SIGN GRADING SYSTEM 1999 – 2012

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, or RCTs with a low risk of bias

1-   Meta-analyses, systematic reviews, or RCTs with a high risk of bias

2++   High quality systematic reviews of case control or cohort or studies

    High quality 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, e.g. case reports, case series

4   Expert opinion

Grades of recommendations

A   At least one meta-analysis, systematic review, or RCT rated as 1++, and directly applicable to the target population; or
A body of evidence consisting principally of studies rated as 1+, directly applicable to the target population, and demonstrating overall consistency of results

B   A body of evidence including studies rated as 2++, directly applicable to the target population, and demonstrating overall consistency of results; orExtrapolated evidence from studies rated as 1++ or 1+

C   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++

D   Evidence level 3 or 4;
or
Extrapolated evidence from studies rated as 2+

Good practice points

✓   Recommended best practice based on the clinical experience of the guideline development group