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| --- | --- |
|  | **Considered judgement** |
| **Key question:**  |
| **A: Quality of evidence** |
| **1. How reliable are the studies in the body of evidence? (*see SIGN 50, section 5.3.1, 5.3.4*)***If there is insufficient evidence to answer the key question go to section 9.* |
| *Comment here on any issues concerning the quantity of evidence available on this topic and its methodological quality. Please include citations and evidence levels.* | **Evidence level** |
|  |  |
| **2. Are the studies consistent in their conclusions? (*see SIGN 50, section 5.3.2*)***Comment here on the degree of consistency demonstrated by the evidence. Where there are conflicting results, indicate how the group formed a judgement as to the overall direction of the evidence.* |
|  |
| **3. Are the studies relevant to our target population? (*see SIGN 50, section 5.3.3*)***For example, do the studies:** *include similar target populations, interventions, comparators or outcomes to the key question under consideration?*
* *report on any comorbidities relevant to the target population?*
* *use indirect (surrogate) outcomes*
* *use indirect rather than direct comparison of outcomes*
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| **4.** **Are there concerns about publication bias? (*see SIGN 50, section 5.3.5*)***Comment here on concerns about all studies coming from the same research group, funded by industry etc*  |
|  |
| B: Evidence to recommendations |
| **5. Balancing benefits and harms (*see SIGN 50, section 6.2.2, 6.2.3*)**Comment here on the potential clinical impact of the intervention/action – eg magnitude of effect; balance of risk and benefit. |
| **What benefit will the proposed intervention/action have?**Describe the benefits. Highlight specific outcomes if appropriate. |
|   |
| **What harm might the proposed intervention/action do?***Describe the benefits. Highlight specific outcomes if appropriate.* |
|   |
| **6. Impact on patients (*see SIGN 50, section 6.2.4, 6.2.5*)***Is the intervention/action acceptable to patients and carers compared to comparison? Consider benefits vs harms, quality of life, other patient preferences (refer to patient issues search if appropriate).**Are there any common comorbidities that could have an impact on the efficacy of the intervention?* |
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| **7. Feasibility (*see SIGN 50, section 6.2.6*)***Is the intervention/action implementable in the Scottish context? Consider existing SMC advice, cost effectiveness, financial, human and other resource implications.* |
|  |
| **8. Recommendation (*see SIGN 50, section 6.3*)***What recommendation(s) does the guideline development group agree are appropriate based on this evidence?* *‘Strong’ recommendations should be made where there is confidence that, for the vast majority of people, the intervention/action will do more good than harm (or more harm than good). The recommendation should be clearly directive and include ‘should/ should not’ in the wording.**‘Conditional’ recommendations, should be made where the intervention/action will do more good than harm, for most patients, but may include caveats eg on the quality or size of the evidence base, or patient preferences. Conditional recommendations should include ‘should be considered’ in the wording.* |
|  | **strong/conditional** |
| *Briefly justify the strength of the recommendation* |
| **9. Recommendations for research***List any aspects of the question that have not been answered and should therefore be highlighted as an area in need of further research.* |
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