

LEGEND: Evidence Appraisal of a Single Study Etiology, Risk Factors, Prevalence Case-Control Study

Pro	ject/Topic of	f your Clinical Question:										
	viewer:	Today's Date:	inal Evidence Level:									
	cle Title:											
Yea	nr: _	First Author:	Journal:									
Do	Do the study aim/purpose/objectives and inclusion/exclusion criteria assist in answering your clinical question? Yes No Unknown • Study Aim/Purpose/Objectives:											
	• Inclus	ion Criteria:										
	• Exclus	ion Criteria:										
	case-contro bove? Commen	I study congruent with the author's study aim/purpose/objectives	Yes No Unknown									
When reading the bolded questions, consider the bulleted questions to help answer the main question. If you are uncertain of your skills in evidence evaluation, please consult a local evidence expert for assistance: CCHMC Evidence Experts: http://groups/ce/NewEBC/EBDMHelp.htm Unfamiliar terms can be found in the LEGEND Glossary: http://groups/ce/NewEBC/EBCFiles/GLOSSARY-EBDM.pdf												
VA	LIDITY: A	RE THE RESULTS OF THE CASE-CONTROL STUDY VALID OR CREDIBLE?										
1.	other than t	clearly defined groups of patients, matched on factors or exposur the hypothesized association? The cases and controls at similar risk of developing the outcome? This:	res Yes No Unknown									
2.	Is itDoe	plausible association between exposure and outcome? clear that the exposure preceded the onset of the outcome? s the association make biological sense? the amount of exposure associated with the severity of outcome (ts:	Yes No Unknown i.e., dose-response)?									
3.	Were treatr both groups		y in Yes No Unknown									



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4.	Was the assessment of outcomes either objective or blinded to exposure? Comments: Yes No Unknown									
5.	Was the interval between exposure of study patients and measurement of outcome long enough to determine the hypothesized association? Comments: Yes No Unknown									
6. Was there freedom from conflict of interest? ■ Sponsor/Funding Agency or Investigators Comments: □ Yes □ No □ Unkn										
RE	IABILITY: Are these Valid Study Results Important?									
7.	 Did the study have a sufficiently large sample size? Was a power analysis described? Did the sample size achieve or exceed that resulting from the power analysis? Did each subgroup also have sufficient sample size (e.g., at least 6 to 12 participants)? Comments:									
8.	 Were the statistical analysis methods appropriate? Were the statistical analysis methods clearly described? If subgroups were evaluated, was a statistical adjustment made for the differences? Comments: 									
9. What are the main results of the study? (e.g., Helpful data: Page #, Table #, Figures, Graphs) Comments:										
	• For an Etiology study: How strong is the association/correlation between exposure and outcome?									
	• For an Prevalence study: What is the rate (e.g., number per population)?									
	 What were the measures of statistical uncertainty (e.g., precision)? (Were the results presented with Confidence Intervals or Standard Deviations?) 									



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10. Were the results statistically significant? Note: This question may not be applicable in all prevalence studies. Comments:	Yes No Unknown
 11. Were the results clinically significant? If potential confounders were identified, were they discussed in relations to the results? Comments: 	☐ Yes ☐ No ☐ Unknown ship
APPLICABILITY: CAN I APPLY THESE VALID, IMPORTANT STUDY RESULTS TO TREATING MY PA	ATIENTS?
 12. Can the results be applied to my population of interest? Is the setting of the study applicable to my population of interest? Do the patient exposures and outcomes apply to my population or questi Were the patients in this study similar to my population of interest? Comments:	Yes No Unknown ion of interest?
13. Are my patient's and family's values and preferences satisfied by the knowledge gained from this study? Comments:	e No Unknown
14. Would you include this study/article in development of a care recommendation Comments:	n?
Additional Comments or Conclusions ("Take-Home Points"):	



QUALITY LEVEL / EVIDENCE LEVEL

- Consider each "No" answer and the degree to which this limitation is a threat to the validity of the results, 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 the article.

		Etiology / Risk Factors	Prevalence
THE EVIDENCE LEVEL IS:	Good Quality Case-Control Study:	[4a]	[2a]
	Lesser Quality Case-Control Study:	[4b]	[2b]
	Not Valid, Reliable, or Applicable		

Table of Evidence Levels															
		TYPE OF STUDY / STUDY DESIGN													
DOMAIN OF CLINICAL QUESTION	Systematic Review Meta–Analysis	RCT ⁺	ככד⁺	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	2a	3a	3a	4a	4a	4a	4a	2/3/4	5a	5a	5a	5a	5a	5
	1b	2b	3b	3b	4b	4b	4b	4b	a/b	5b	5b	5b	5b	5b	
Prevalence	1a					2 a	3a	4a			5a	5a	5a	5a	5
	1b					2b	3b	4b			5b	5b	5b	5b	

*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. 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.
- 4. Fineout-Overholt and Johnston: Teaching EBP: asking searchable, answerable clinical questions. Worldviews Evid Based Nurs, 2(3): 157-60, 2005.