

## Table 2. Rating System Used to Rate Level of Evidence and Strength of Recommendation

Recommendations are based on scientific evidence and expert opinion. Each recommended statement includes a Roman numeral (I, II, or III) representing the level of the evidence that supports the recommendation and a letter (A, B, or C) representing the strength of the recommendation.

Class	
<b>I</b>	Evidence and/or general agreement that a given diagnostic evaluation, procedure, or treatment is beneficial, useful, and effective.
<b>II</b>	Conflicting evidence and/or a divergence of opinion about the usefulness and efficacy of a diagnostic evaluation, procedure, or treatment.
<b>IIa</b>	Weight of evidence and/or opinion is in favor of usefulness and efficacy.
<b>IIb</b>	Usefulness and efficacy are less well established by evidence and/or opinion.
<b>III</b>	Conditions for which there is evidence and/or general agreement that a diagnostic evaluation, procedure, or treatment is not useful and effective or if it in some cases may be harmful.

  

Level	
<b>A</b>	Data derived from multiple randomized clinical trials, meta-analyses, or equivalent.
<b>B</b>	Data derived from a single randomized trial, nonrandomized studies, or equivalent.
<b>C</b>	Consensus opinion of experts, case studies, or standard of care.

Adapted from the American College of Cardiology and the American Heart Association Practice Guidelines ([AHA, 2011](#)); ([Shiffman, 2003](#)).

In some situations, such as for interferon-sparing HCV treatments, randomized clinical trials with an existing standard-of-care arm cannot ethically or practicably be conducted. The US Food and Drug Administration (FDA) has suggested alternative study designs, including historical controls or immediate versus deferred placebo-controlled trials. For additional examples and definitions see FDA link: <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM225333.pdf>. In those instances for which there was a single predetermined, FDA-approved equivalency established, panel members considered the evidence as equivalent to a randomized controlled trial for levels A or B.

**Last update:** November 6, 2019

### Related References

[American College of Cardiology Foundation and American Heart Association, Inc. Methodology manual and policies from the ACCF/AHA task force on practice guidelines. Accessed June 13, 2019.](#); 2010.

Shiffman RN, Shekelle P, Overhage JM, Slutsky J, Grimshaw J, Deshpande AM. [Standardized reporting of clinical practice guidelines: a proposal from the Conference on Guideline Standardization](#). *Ann Intern Med*. 2003;139(6):493-498.

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