

EBOLA PRACTICE EVIDENCE CLASSIFICATION CHART

Strength of Recommendation Taxonomy (SORT)			
Recommendation Evaluation Criteria			
<i>Strength of Recommendation</i>		<i>Definition</i>	
●●● A	Recommendation based on consistent and good-quality patient-oriented evidence*		
●● B	Recommendation based on inconsistent or limited-quality patient-oriented evidence*		
● C	Recommendation based on consensus, usual practice, opinion, disease-oriented evidence*, or case series for studies of diagnosis, treatment, prevention, or screening.		
Study Evaluation Criteria- measuring patient-oriented outcomes*			
<i>Study Quality</i>	<i>Diagnosis</i>	<i>Treatment/Prevention/Screening</i>	<i>Prognosis</i>
Level 1: Good-quality patient-oriented evidence	<ul style="list-style-type: none"> Validated clinical decision rule SR/meta-analysis of high-quality studies High-quality diagnostic cohort study† 	<ul style="list-style-type: none"> SR/meta-analysis of RCTs with consistent findings High-quality individual RCT‡ All-or-none study§ 	<ul style="list-style-type: none"> SR/meta-analysis of good-quality cohort studies Prospective cohort study with good follow-up
Level 2: Limited-quality patient-oriented evidence	<ul style="list-style-type: none"> Unvalidated clinical decision rule SR/meta-analysis of lower-quality studies or studies with inconsistent findings Lower-quality diagnostic cohort study or diagnostic case-control study§ 	<ul style="list-style-type: none"> SR/meta-analysis of lower-quality clinical trials or of studies with inconsistent findings Lower-quality clinical trial‡ Cohort study Case-control study 	<ul style="list-style-type: none"> SR/meta-analysis of lower-quality cohort studies or with inconsistent results Retrospective cohort study or prospective cohort study with poor follow-up Case-control study Case series
Level 3: Other evidence	<ul style="list-style-type: none"> Consensus guidelines, extrapolations from bench research, usual practice, opinion, disease-oriented evidence (intermediate or physiologic outcomes only), or case series for studies of diagnosis, treatment, prevention, or screening 		
Consistency across studies			
<i>Consistent</i>	Most studies found similar or at least coherent conclusions (coherence means that differences are explainable) -OR- If high-quality and up-to-date systematic reviews or meta-analyses exist, they support the recommendation		
<i>Inconsistent</i>	Considerable variation among study findings and lack of coherence -OR- If high-quality and up-to-date systematic reviews or meta-analyses exist, they do not find consistent evidence in favor of the recommendation		
* Patient-oriented evidence measures outcomes that matter to patients: morbidity, mortality, symptom improvement, cost reduction, and quality of life. Disease-oriented evidence measures intermediate, physiologic, or surrogate end points that may or may not reflect improvements in patient outcomes (e.g. blood pressure, blood chemistry, physiologic function, pathologic findings). † High-quality diagnostic cohort study: cohort design, adequate size, adequate spectrum of patients, blinding, and a consistent, well-defined reference standard. ‡ High-quality RCT: allocation concealed, blinding if possible, intention-to-treat analysis, adequate statistical power, adequate follow-up (greater than 80 percent). § In an all-or-none study, the treatment causes a dramatic change in outcomes, such as antibiotics for meningitis or surgery for appendicitis, which precludes study in a controlled trial.			
<i>Table adapted from Ebell MH, Siwek J, Weiss BD, Woolf SH, et al. Strength of recommendation taxonomy (SORT): A patient-centered approach to grading evidence in the medical literature. Am Fam Physician. 2004;69(3):548-556.</i>			

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