

ADAPTED SIGN GRADING SYSTEM

LEVELS OF EVIDENCE	
1++	High quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias.
1+	Well conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias.
1-	Well conducted meta-analyses, systematic reviews of RCTs, or RCTs with a high risk of bias.
2++	High quality systematic reviews of case-control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal.
2+	Well conducted case-control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal.
2-	Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal.
3	Non-analytic studies, eg, case reports, case series.
4	Expert opinion.

Following assessment of the level of evidence for individual papers, recommendations were given a grade from A to D as below. This grading system departs from the Scottish Intercollegiate Guidelines Network (SIGN) system which was derived primarily for treatment guidelines and revises ranking according to therapy or prognosis. Questions relating to prognosis were considered a feature of this guideline to determine how to tailor cardiac rehabilitation services according to individual patient needs. For further details on the SIGN system see www.sign.ac.uk

GRADES OF RECOMMENDATION	
A	<p>For therapy: At least one meta-analysis, systematic review, or RCT rated as 1++, and directly applicable to the target population, OR</p> <p>A body of evidence consisting principally of studies rated as 1+, directly applicable to the target population and demonstrating overall consistency of results.</p> <p>For prognosis: At least one meta-analysis, systematic review, or large high quality cohort study rated as 2++ and directly applicable to the target population, OR</p> <p>A body of evidence consisting principally of studies rated as 2+, directly applicable to the target population and demonstrating overall consistency of results.</p>
B	<p>For therapy: A body of evidence including studies rated as 2++, directly applicable to the target population, and demonstrating overall consistency of results, OR extrapolated evidence from studies rated as 1++ or 1+.</p> <p>For prognosis: A body of evidence including studies rated as 2+, directly applicable to the target population and demonstrating overall consistency of results.</p>
C	<p>For therapy: A body of evidence including studies rated as 2+, directly applicable to the target population and demonstrating overall consistency of results, OR extrapolated evidence from studies rated as 2++.</p>
D	<p>Evidence levels 3 or 4, OR for therapy: extrapolated evidence from studies rated as 2+, or expert opinion.</p>