TABLES

Table 1. Classification of Evidence

Evidence Classification for Therapeutic Studies	
Class I	Evidence provided by one or more well-designed randomized controlled clinical trials, including overview (meta-analyses) of such trials
Class II	Evidence provided by well-designed observational studies with concurrent controls (e.g. case control and cohort studies)
Class III	Evidence provided by expert opinion, case series, case reports and studies with historical controls
Evidence Classification for Diagnostic Studies	
Class I	Evidence provided by one or more well-designed clinical studies of a diverse population using a "gold standard" reference test in a blinded evaluation appropriate for the diagnostic applications and enabling the assessment of sensitivity, specificity, positive and negative predictive values, and where applicable, likelihood ratios.
Class II	Evidence provided by one or more clinical studies of a restricted population using a "gold standard" reference test in a blinded evaluation of diagnostic accuracy and enabling assessment of sensitivity, specificity, positive and negative predictive values, and where applicable, likelihood ratios.
Class III	Evidence provided by expert opinion, studies that do not meet the criteria for the delineation of sensitivity, specificity, positive and negative predictive values, and where applicable, likelihood ratios.
Evidence Classification for Clinical Assessment Studies	
Class I	Evidence provided by one or more well-designed clinical studies in which interobserver and/or intraobserver reliability is represented by a **Kappa statistic ≥ 0.60. The Kappa statistic is defined as (po-pe)/(1-pe) where po is the relative observed agreement and pe is the hypothetical probability of chance agreement.**
Class II	Evidence provided by one or more well-designed clinical studies in which interobserver and/or intraobserver reliability is represented by a **Kappa statistic ≥ 0.40.**
Class III	Evidence provided by one or more well-designed clinical studies in which interobserver and/or intraobserver reliability is represented by a **Kappa statistic < 0.40.**
Evidence Classification for Prognostic Studies	
In order to evaluate papers addressing prognosis, five technical criteria are applied: • Was a well-defined representative sample of patients assembled at a common (usually early) point in the course of their disease? • Was patient follow-up sufficiently long and complete? • Were objective outcome criteria applied in a "blinded" fashion?	

• If subgroups with different prognoses were identified, was there adjustment for important prognostic factors? • If specific prognostic factors were identified, was there validation in an independent "test set" group of patients? If all five of these criteria are satisfied, the evidence is classified as Class I. If four out of five are satisfied, the evidence is Class II, and if less than 4 are satisfied, it is Class III.	
Class I	All 5 technical criteria above are satisfied.
Class II	Four of five technical criteria are satisfied.
Class III	Everything else.