LEGEND: Evidence Appraisal of a Single Study

Etiology, Risk Factors, Prevalence

Case-Control Study

Cincinnati Children's changing the outcome together

Rev	viewer: Today's Date:	Final	inal Evidence Level:					
Pro	ject/Topic of your Clinical Question:							
Arti	icle Title:							
Yea	ar: First Author:	Journal:						
ansv	he study aim/purpose/objectives and inclusion/exclusion criteria assist wering your clinical question? Study Aim/Purpose/Objectives:	in □ Yes	□ No	□ Unknown				
• li	nclusion Criteria:							
• E	Exclusion Criteria:							
	case-control study congruent with the author's study aim, purpose, or ectives above?	□ Yes	□ No	□ Unknown				
Whe	en reading the bolded questions, consider the bulleted questions to help answ	ver the main ques	stion.					
If yo	u are uncertain of your skills in evidence evaluation, please consult a local ev CCHMC Evidence Experts	vidence expert fo	r assistand	e:				
Linfo	amiliar terms can be found in the LEGEND Glossary.							
Val	lidity Are the results of the Case-Control Study va	alid?						
1.	Were there clearly defined groups of patients, matched on factors or exposures other than the hypothesized association? • Were cases and controls at similar risk of developing the outcome?	□ Yes	□ No	☐ Unknown				
2.	Was there a plausible association between exposure and outcome?	☐ Yes	□ No	☐ Unknown				
	Is it clear that the exposure preceded the onset of the outcome? Page the appropriate make historical appear.							
	 Does the association make biological sense? Was the amount of exposure associated with the severity of outcome (i.e., dose-re 	esnonse)?						
3.	Were treatments/exposures and clinical outcomes measured in the sa							
	way in both groups?	☐ Yes	□ No	□ Unknown				
4.	Was the assessment of outcomes either objective or blinded to expos		□ No	□ Unknown				
5.	Was the interval between exposure of study patients and measureme outcome long enough to determine the hypothesized association?	ent of ☐ Yes	□ No	☐ Unknown				
6.	Was there freedom from conflict of interest?	☐ Yes	□ No	☐ Unknown				
	Sponsors, Funding Agency, Investigators							
Con	nments on Study Validity:							
Re	liability Are these valid study results important?							
7.	Did the study have a sufficiently large sample size?	☐ Yes	□ No	☐ Unknown				
••	Was there a power analysis?	□ 162		_ CHRIDWII				
	Did the sample size achieve or exceed that resulting from the power analysis? Did each subgroup also have sufficient sample size (a.g. at least 6 to 12 participant).	in 12						
8.	 Did each subgroup also have sufficient sample size (e.g., at least 6 to 12 participants) Were the statistical analysis methods appropriate? 	s)? □ Yes	□ No	□ Unknown				
o.	 Were the statistical analysis methods appropriate? Were the statistical analysis methods clearly described? 	⊔ tes	⊔ NO	⊔ Unknown				
	 If subgroups were evaluated, was a statistical adjustment made for the difference 	es?						

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- 9. What were the main results of the study? (e.g., Helpful data: Page #, Table #, Figures, Graphs)
 - For an Etiology Study: How strong is the association/correlation between exposure and outcome? (What is the estimate of risk?)
 - For a Prevalence Study: What are the rates? (e.g., number per case population, number per control population)
 - What were the measures of statistical uncertainty (e.g., precision)?
 (Were the results presented with Confidence Intervals or Standard Deviations?)

