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See related article on page 173

The arc of the guideline universe is long, but it bends toward GRADE

The publication by Ding et al in this month's issue of *CUAJ* represents a timely examination of the current state of CUA guidelines.¹ As Chair of the CUA Guidelines Steering Committee, I welcome this rigorous and candid assessment of our progress. Their work sheds light on our successes but also on areas for improvement.

First and foremost, as Ding et al show, the CUA has been moving toward GRADE methodology for a few years. Notably, the CUA guidelines on adrenal masses and cystic renal lesions are good examples of GRADE application, with the adrenal mass guideline achieving endorsement by the AUA. These examples illustrate the potential for Canadian guidelines to have an impact on a global stage. In 2025 and beyond, all new CUA guidelines will use GRADE.

Conversely, this study identified considerable methodologic heterogeneity across our guidelines. In addition, transparency in how panels move from evidence to recommendations is lacking in many of our documents. These inconsistencies are symptomatic of a larger challenge: the evolving complexity of guideline methodology amid finite resources.

Most of us are not trained in guideline development and the CUA relies on the dedication of clinician volunteers, who balance considerable clinical responsibilities with academic contributions. Given the absence of clear methodologic instruction, we should not be surprised that CUA authors used varied grading systems that may confuse guideline users and diminish the impact of our products.

OUR DIRECTION AND STRATEGIC INVESTMENT

No guideline will ever be perfect but the CUA is committed to bending our methodologic arc toward the GRADE asymptote. Some of the measures recently adopted by the CUA are:

1. GRADE training: All guideline panel members and lead authors will be directed to structured training in GRADE methodology. This will be facilitated with biannual GRADE workshops at the CUA annual meeting, online modules, and mentorship.
2. Guideline recipe: We are finalizing a step-by-step approach to guideline development

so panel members will have a better understanding of the CUA process.

3. Methodologic support: Every guideline panel will have at least one member with methodologic expertise and a CUA staff member to help guide the development process.
4. Mentorship: The CUA Guidelines Steering Committee now includes a resident member, and each guideline lead author will invite at least one urology trainee to participate. With time and encouragement, we will develop a new generation of Canadian urologists with guideline expertise.
5. Narrowing focus: The GRADE methods are rigorous and time-consuming. Each guideline recommendation should be supported by a systematic review and a clear path from evidence to recommendations. To make this feasible, we will narrow our focus on topics that will be easily accessible. For example, instead of a "kidney cancer" guideline, we will develop guidance on specific topics important to kidney cancer patients (e.g., small renal masses, adjuvant systemic therapy).
6. Collaboration: Closer alignment and potential joint ventures with our sibling organizations could allow us to share evidence reviews while customizing guidance for the Canadian healthcare context.

In summary, I view this study as both a mirror and a map. It reflects the earnest efforts of our past and the challenges of our present, while guiding us toward a more consistent, transparent, and impactful future. As we commit to our role as stewards of evidence-based urologic care, we must unify our methodology, invest in our people, and stay open to partnerships that transcend borders, tariff-free.

COMPETING INTERESTS: Dr. Breau is the CUA Guideline Steering Committee Chair. He does not report any competing personal or financial interests related to this work.

REFERENCE

1. Ding M, Gandhi V, Gonzalez-Padilla DA, et al. Assessing the methodologic heterogeneity of Canadian Urological Association guidelines: Adoption of the GRADE approach (2018-2023). *Can Urol Assoc J* 2025;19:173-80. <http://dx.doi.org/10.5489/cuaj.8926>

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