

## SUPPLEMENTARY APPENDIX

## Genetic counseling, testing and management of prostate adenocarcinoma patients

**Table 1.** Systematic appraisal of selected CPGs, using the AGREE II instrument <sup>(1)</sup>.

Name of the Guide	Scope and Objectives (%) <sup>a</sup>	Participation of those involved (%) <sup>b</sup>	Rigor in Preparation (%) <sup>c</sup>	Clarity of presentation (%) <sup>d</sup>	Applicability (%) <sup>e</sup>	Editorial independence (%) <sup>f</sup>	Global Evaluation
National Comprehensive Cancer Network (NCCN) Breast and/or Ovarian Cancer Genetic Screening Guideline V2.2021 <sup>(2)</sup> .	100%	89%	95%	100%	81%	100%	100%
NCCN Prostate Cancer Guideline V2.2021 <sup>(3)</sup> .	97%	89%	93%	100%	81%	100%	100%
European Association of Urology (EAU)-European Association of Nuclear Medicine (EANM)-European Society for Radiotherapy and Oncology (ESTRO)-European Society of Urogenital Radiology" 2020 Guidelines on Prostate Cancer Part II: Treatment of Relapsed or Metastatic Prostate Cancer" <sup>(4)</sup> .	94%	97%	94%	92%	54%	100%	92%
NCCN Prostate Cancer Early Detection Guidelines V1.2021 <sup>(5)</sup> .	92%	92%	89%	92%	44%	100%	83%
Guía parte II: cáncer de próstata Avanzado de la American Urological Association (AUA) / American Society for Radiation Oncology (ASTRO) / Society of Urologic Oncology (SUO), 2020 <sup>(6)</sup> .	97%	83%	93%	89%	27%	100%	83%
French Society of Predictive and Personalized Medicine (SFMP) Clinical Practice Guidelines for BRCA1 and BRCA2, 2021 <sup>(7)</sup> .	100%	92%	69%	92%	13%	100%	83%
European Society of Medical Oncology (ESMO) Clinical Practice Guidelines for the Diagnosis and Treatment of Prostate Cancer, 2020 <sup>(8)</sup> .	89%	39%	85%	94%	6%	100%	83%
Role of genetic testing in determining prostate cancer risk from the Philadelphia Prostate Cancer Consensus Conference, 2017 <sup>(9)</sup> .	94%	89%	60%	89%	23%	100%	75%
American College of Medical Genetics and Genomics (ACMG), 2015 <sup>(10)</sup> .	56%	47%	34%	78%	13%	71%	50%
Referral indications for cancer predisposition screening.							

<sup>a</sup>Degree to which the overall objectives of the guideline and the clinical questions were covered. <sup>b</sup>Degree to which the guideline represents the opinions of the final recipients. <sup>c</sup>Degree to which systematic methods were taken into account in formulating the recommendations. <sup>d</sup>Clarity of the guidelines and whether the recommendations are specific and unambiguous. <sup>e</sup>Evaluation of the problems of implementing the guideline. <sup>f</sup>Editorial independence.

**Table 2.** GRADE rating of the quality of the evidence <sup>(11)</sup>.

High	High confidence that the effect estimator available in the scientific literature is very close to the real effect.
Moderate	The effect estimator is likely to be close to the actual effect, although there could be substantial differences.
Low	The effect estimator may be substantially different from the actual effect.
Very Low	It is very likely that the effect estimator will be substantially different from the actual effect.

**Table 3.** Strength and direction of recommendation according to GRADE <sup>(11)</sup>.

Strong recommendation in favor	The benefits of the intervention clearly outweigh the undesirable effects.
Conditional (or weak) recommendation in favor	The benefits of the intervention probably outweigh the undesirable effects.
Conditional (or weak) recommendation against	The undesirable effects of the intervention probably outweigh the benefits.
Strong recommendation against	The undesirable effects of the intervention clearly outweigh the benefits.

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