10. Were the results statistically significant? Note: This question may not be applicable in all prevalence studies.	☐ Ye	s 🗆 No	□ Unknown									
11. Were the results clinically significant?If potential confounders were identified, were they discussed in relationship to the results?	☐ Yes	s 🗆 No	□ Unknown									
Comments on Study Reliability:												
Applicability Can I apply these valid, important study results to n	ny patie	ents?										
12. Can the results be applied to my population of interest?	☐ Yes	s □ No	□ Unknown									
 Is the setting of the study applicable to my population of interest? Do the patient exposures and outcomes apply to my population or question of interest? Were the patients in this study similar to my population of interest? 												
13. Are my patient's and family's values and preferences satisfied by the knowledge gained from this study (such as outcomes considered)?	☐ Yes	s □ No	□ Unknown									
14. Would you include this study/article in development of a care recommendation?	☐ Yes	s □ No	□ Unknown									
Comments on Study Applicability:												
Additional Comments or Conclusions ("Take-Home Points")												
realistical common control of the realist of the re												
Quality Level / Evidence Level												
Consider each "No" answer and the degree to which this limitation is a threat to the validity of the second s	he result	s. then check	the appropriate									
box to assign the level of quality for this study/article. Consider an "Unknown" answer to one or more questions as a similar limitation to answering "No," if the information is not available in												
	vo, 11 tire	, iiiioiiiiatioii	is not available in									
the article.												
The Evidence Level is: Etiological Risk Fa		Prevalenc										
The Evidence Level is: Etiolo	ctors a	Prevalenc										

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Table of Evidence Levels															
		TYPE OF STUDY / STUDY DESIGN													
DOMAIN OF CLINICAL QUESTION	Systematic Review Meta-Analysis	RCT +	CCT+	Cohort - Prospective	Cohort - Retrospective	Case – Control	Cross – Sectional	Descriptive Study Epidemiology Case Series	Mixed Methods Study	Decision Analysis Economic Analysis Computer Simulation	Guidelines	Case Reports N-of-1 Study	Bench Study	Published Expert Opinion	Local Consensus Published Abstracts
Etiology / Risk Factors	1a 1b	2a 2b	3a 3b	3a 3b	4a 4b	4a 4b	4a 4b	4a 4b	2/3/4 a/b	5a 5b	5a 5b	5a 5b	5a 5b	5a 5b	5
Prevalence	1a 1b					2a 2b	3a 3b	4a 4b			5a 5b	5a 5b	5a 5b	5a 5b	5

^{*} RCT = Randomized Controlled Trial: CCT = Controlled Clinical Trial

Development for this appraisal form is based on:

- 1. Guyatt, G.; Rennie, D.; Evidence-Based Medicine Working Group.; and American Medical Association.: Users' guides to the medical literature: a manual for evidence-based clinical practice: "JAMA & archives journals." Chicago, IL, 2002
- 2. Melnyk, B. M. and E. Fineout-Overholt (2005). Evidence-based practice in nursing & healthcare: a guide to best practice. Philadelphia, Lippincott Williams & Wilkins.
- 3. Lohr, K. N. and T. S. Carey (1999). "Assessing "best evidence": issues in grading the quality of studies for systematic reviews." Joint Commission Journal on Quality Improvement 25(9): 470-9.
- 4. Fineout-Overholt, E. and L. Johnston (2005). "Teaching EBP: asking searchable, answerable clinical questions." Worldviews Evid Based Nurs 2(3): 157-60.
- 5. Jerosch-Herold, C. (2005). "An evidence-based approach to choosing outcome measures: a checklist for the critical appraisal of validity, reliability and responsiveness studies." British Journal of Occupational Therapy 68(8): 347-53.
- 6. Phillips, et al: Oxford Centre for Evidence-based Medicine Levels of Evidence, 2001. Last accessed Nov 14, 2007 from http://www.cebm.net/index.aspx?o=1025.
- 7. Fineout-Overholt and Johnston: Teaching EBP: asking searchable, answerable clinical questions. Worldviews Evid Based Nurs, 2(3): 157-60, 2005.
- 8. Clark, E., Burkett, K., & Stanko-Lopp, D. (2009, Dec). Let Evidence Guide Every New Decision (LEGEND): an evidence evaluation system for point-of-care clinicians and guideline development teams [Cincinnati Children's LEGEND development]. J Eval Clin Pract, 15(6), 1054-1060.