**Supplemental Digital Content - Table. Applying Class of Recommendation and Level of Evidence to Clinical Strategies, Interventions, Treatments, or Diagnostic Testing in Patient Care\***

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| **Class (Strength) of Recommendation** | **Level (Quality) of Recommendation‡** |
| **Class I (Strong) Benefit >>> Risk** | **Level A** |
| 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
 | * High-quality evidence‡ from more than 1 RCT
* Meta-analyses of high-quality RCTs
* One or more RCTs corroborated by high-quality registry studies
 |
| **Class IIa (Moderate) Benefit >> Risk** | **Level B-R (Randomized)** |
| 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
 | * Moderate-quality evidence‡ from 1 or more RCTs
* Meta-analyses of moderate-quality RCTs
 |
| **Class IIb (Weak) Benefit ≥ Risk** | **Level B-NR (Nonrandomized)** |
| Suggested phrases for writing recommendations:* May/might be reasonable
* May/might be considered
* Usefulness/effectiveness is unknown/unclear/uncertain or not well established
 | * Moderate-quality evidence‡ from 1 or more well-designed, well-executed, nonrandomized studies, observational studies, or registry studies
* Meta-analyses of such studies
 |
| **Class III: No Benefit (Moderate)(Generally, LOE A or B use only) Benefit = Risk** | **Level C-LD (Limited Data)** |
| Suggested phrases for writing recommendations:* Is not recommended
* Is not indicated/useful/effective/beneficial
* Should not be performed/administered/other
 | * 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
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| **Class III: Harm (Strong) Risk ≥ Benefit** | **Level C-EO (Expert Opinion)** |
| Suggested phrases for writing recommendations:* Potentially harmful
* Causes harm
* Associated with excess morbidity/mortality
* Should not be performed/administered/other
 | Consensus of expert opinion based on clinical experience |

COR and LOE are determined independently (any COR may be paired with any LOE). A recommendation with LOE C does not imply that the recommendation is weak. Many important clinical questions addressed in guidelines do not lend themselves to clinical trials. Although RCTs are unavailable, there may be a very clear clinical consensus that a particular test or therapy is useful or effective. \* The outcome or result of the intervention should be specified (an improved clinical outcome or increased diagnostic accuracy or incremental prognostic information). † For comparative-effectiveness recommendations (COR I and IIa; LOE A and B only), studies that support the use of comparator verbs should involve direct comparisons of the treatments or strategies being evaluated. ‡ The method of assessing quality is evolving, including the application of standardized, widely used, and preferably validated evidence grading tools; and for systematic reviews, the incorporation of an Evidence Review Committee. COR indicates Class of Recommendation; EO, expert opinion; LD, limited data; LOE, Level of Evidence; NR, nonrandomized; R, randomized; and RCT, randomized controlled trial. Reprinted with permission, Circulation.2016;133:e506-e574, 2015 ACC/AHA/HRS, Guideline for the Management of Adult Patients with Supra-ventricular Tachycardia. ©2016 American Heart Association, Inc.