

## Evidence Based Medicine Checklists and Scoring

### 1. Level of Evidence (Oxford 2011)

#### a. Therapy / Prevention / Etiology / Harm studies

Level	Type of study
1a	Systematic reviews (with homogeneity) of randomized controlled trials
1b	Individual randomized controlled trials (with narrow confidence interval)
1c	All or none randomized controlled trials
2a	Systematic reviews (with homogeneity) of cohort studies
2b	Individual cohort study or low quality randomized controlled trials (e.g. <80% follow-up)
2c	"Outcomes" Research; ecological studies
3a	Systematic review (with homogeneity) of case-control studies
3b	Individual case-control study
4	Case-series (and poor-quality cohort and case-control studies)
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"

#### b. Diagnostic accuracy studies

Level	Type of study
1a	Systematic review (with homogeneity) of Level 1 diagnostic studies; or a clinical decision rule with studies from different clinical centers
1b	Validating cohort study with good reference standards; or clinical decision rule tested within one clinical center
1c	Absolute SpPins And SnNouts (An Absolute SpPin is a diagnostic finding whose Specificity is so high that a Positive result rules-in the diagnosis. An Absolute SnNout is a diagnostic finding whose Sensitivity is so high that a Negative result rules-out the diagnosis)
2a	Systematic review (with homogeneity) of Level >2 diagnostic studies
2b	Exploratory cohort study with good reference standards; clinical decision rule after derivation, or validated only on split-sample or databases
3a	Systematic review (with homogeneity) of 3b and better studies
3b	Non-consecutive study; or without consistently applied reference standards
4	Case-control study, poor or non-independent reference standard
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"

#### c. Prognosis studies

Level	Type of study
1a	Systematic review (with homogeneity) of inception cohort studies; or a clinical decision rule validated in different populations
1b	Individual inception cohort study with > 80% follow-up; or a clinical decision rule validated on a single population
1c	All or none case-series
2a	Systematic review (with homogeneity) of either retrospective cohort studies or untreated control groups in randomized controlled trials
2b	Retrospective cohort study or follow-up of untreated control patients in a randomized controlled trial; or derivation of a clinical decision rule or validated on split-sample only

2c	"Outcomes" research
4	Case-series (and poor-quality prognostic cohort studies)
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"

## 2. Practice guideline rating scale (Agency for Healthcare Research and Quality):

Rating	Criteria
A	There is good research-based evidence to support the recommendation
B	There is fair research-based evidence to support the recommendation
C	The recommendation is based on expert opinion and panel consensus
X	There is evidence of harm from this intervention

**Also to consider (not in reviewer report sheet)**

## 3. SORT (Strength-Of Recommendations Taxonomy)

Strength	Criteria
A	Consistent, good-quality patient-oriented evidence *
B	Inconsistent or limited-quality patient-oriented evidence *
C	Consensus, disease-oriented evidence **, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening

\* Patient-oriented evidence measures outcomes that matter to patients: morbidity, mortality, symptom improvement, cost reduction, and quality of life.

\*\* Disease-oriented evidence measures immediate, physiologic, or surrogate end points that may or may not reflect improvements in patient outcomes (e.g. blood pressure, blood chemistry, physiologic function, pathologic findings).

## 4. Grading of Recommendations Assessment, Development and Evaluation (GRADE): (A, B, C, D)

Code	Quality of Evidence	Definition
A	High	Further research is very unlikely to change our confidence in the estimate of effect. <ul style="list-style-type: none"> <li>• Several high-quality studies with consistent results</li> <li>• In special cases: one large, high-quality multi-centre trial</li> </ul>
B	Moderate	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate. <ul style="list-style-type: none"> <li>• One high-quality study</li> <li>• Several studies with some limitations</li> </ul>
C	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. <ul style="list-style-type: none"> <li>• One or more studies with severe limitations</li> </ul>
D	Very Low	Any estimate of effect is very uncertain. <ul style="list-style-type: none"> <li>• Expert opinion</li> <li>• No direct research evidence</li> <li>• One or more studies with very severe limitations</li> </ul>