

Levels of Evidence and Grades of Recommendations: SIGN

Levels of evidence and grades of recommendations according to SIGN (1; 2)

Levels of scientific evidence	
1++	High-quality meta-analyses, high-quality systematic reviews of clinical trials with very little risk of bias.
1+	Well-conducted meta-analyses, systematic review of clinical trials or well-conducted clinical trials with low risk of bias.
1-	Meta-analyses, systematic reviews of clinical trials or clinical trials with high risk of bias.
2++	High-quality systematic reviews of cohort or case and control studies; cohort or case and control studies with very low risk of bias and high probability of establishing a causal relationship.
2+	Well-conducted cohort or case and control studies with low risk of bias and moderate probability of establishing a causal relationship.
2-	Cohort or case and control studies with high risk of bias and significant risk that the relationship is not causal.
3	Non-analytical studies, such as case reports and case series.
4	Expert opinion.
Grades of recommendations	
A	At least one meta-analysis, systematic review or clinical trial classified as 1++ and directly applicable to the target population of the guideline, or a volume of scientific evidence comprising studies classified as 1+ and which are highly consistent with each other.
B	A body of scientific evidence comprising studies classified as 2++, directly applicable to the target population of the guideline and highly consistent with each other, or scientific evidence extrapolated from studies classified as 1++ or 1+.
C	A body of scientific evidence comprising studies classified as 2+, directly applicable to the target population of the guideline and highly consistent with each other, or scientific evidence extrapolated from studies classified as 2++.
D	Level 3 or 4 scientific evidence, or scientific evidence extrapolated from studies classified as 2+.

Due to their high risk of bias, studies classified as 1- or 2- should not be used in compiling recommendations

Good Clinical Practice

√ ¹	Practice recommended on the basis of clinical experience and consensus by the drafting team
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Occasionally the drafting group finds important practical issues that must be highlighted and for which no scientific evidence has been found. Generally, these cases are associated with an aspect of treatment that no one would usually question and that are valued as part of good clinical practice.

Levels of Evidence and Grades of Recommendations for Diagnosis-Related Questions

NICE's Adaptation of the levels of evidence of the Oxford Centre for Evidence-Based Medicine and the Centre for Reviews and Dissemination (2; 3)

Levels of scientific evidence	Type of scientific evidence
Ia	Systematic review with homogeneous level 1 studies.
Ib	Level 1 studies.
II	Level 2 studies. Systematic review of level 2 studies
III.	Level 3 studies. Systematic review of level 3 studies.
IV	Consensus, expert opinions with no explicit critical evaluation.
Level 1 studies	Meet the following criteria: <ul style="list-style-type: none"> • Blinded comparison with a valid (“gold standard”) comparator test. • Suitable range of patients.
Level 2 studies	Show only one of these biases: <ul style="list-style-type: none"> • Non-representative population (the sample does not reflect the population in which the test will be used). • Comparison with unsuitable comparator (“gold standard”) (the test to be assessed is part of the gold standard or the result of the test affects the performance of the gold standard). • Non-blinded comparison. • Case and control studies.
Level 3 studies	Meet two or more of the criteria stated for level 2 studies.

Recommendation	Evidence
A	Ia or Ib
B	II
C	III
D	IV