

## Appendix 1. Summary of the modified GRADE system

BHIVA has adopted the modified Grading of Recommendations Assessment, Development and Evaluation (GRADE) system for the assessment, evaluation and grading of evidence and the development of recommendations [1,2].

<p><b>1A</b> <b>Strong recommendation</b> <b>High-quality evidence</b> Benefits clearly outweigh risk and burdens, or vice versa. Consistent evidence from well-performed, randomised controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk. Strong recommendation, can apply to most individuals in most circumstances without reservation. Clinicians should follow a strong recommendation unless there is a clear rationale for an alternative approach.</p>	<p><b>2A</b> <b>Weak recommendation</b> <b>High-quality evidence</b> Benefits closely balanced with risks and burdens. Consistent evidence from well-performed randomised controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk. Weak recommendation, best action may differ depending on circumstances or individuals or societal values.</p>
<p><b>1B</b> <b>Strong recommendation</b> <b>Moderate-quality evidence</b> Benefits clearly outweigh risk and burdens, or vice versa. Evidence from randomised controlled trials with important limitations (inconsistent results, methods flaws, indirect or imprecise), or very strong evidence of some other research design. Further research may impact on our confidence in the estimate of benefit and risk. Strong recommendation and applies to most patients. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.</p>	<p><b>2B</b> <b>Weak recommendation</b> <b>Moderate-quality evidence</b> Benefits closely balanced with risks and burdens, some uncertainty in the estimates of benefits, risks and burdens. Evidence from randomised controlled trials with important limitations (inconsistent results, methods flaws, indirect or imprecise). Further research may change the estimate of benefit and risk. Weak recommendation; alternative approaches likely to be better for some individuals under some circumstances.</p>
<p><b>1C</b> <b>Strong recommendation</b> <b>Low-quality evidence</b> Benefits appear to outweigh risk and burdens, or vice versa. Evidence from observational studies, unsystematic clinical experience or from randomised controlled trials with serious flaws. Any estimate of effect is uncertain. Strong recommendation and applies to most patients. However, some of the evidence base supporting the recommendation is of low quality.</p>	<p><b>2C</b> <b>Weak recommendation</b> <b>Low-quality evidence</b> Uncertainty in the estimates of benefits, risks and burdens; benefits may be closely balanced with risks and burdens. Evidence from observational studies, unsystematic clinical experience or from randomised controlled trials with serious flaws. Any estimate of effect is uncertain. Weak recommendation; other alternatives may be reasonable.</p>
<p><b>1D</b> <b>Strong recommendation</b> <b>Very low-quality evidence</b> Benefits appear to outweigh risk and burdens, or vice versa. Evidence limited to case studies. Strong recommendation based only on case studies and expert judgement.</p>	<p><b>2D</b> <b>Weak recommendation</b> <b>Very low-quality evidence</b> Uncertainty in the estimates of benefits, risks and burdens; benefits may be closely balanced with risks and burdens. Evidence limited to case studies and expert judgement. Very weak recommendation; other alternatives may be equally reasonable.</p>

### References

1. GRADE Working Group. *Grading the quality of evidence and the strength of recommendations*. Available at: [www.gradeworkinggroup.org](http://www.gradeworkinggroup.org) (accessed August 2021).
2. Guyatt GH, Oxman AD, Kunz R *et al*. Going from evidence to recommendations. *BMJ* 2008; **336**: 1049–1051.