of Traditional Chinese Orthopedics and Traumatology,2021,33(6):36-41.
- [6] 秦春雨,封学伟,冯欣. 基于 AGREE II 的细菌性阴道炎治疗临床实践指南评价[J]. 中国药理学杂志,2021,56(7):601-606.
Qin CY,Feng XW,Feng X. Assessment of bacterial vaginosis treatment guideline based on AGREE II instrument [J]. Chinese Pharmaceutical Journal,2021,56(7):601-606.
- [7] 马华萍,韩振蕴,胡文悦,等. 基于 AGREE II 对成人抑郁症临床实践指南质量评价研究 [J]. 中国医药导报,2020,17(32):9-12.
Ma HP,Han ZY,Hu WY,et al. Based on AGREE II depression clinical practice guidelines for the adult population quality evaluation research[J]. China Medical Herald, 2020,17(32):9-12.
- [8] 徐香梅,陈旋,孔艺璇,等. 基于 AGREE II 工具评价冠心病中西医结合临床实践指南的质量[J]. 中西医结合心脑血管病杂志,2021,19(8):1233-1237.
Xu XM,Chen X,Kong YX,et al. Quality evaluation of traditional Chinese and western medicine clinical practice guidelines for coronary heart disease based on AGREE II tool[J]. Chinese Journal of Integrative Medicine on Cardio-Cerebrovascular Disease,2021,19(8):1233-1237.
- [9] 石英杰,李江,孟耀涵,等. 全球肺癌筛查指南及共识质量评价[J]. 中华流行病学杂志,2021(2):241-247.
Shi YJ,Li J,Meng YH,et al. Quality assessment of global lung cancer screening guidelines and consensus [J]. Chinese Journal of Epidemiology,2021(2):241-247.
- [10] 田剑波,温艳,杨卓煜,等. 全球结直肠癌筛查指南及共识质量评价[J]. 中华流行病学杂志,2021(2):248-257.
Tian JB,Wen Y,Yang ZY,et al. Quality assessment of global colorectal cancer screening guidelines and consensus[J]. Chinese Journal of Epidemiology,2021(2):248-257.
- [11] 邵丽华,张秋宁,田金徽,等. 食管癌临床指南和共识的质量评价[J]. 中国循证医学杂志,2020,20(5):593-603.
Shao LH,Zhang QN,Tian JH,et al. Quality evaluation of esophageal cancer clinical guidelines and consensus [J]. Chinese Journal of Evidence-Based Medicine,2020,20(5):593-603.
- [12] 王吉耀,王强,王小钦,等. 中国临床实践指南评价体系的制定与初步验证[J]. 上海医学,2018,41(6):321-326.
Wang JY,Wang Q,Wang XQ,et al. Establishment and validation of Chinese appraisal of clinical practice guidelines[J]. Shanghai Medical Journal,2018,41(6):321-326.
- [13] 中国抗癌协会乳腺癌专业委员会,中国医师协会外科医师分会乳腺外科医师委员会. 保留乳房治疗专家共识(2020年版)[J]. 中国癌症杂志,2020,30(11):912-967.
The Society of Breast Cancer China Anti-Cancer Association,Breast Surgeons Committee of Surgeons Branch of Chinese Medical Doctor Association. Expert consensus on breast preservation therapy(2020 edition)[J]. China Oncology,2020,30(11):912-967.
- [14] 李南林,张强,刘红. 多柔比星脂质体治疗乳腺癌青海会议专家共识 [J]. 中华肿瘤防治杂志,2019,26(19):1405-1409.
Li NL,Zhang Q,Liu H. Experts consensus on the liposomal doxorubicin for the treatment of breast cancer in Qinghai conference[J]. Chinese Journal of Cancer Prevention and Treatment,2019,26(19):1405-1409.
- [15] 中国抗癌协会肿瘤标志专业委员会遗传性肿瘤标志物协作组,中国抗癌协会肿瘤标志专业委员会乳腺癌标志物协作组. 复发/转移性乳腺癌标志物临床应用专家共识(2019年版)[J]. 中国癌症防治杂志,2019,11(5):363-374.
Collaborative Group on Genetic Tumor Markers,Cancer Markers Committee,Chinese Anti-Cancer Association; Breast Cancer Markers Collaborative Group,Cancer Markers Committee,Chinese Anti-Cancer Association. Expert consensus on clinical use of biomarkers in recurrent/

