Recurrent Acute Pancreatitis: International State-of-the-Science Conference With Recommendations

APPENDIX: GRADE SYSTEM

http://www.update.com/home/about/tutorial/index.html
(30 min Tutorial).
http://www.uptodate.com/home/about/policies/grade.html

GRADE System: Step 1, Grade the Evidence

A = high quality evidence
B = moderate quality evidence
C = low quality evidence

If RCTs, start by assuming high quality (grade A), but then grade down for:

- Serious methodologic limitations.
- Indirectness in population, intervention, or outcome.
- Inconsistent results
- Imprecision in estimates.
- High likelihood of publication bias.

If no RCTs, star by assuming low quality (grade C), but then grade up for:

- Large or very large treatment effects.
- All plausible biases would diminish the effect of the intervention.
- Dose-response gradient.

GRADE System, Step 2, Grade the Recommendation

1 = strong recommendation
2 = weak recommendation

<table>
<thead>
<tr>
<th>Grade of Recommendation</th>
<th>Clarity of Risk/Benefit</th>
<th>Quality of Supporting Evidence</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A Strong recommendation. High quality evidence</td>
<td>Benefits clearly outweigh risk and burdens, or vice versa</td>
<td>Consistent evidence from well performed randomized, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.</td>
<td>Strong recommendation, can apply to most patients in most circumstances without reservation</td>
</tr>
<tr>
<td>1B Strong recommendation. Moderate quality evidence</td>
<td>Benefit clearly outweigh risk and burdens, or vice versa</td>
<td>Evidence from randomized, controlled trials with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimate of benefit and risk and may change the estimate.</td>
<td>Strong recommendation, likely to apply to most patients</td>
</tr>
<tr>
<td>1C Strong recommendation. Low quality evidence</td>
<td>Benefits appear to outweigh risk and burdens, or vice versa</td>
<td>Consistent evidence from well performed randomized, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.</td>
<td>Relatively strong recommendation: might change when higher quality evidence becomes available</td>
</tr>
<tr>
<td>2A Weak recommendation. High quality evidence</td>
<td>Benefit closely balanced with risks and burdens</td>
<td>Evidence from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.</td>
<td>Weak recommendation, best action may differ depending on circumstances or patients or societal values</td>
</tr>
<tr>
<td>2B Weak recommendation. Moderate quality evidence</td>
<td>Benefit closely balanced with risks and burdens, some uncertainty in the estimates of benefits, risks and burdens</td>
<td>Evidence from randomized, controlled trials with important limitations (inconsistent results, methodologic flaws, indirect or imprecise). Or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimate of benefit and risk and may change the estimate.</td>
<td>Weak recommendation, alternative approaches likely to be better for some patients under some circumstances</td>
</tr>
<tr>
<td>2C Weak recommendation. Low quality evidence</td>
<td>Uncertainty in the estimates of benefits, risks, and burdens: benefits may be closely balanced with risks and burdens</td>
<td>Evidence from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain</td>
<td>Very weak recommendation: other alternatives may be equally reasonable.</td>
</tr>
</tbody>
</table>

Please note: the abovementioned guideline for grading evidence is specifically for therapeutic studies. For studies on diagnostic accuracy, the GRADE system suggests different criteria. Valid diagnostic accuracy studies – cross sectional or cohort studies in patients with diagnostic uncertainty and direct comparison of test results with an appropriate reference standard – provide high quality evidence. However, they often are downgraded to lower quality evidence based on an assessment of limitations, particularly indirectness of outcomes, i.e. uncertainty about the link between the test accuracy and outcomes that are important to patients, inconsistency, imprecision and publication bias. For background and specific instructions on the GRADE system in evaluating diagnostic question see Reference 5.