The National Palliative Care Programme aimed to produce evidence-based clinical guidelines for the pharmacological management of cancer pain in adults in the Republic of Ireland.

The additional evidence generated from systematic searches for 41 health questions, and appraisal of identified primary studies, was significant. The resulting guideline development strategy represents a hybrid (adaptation plus de novo) approach, which required advanced methodological skills and extended resources. From the evidence presented, 42 graded recommendations were formulated.

**Background**

The 2012 EAPC recommendations for the treatment of cancer pain, informed by the supporting evidence from published EPCRC systematic reviews, challenge us to translate the new evidence and knowledge for our own countries. The ADAPTE Collaboration provides a validated framework to enable local customisation of guidelines through scientific methodology.

**Aims**

The National Palliative Care Programme aimed to produce evidence-based clinical guidelines for the pharmacological management of cancer pain in adults in the Republic of Ireland.

**Methods**

The principles of the ADAPTE tool for guideline adaptation were followed. Core steps included: determining health questions; assessing existing guidelines; executing search strategies; appraising evidence; and achieving consensus.

**Results**

As determined by the AGREE II analysis, the Scottish Intercollegiate Network Guidelines (2008) were identified as a baseline for this guideline. Three further guidelines were deemed of sufficient quality for inclusion: NCCN, ONS and PANG guidelines. A comprehensive recommendation matrix was produced, which consists of a collation of clinical recommendations from the four ‘approved’ guidelines, as assessed by AGREE II tool.

**Conclusions**

The formulation of high standard clinical guidelines using a combination of existing guidelines and de novo clinical question and evidence generation is highlighted. The development and updating of high-quality practice guidelines to promote optimal, consistent healthcare requires substantial resources; this knowledge has led to a reformulation of adaptation methodology and an emphasis on improved resource-sharing. This template for guideline development is now being used nationally by the Clinical Care Programme in Ireland.