- metastatic breast cancer(2019 edition)[J]. Chinese Journal of Oncology Prevention and Treatment, 2019, 11(5): 363-374.
- [16] 河南省肿瘤医院乳腺癌诊疗共识专家团队, 刘真真, 李连方, 等. 河南省肿瘤医院临床早期乳腺癌手术治疗专家共识[J]. 中华肿瘤防治杂志, 2019, 26(24): 1833-1837. Henan Cancer Hospital Breast cancer diagnosis and treatment consensus expert team, Liu ZZ, Li LF, et al. Expert consensus on surgical treatment of early breast cancer in Henan Cancer Hospital[J]. Chinese Journal of Cancer Prevention and Treatment, 2019, 26(24): 1833-1837.
- [17] 河南省肿瘤医院乳腺癌诊疗共识专家团队, 刘真真, 焦得闯, 等. 河南省肿瘤医院乳腺癌相关继发性淋巴水肿诊疗专家共识 [J]. 中华肿瘤防治杂志, 2019, 26(24): 1855-1858. Henan Cancer Hospital Breast cancer diagnosis and treatment consensus expert team, Liu ZZ, Jiao DC, et al. Expert consensus on the diagnosis and treatment of breast cancer-related secondary lymphedema in Henan Cancer Hospital [J]. Chinese Journal of Cancer Prevention and Treatment, 2019, 26(24): 1855-1858.
- [18] 河南省肿瘤医院乳腺癌诊疗共识专家团队, 刘真真, 闫敏, 等. 河南省肿瘤医院乳腺癌辅助内分泌治疗专家共识[J]. 中华肿瘤防治杂志, 2019, 26(24): 1843-1845. Henan Cancer Hospital Breast cancer diagnosis and treatment consensus expert team, Liu ZZ, Yan M, et al. Expert consensus on adjuvant endocrine therapy for breast cancer in Henan Cancer Hospital [J]. Chinese Journal of Cancer Prevention and Treatment, 2019, 26(24): 1843-1845.
- [19] 中国年轻乳腺癌诊疗与生育管理专家共识专家委员会. 年轻乳腺癌诊疗与生育管理专家共识 [J]. 中华肿瘤杂志, 2019, 41(7): 486-495. Chinese Expert Consensus Expert Committee on Diagnosis, Treatment and Fertility Management of Young Breast Cancer. Chinese consensus guidelines for breast cancer in young women: clinical practice and fertility preservation [J]. Chinese Journal of Oncology, 2019, 41(7): 486-495.
- [20] 中华医学会外科学分会乳腺外科学组. 妊娠相关性乳腺癌临床诊治专家共识 (2020 版)[J]. 中华临床医师杂志(电子版), 2020, 14(5): 321-325. Breast Surgery Group of Surgery Branch of Chinese Medical Association. Expert consensus on clinical treatment of pregnancy-associated breast cancer (2020 edition)[J]. Chinese Journal of Clinicians (Electronic Edition), 2020, 14(5): 321-325.
- [21] 《乳腺癌 HER 检测指南》编写组, 霍临明. 乳腺癌 HER2 检测指南[J]. 中华病理学杂志, 2006, 35(10): 631-633. Editing Group of Guidelines for HER2 Detection in Breast Cancer, Huo LM. Guidelines for HER2 detection in breast cancer [J]. Chinese Journal of Pathology, 2006, 35(10): 631-633.
- [22] 贺青卿, 张毅, 郑鲁明, 等. 乳腺癌 IntraBeam 系统中放射治疗临床操作指南 [J]. 中华乳腺病杂志 (电子版), 2019, 13(4): 193-197. He QQ, Zhang Y, Zheng LM, et al. Clinical practice guidelines for intraoperative radiation therapy of breast cancer using IntraBeam system [J]. Chinese Journal of Breast Disease(Electronic Edition), 2019, 13(4): 193-197.
- [23] 王碧芸, 葛睿, 江泽飞, 等. 乳腺癌靶向人表皮生长因子受体 2 酪氨酸激酶抑制剂不良反应管理共识[J]. 中华肿瘤杂志, 2020, 42(10): 798-806. Wang BY, Ge R, Jiang ZF, et al. Expert consensus on the management of adverse events of ErbB family tyrosine kinase inhibitors in breast cancer[J]. Chinese Journal of Oncology, 2020, 42(10): 798-806.
- [24] 中华医学会外科学分会乳腺外科学组. 乳腺癌腔镜治疗专家共识与操作指导意见 (2019 版)[J]. 中华外科杂志, 2020, 58(4): 257-260. Breast Surgery Group of Surgery Branch of Chinese Medical Association. Consensus statements and operation guidelines on endoscopic surgery for breast cancer (2019 edition) [J]. Chinese Journal of Surgery, 2020, 58(4): 257-260.
- [25] 刘荫华, 朱玮. 乳腺癌术后乳房重建中国专家共识(2019 版)[J]. 中国实用外科杂志, 2019, 39(11): 1145-1147. Liu YH, Zhu W. Chinese expert consensus on breast reconstruction after Breast cancer Surgery (2019 edition)[J]. Chinese Journal of Practical Surgery, 2019, 39(11): 1145-1147.
- [26] 《乳腺癌新辅助治疗的病理诊断专家共识(2020 版)》编写组. 乳腺癌新辅助治疗的病理诊断专家共识(2020 版)[J]. 中华病理学杂志, 2020, 49(4): 296-304. Editing Group of Expert Panel Consensus on Pathological Diagnosis of Breast Cancer with Neoadjuvant Therapy (2020 version). Expert panel consensus on pathological diagnosis of breast cancer with neoadjuvant therapy(2020 version) [J]. Chinese Journal of Pathology, 2020, 49(4): 296-304.
- [27] 邵彬, 王东, 吴宏勛, 等. 乳腺癌治疗相关肺损伤诊治共识[J]. 癌症进展, 2020, 18(14): 1405-1412. Shao B, Wang D, Wu HX, et al. Consensus on diagnosis and treatment of breast cancer treatment-related lung injury[J]. Oncology Progress, 2020, 18(14): 1405-1412.
- [28] 马飞, 罗扬, 李逸群. 乳腺癌中紫杉类药物临床应用专家共识 [J]. 中国医学前沿杂志 (电子版), 2020, 12(3):

