

**Appendix Table 1. Grading Criteria Used for Quality of Evidence and Recommendations**

Grade of recommendation	Benefit vs. risk and burdens	Methodologic quality of supporting evidence	Implications
<b><i>Do it or don't do it</i></b>			
Grade 1A: Strong recommendation, high-quality evidence	Desirable effects clearly outweigh undesirable effects, or <i>vice versa</i>	Consistent evidence from RCTs without important limitations or exceptionally strong evidence from observational studies	Recommendation can apply to most patients in most circumstances; further research is very unlikely to change our confidence in the estimate of effect
Grade 1B: Strong recommendation, moderate-quality evidence	Desirable effects clearly outweigh undesirable effects, or <i>vice versa</i>	Evidence from RCTs with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence from observational studies	Recommendation can apply to most patients in most circumstances; higher quality research may well have an important impact on our confidence in the estimate of effect and may change the estimate
Grade 1C: Strong recommendation, low or very low-quality evidence	Desirable effects clearly outweigh undesirable effects, or <i>vice versa</i>	Evidence for at least one critical outcome from observational studies, case series, or from RCTs with serious flaws or indirect evidence	Recommendation can apply to most patients in many circumstances; higher-quality research is likely to have an important impact on our confidence in the estimate of effect and may well change the estimate
<b><i>Probably do it or probably don't do it</i></b>			
Grade 2A: Weak recommendation, high-quality evidence	Desirable effects closely balanced with undesirable effects	Consistent evidence from RCTs without important limitations or exceptionally strong evidence from observational studies	The best action may differ depending on circumstances or patient or society values; further research is very unlikely to change our confidence in the estimate of effect
Grade 2B: Weak recommendation, moderate-quality evidence	Desirable effects closely balanced with undesirable effects	Evidence from RCTs with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence from observational studies	Best action may differ depending on circumstances or patient or society values; higher-quality research may well have an important impact on our confidence in the estimate of effect and may change the estimate
Grade 2C: Weak recommendation, low or very low-quality evidence	Desirable effects closely balanced with undesirable effects	Evidence for at least one critical outcome from observational studies, case series, or from RCTs with serious flaws or indirect evidence	Other alternatives may be equally reasonable; higher-quality research is likely to have an important impact on our confidence in the estimate of effect and may well change the estimate

Adapted from Guyatt et al. (20) and Atkins et al. (19). RCT=randomized controlled trial