tario, Canada, for review and feedback in accordance with the practice guidelines development cycle [32,33].

6.1 Methods

A sample of 95 hematologists in Ontario received the survey, which consisted of items evaluating the methods, results, and interpretive summary used to inform the draft recommendations and asking whether the draft recommendations should be approved as a practice guideline. Written comments were invited. The practitioner feedback survey was mailed April 13, 2006, and a complete repeat mailing was sent thereafter. The Hematology DSG reviewed the results of the survey.

6.2 Results

A total of 63 responses were received from among the 95 questionnaires mailed, for a response rate of 66%. Of the 63 respondents, 30 (48%) indicated that they cared for patients for whom the guideline is relevant, and they completed the survey.

Overall, respondents showed strong support for the guideline. For questions that addressed issues such as the rationale for the guideline, the quality of the guideline, and the clarity of the recommendations, a substantial majority of respondents (87%–100%) expressed modest to "strong" support for the report (1 or 2 on a scale of 1–5, with 1 being "strongly agree," 3 being "neither agree or disagree," and 5 being "strongly disagree").

With respect to the appropriateness of the recommendations, a majority of respondents agreed with the draft recommendations as stated (70%) and with their appropriateness for the target population (73%). Some respondents (20%) felt that the recommendations were excessively rigid and could not be applied to individual patients.

Respondents varied in their views regarding the clinical utility of the recommendations. Approximately half responded ambivalently when asked if the recommendations would produce more benefit than harm. Responses on whether the recommendations provided options that would be acceptable to patients varied widely (31% agreed, 38% were ambivalent, and 31% disagreed). Most respondents (69%) replied ambivalently when asked if the effect of the recommendations on patient outcomes would be obvious.

When asked to compare these recommendations with current practice, approximately half of the respondents felt that the questions were not applicable. More than half of the respondents (57%) would be comfortable with their patients receiving the care recommended in the draft document, and a sizable majority (70%) felt that the draft report should be approved as a practice guideline.

Most respondents felt that implementing the recommendations would require no reorganization of their practice, nor would it be technically challenging or expensive (57%–67%). About half of the respondents felt that the recommendations would be supported by a majority of their colleagues (52%), but many responded ambivalently to that question (34%).

A strong majority of respondents (79%) indicated that they would use the guideline in their own practice and would apply it to their patients (83%).

6.3 Summary of Written Comments

The main points contained in the written comments were these:

- Two respondents felt that the drug should be made available to select patients. One respondent felt that alemtuzumab should be recommended for use in patients with CLL who are resistant to fludarabine-containing combination regiments with marrow infiltration as a primary treatment indication. This respondent noted that a response rate of 38% was observed in that subpopulation in a phase II trial, and that treatment options for such patients are extremely limited.
- Two respondents commented that the wording of the recommendation was unusual. One suggested that specific criteria be given for the highly specific circumstances mentioned in the recommendation.
- Two respondents agreed that the current recommendation was appropriate and that alemtuzumab should be used only in a clinical trial situation.

6.4 Modifications/Actions

The Hematology DSG reviewed and discussed the comments resulting from the practitioner feedback survey and addressed the written feedback as follows:

- In their deliberations, the members of the DSG were unanimous in the view that the data included in the evidence summary were generally of low methodologic quality and were characterized by a lack of prospective comparative trials, thereby precluding the development of a definitive recommendation to use alemtuzumab in patients with CLL. However, the DSG acknowledged that there may be instances in which patients and physicians who are well informed of the risks and uncertain net clinical benefit might prefer treatment with alemtuzumab. In addition, individual members of the DSG shared anecdotal experiences involving carefully selected patients who derived benefit from treatment with alemtuzumab. The DSG is fully aware that anecdotal clinical experience is not a basis for informing a guideline recommendation, but the group acknowledged that such experience is consistent with available data