- 31-40.
- Ma F,Luo Y,Li YQ. Expert consensus on the clinical practice of taxanes for the treatment of breast cancer[J]. Chinese Journal of the Frontiers of Medical Science(Electronic Version),2020,12(3):31-40.
- [29] 中华医学会外科学分会乳腺外科学组. 早期乳腺癌保留乳房手术中国专家共识(2019 版)[J]. 中华外科杂志, 2019,57(2):81-84.
- Breast Surgery Group of Surgery Branch of Chinese Medical Association. A consensus statement on the breast-conserving surgery of early-stage breast cancer(2019)[J]. Chinese Journal of Surgery,2019,57(2):81-84.
- [30] 陈前军,裴晓华. 早期乳腺癌中医辨证内治专家共识[J]. 现代中医临床,2020,27(3):5-8.
- Chen QJ,Pei XH. Consensus on TCM syndrome differentiation and internal therapy for early-stage breast cancer [J]. Modern Chinese Clinical Medicine,2020,27(3):5-8.
- [31] 杨红健, 俞星飞. 浙江省乳腺癌新辅助治疗专家共识(2018)[J]. 肿瘤学杂志,2019,25(4):277-292.
- Yang HJ,Yu XF. Expert consensus on neoadjuvant therapy for breast cancer in Zhejiang Province(2018)[J]. Journal of Chinese Oncology,2019,25(4):277-292.
- [32] 中国女医师协会乳腺疾病研究中心. 中国进展期乳腺癌共识指南 2020 (CABC3)[J]. 癌症进展,2020,18(19): 1945-1964.
- Breast Disease Research Center of Chinese Women's Medical Doctor Association. Chinese advanced breast cancer consensus guideline 2020 (CABC3)[J]. Oncology Progress,2020,18(19):1945-1964.
- [33] 中国抗癌协会乳腺癌专业委员会. 中国抗癌协会乳腺癌诊治指南与规范 (2019 年版)[J]. 中国癌症杂志, 2019,29(8):609-680.
- The Society of Breast Cancer China Anti-Cancer Association. Chinese Anti-Cancer Association guidelines and norms for the diagnosis and treatment of breast cancer (2019 edition)[J]. China Oncology,2019,29(8):609-680.
- [34] 邵志敏,江泽飞,李俊杰,等. 中国乳腺癌新辅助治疗专家共识(2019 年版)[J]. 中国癌症杂志,2019,29(5):390-400.
- Shao ZM,Jiang ZF,Li JJ,et al. Chinese expert consensus on neoadjuvant therapy for breast cancer (2019 edition)[J]. China Oncology,2019,29(5):390-400.
- [35] 国家肿瘤质控中心乳腺癌专家委员会,中国抗癌协会乳腺癌专业委员会,中国抗癌协会肿瘤药物临床研究专业委员会. 中国晚期乳腺癌规范诊疗指南(2020 版)[J]. 中华肿瘤杂志,2020,42(10):781-797.
- Breast Cancer Expert Committee of National Cancer Quality Control Center,The Society of Breast Cancer China Anti-Cancer Association,Cancer Drug Clinical Research Committee of Chinese Anti-Cancer Association. Guidelines for clinical diagnosis and treatment of advanced breast cancer in China(2020 edition)[J]. Chinese Journal of Oncology,2020,42(10):781-797.
- [36] 陈耀龙,周奇,崔荣荣,等. 基于 AGREE II 的中医药临床指南质量评价 [J]. 中国循证医学杂志,2016,16(11): 1331-1337.
- Chen YL,Zhou Q,Cui RR,et al. Quality evaluation of traditional Chinese medicine guidelines based on AGREE II instrument[J]. Chinese Journal of Evidence-Based Medicine,2016,16(11):1331-1337.

《中国肿瘤》关于论文中基金项目标注的要求

获得基金/课题、计划等资助的论文应在论文首页地脚以“基金项目:”作为标识,注明基金项目名称(标准的书面全称,避免使用不规范的口头缩略语),并在圆括号内注明其项目编号(基金项目批准文号)。

基金项目名称应按照国家有关部门规定的正式名称填写,多项基金应依据基金级别依次列出,其间以“;”隔开。同一基金涉及多个项目,其间以“,”隔开连排,句末不加标点。示例如下:

基金项目:国家自然科学基金(81774233,81602088);“十一五”国家高技术研究发展计划(2006AA05Z102);浙江省教育科学规划课题(2020SCG307)

凡是标注基金项目的论文,在投稿时应同时邮寄体现基金项目名称全称及批准文号的相关通知复印件(全文),或扫描件其电子文档以附件形式上传至投审稿系统。