

Supplementary Table 1

Class of Recommendation and Level of Evidence to Clinical Strategies, Interventions, Treatments, or Diagnostic Testing in Patient Care*²⁷

CLASS (STRENGTH) OF RECOMMENDATION		LEVEL (QUALITY) OF RECOMMENDATION‡	
Class I (STRONG)	Benefit >>> Risk	LEVEL A	
Suggested phrases for writing recommendations:		<ul style="list-style-type: none"> High-quality evidence‡ from more than 1 RCT Meta-analyses of high-quality RCTs One or more RCTs corroborated by high-quality registry studies 	
<ul style="list-style-type: none"> Is recommended Is indicated/useful/effective/beneficial Should be performed/administered/other Comparative-Effectiveness Phrases†: <ul style="list-style-type: none"> Treatment/strategy A is recommended/indicated in preference to treatment B Treatment A should be chosen over treatment B 			
Class IIa (MODERATE)	Benefit >> Risk	LEVEL B-R	(Randomized)
Suggested phrases for writing recommendations:		<ul style="list-style-type: none"> Moderate-quality evidence‡ from 1 or more RCT Meta-analyses of moderate-quality RCTs 	
<ul style="list-style-type: none"> Is reasonable Can be useful/effective/beneficial Comparative-Effectiveness Phrases†: <ul style="list-style-type: none"> 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	LEVEL B-NR	(Nonrandomized)
Suggested phrases for writing recommendations:		<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 	
<ul style="list-style-type: none"> 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	LEVEL C-LD	(Limited Data)
(Generally, LOE A or B use only)			
Suggested phrases for writing recommendations:		<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 	
<ul style="list-style-type: none"> Is not recommended Is not indicated/useful/effective/beneficial Should not be performed/administered/other 			
Class III: Harm (STRONG)	Risk ≥ Benefit	LEVEL C-EO	(Expert Opinion)
Suggested phrases for writing recommendations:		Consensus of expert opinion based on clinical experience	
<ul style="list-style-type: none"> Potentially harmful Causes harm Associated with excess morbidity/mortality Should not be performed/administered/other 			

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, Class of Recommendation; EO, expert opinion; LD, limited data; LOE, Level of Evidence; NR, nonrandomized; R, randomized; and RCT, randomized controlled trial.

Adapted with permission from Wolters Kluwer Health, Inc.: Page RL, Joglar JA, Caldwell MA et al. 2015 ACC/AHA/HRS Guideline for the Management of Adult Patients With Supraventricular Tachycardia: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. *Circulation*. 2016;133:e506-e574.

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