**Table 1:** **GRADE SYSTEM OF EVALUATING EVIDENCE (3)**

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| **Quality rating** | **Definition** | **Example methodology** | **Depiction in text** |
| High | Further research is very unlikely to change our confidence in the estimate of effect | Randomized trials; or double-upgraded observational studies. | A |
| Moderate | Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate | Downgraded randomized trials; or upgraded observational studies. |  B |
| Low | Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate | Double-downgraded randomized trials; or observational studies. | C |
| Very low | Any estimate of effect is very uncertain | Triple-downgraded randomized trials; or downgraded observational studies; or case series/case reports. | D |

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| **Strength of recommendation** | **Definition** | **Depiction in text** |
| Strong recommendation for using (or not using) an intervention | Most informed patients would choose the recommended management and clinicians can structure their interactions with patients accordingly | 1 |
| Weak recommendation for using (or not using) an intervention | Patients’ choices will vary according to their values and preferences, and clinicians must ensure that patients’ care is in keeping with their values and preferences | 2 |

Strength of recommendations is determined by the balance between desirable and undesirable consequences of alternative management strategies, quality of evidence, variability in values and preferences, and resource use