






Grade	Body of Evidence (BOE) for Each Clinical Question and Outcome		
High  Sufficient number of high quality studies with consistent* results	NUMBER OF STUDIES	QUALITY OF STUDIES*	CONSISTENCY OF RESULTS*
	1 or more	1a	Yes (Not Applicable/NA if one study)
	1 or more	2a	Yes (NA if one study)
	<ul style="list-style-type: none"> strong designs for answering the question addressed clinically important and consistent results with minor exceptions at most free of any significant doubts about validity (low risk of bias, generalizability, design flaws) adequate statistical power (including studies showing no difference) 		
	Confirmation	Further research is unlikely to be conducted or change our confidence in the answer to the clinical question.	
Moderate  A single well-done trial, Multiple lesser quality trials, or Multiple large, high-quality observational studies	NUMBER OF STUDIES	QUALITY OF STUDIES*	CONSISTENCY OF RESULTS*
	1 or more	1b or 2a	Yes (NA if 1 study)
	3 or more	2b and/or 3a	Yes
	<ul style="list-style-type: none"> clinically important and consistent results with minor exceptions at most free of any significant doubts about validity (low risk of bias, generalizability, design flaws) adequate statistical power (including studies showing no difference) some uncertainty due to validity threats (generalizability, bias, design flaws, or adequacy of statistical power) 		
	Confirmation	Further research may have an impact on our confidence in the precision of the answer to the clinical question.	
Low  Studies of lesser quality or with some uncertainty	NUMBER OF STUDIES	QUALITY OF STUDIES*	CONSISTENCY OF RESULTS*
	1 or 2	3a or 2b	Yes or No (NA if 1 study)
	3 or more	3b and/or 4a	Yes or No
	Either <ul style="list-style-type: none"> clinically important results with exceptions some uncertainty due to either validity threats or inconsistency (risk of bias, generalizability, design flaws) questionable statistical power (including studies showing no difference) Or <ul style="list-style-type: none"> multiple studies weaker designs for answering the questions addressed consistent results with exceptions 		
	Confirmation	Further research is likely to have an important impact on our confidence in the precision of the answer to the clinical question, and may even change the answer itself.	
Very Low  Studies with insufficient quality including descriptive studies, case series, general reviews, insufficient design or execution, too few studies, inconsistent results	NUMBER OF STUDIES	QUALITY OF STUDIES*	CONSISTENCY OF RESULTS*
	1 or 2	4a	Yes or No (NA if 1 study)
	3 or more	4b	Yes or No
	1 or more	5a (e.g., guideline) and/or 5b Published non-research articles	Yes or No (NA if 1 study)
	<ul style="list-style-type: none"> uncertainty due to either <ul style="list-style-type: none"> validity threats (high risk of bias, low generalizability, very serious design flaws, or inadequacy of statistical power) inconsistency health professional opinion is the only relevant published information published studies give inconsistent results or are seriously flawed 		
Confirmation	There is little research to answer the clinical question. Further research is very likely to have an important impact on the answer.		
Consensus  No published evidence Local Consensus Only	NUMBER OF STUDIES	QUALITY OF STUDIES*	CONSISTENCY OF RESULTS*
	0	Local Consensus [5]	Not Applicable
	<ul style="list-style-type: none"> unpublished evidence or data may be available. local consensus has been established. 		
Confirmation	There is insufficient published evidence to answer the clinical question.		

***Note: When there is both high and low quality evidence and the results are inconsistent:**

- Disregard lower quality evidence if the lower quality evidence is inconsistent with all higher quality evidence.
- Avoid disregarding lower quality evidence when inconsistency is at multiple quality levels. Bias could be introduced when determining which evidence to disregard.

Clark E, Burkett K, Stanko-Lopp D. Let Evidence Guide Every New Decision (LEGEND): an evidence evaluation system for point-of-care clinicians and guideline development teams. *J Eval Clin Pract.* 2009 Dec; 15(6):1054-60. [PubMed PMID: 20367705](https://pubmed.ncbi.nlm.nih.gov/20367705/)

Balshem H, Helfand M, Schünemann HJ, Oxman AD, Kunz R, Brozek J, Vist GE, Falck-Ytter Y, Meerpohl J, Norris S, Guyatt GH. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol.* 2011 Apr; 64(4):401-6. doi:10.1016/j.jclinepi.2010.07.015. Epub 2011 Jan 5. [PubMed PMID: 21208779](https://pubmed.ncbi.nlm.nih.gov/21208779/)

Some of the concepts for this development were also based on:

Atkins et al: Grading quality of evidence and strength of recommendations. *BMJ.* 328(7454): 1490, 2004. Briss et al: Developing an evidence-based Guide to Community Preventive Services--methods. The Task Force on Community Preventive Services. *Am J Prev Med.* 18(1 Suppl): 35-43, 2000. Greer et al: A practical approach to evidence grading. *Jt Comm J Qual Improv.* 26(12): 700-12, 2000.