

Addendum

Applying class of recommendations and level of evidence to clinical strategies, interventions, treatments, or diagnostic testing in patient care (adapted from Somerfield *et al.* 2007*).

LEVEL (QUALITY) OF EVIDENCE
Level A
<ul style="list-style-type: none">• High-quality evidence‡ from more than 1 RCTs• Meta-analyses of high-quality RCTs• One or more RCTs corroborated by high-quality registry studies
Level B-R (Randomized)
<ul style="list-style-type: none">• Moderate-quality evidence‡ from 1 or more RCTs• Meta-analyses of moderate-quality RCTs
Level B-NR (Nonrandomized)
<ul style="list-style-type: none">• Moderate-quality evidence‡ from 1 or more well-designed, well-executed nonrandomized studies, observational studies, or registry studies• Meta-analyses of such studies
Level C-LD (Limited Data)
<ul style="list-style-type: none">• Randomized or nonrandomized observational or registry studies with limitations of design or execution• Meta-analyses of such studies• Physiological or mechanistic studies in human subjects
Level C-EO (Expert Opinion)
Consensus of expert opinion based on clinical experience

*Somerfield M, Padberg J, Pfister D, Bennett C, Recht A, Smith T, Weeks J, Winn R, Durant J (2000) ASCO clinical practice guidelines: process, progress, pitfalls, and prospects. *Classic Papers and Current Comments* 4(4):881–886

Based on the available data on PVP-I in Oral Mucositis, what would be the level of evidence? (Please bold)

- **Level A**

- Level B-R
- Level B-NR
- Level C-LD
- Level D-EO

CLASS (STRENGTH) OF RECOMMENDATION

CLASS I (STRONG) Benefit >>> Risk

Suggested phrases for writing recommendations:

- Is recommended
- Is indicated/useful/effective/beneficial
- Should be performed/administered/other
- Comparative-Effectiveness Phrases†:
 - Treatment/strategy A is recommended/indicated in preference to treatment B
 - Treatment A should be chosen over treatment B

CLASS IIa (MODERATE) Benefit >> Risk

Suggested phrases for writing recommendations:

- Is reasonable
- Can be useful/effective/beneficial
- Comparative-Effectiveness Phrases†:
 - Treatment/strategy A is probably recommended/indicated in preference to treatment B
 - It is reasonable to choose treatment A over treatment B

CLASS IIb (WEAK) Benefit ≥ Risk

Suggested phrases for writing recommendations:

- May/might be reasonable
- May/might be considered
- Usefulness/effectiveness is unknown/unclear/uncertain or not well established

CLASS III: No Benefit (MODERATE) Benefit = Risk (Generally, LOE A or B use only)

Suggested phrases for writing recommendations:

- Is not recommended
- Is not indicated/useful/effective/beneficial
- Should not be performed/administered/other

CLASS III: Harm (STRONG) Risk > Benefit

Suggested phrases for writing recommendations:

- Potentially harmful
- Causes harm
- Associated with excess morbidity/mortality
- Should not be performed/administered/other

Based on the available data on PVP-I in Oral Mucositis, what would be the level of recommendation? (Please bold)

- Class I: Strong (Benefit >>> Risk)
- Class IIa: Moderate (Benefit >> Risk)
- Class IIb: Weak (Benefit \geq Risk)
- Class III: No Benefit (Benefit = Risk)
- CLASS III: Harm (Risk > Benefit)

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