



Appendix 2

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Chew DP, Scott IA, Cullen L, et al. National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Australian clinical guidelines for the management of acute coronary syndromes 2016. *Med J Aust* 2016; 205: 128-133. doi: 10.5694/mja16.00368.

Appendix 2. National Health and Medical Research Council (NHMRC) guideline development methodology*

Table (a): NHMRC level of evidence

Level	Intervention	Diagnostic accuracy	Prognosis	Aetiology	Screening Intervention
I	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies
II	A randomised controlled trial	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, among consecutive persons with a defined clinical presentation	A prospective cohort study	A prospective cohort study	A randomised controlled trial
III-1	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, among non-consecutive persons with a defined clinical presentation	All or none	All or none	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)
III-2	A comparative study with concurrent controls: Non-randomised, experimental trial ▪ Cohort study ▪ Case-control study ▪ Interrupted time series with a control group	A comparison with reference standard that does not meet the criteria required for Level II and III-1 evidence	A retrospective cohort study		A comparative study with concurrent controls: Non-randomised, experimental trial ▪ Cohort study ▪ Case-control study
III-3	A comparative study without concurrent controls: ▪ Historical control study ▪ Two or more single arm study ▪ Interrupted time series without a parallel control group	Diagnostic case-control study	A retrospective cohort study	A case-control study	A comparative study without concurrent controls: ▪ Historical control study ▪ Two or more single arm study
IV	Case series with either post-test or pre-test/post-test outcomes	Study of diagnostic yield (no reference standard)	Case series, or cohort study of persons at different stages of disease	A cross-sectional study or case series	Case series

Table (b): NHMRC body of evidence matrix

Component	A: Excellent	B: Good	C: Satisfactory	D: Poor
Evidence	One or more level I trials with a low risk of bias or several level II trials with low risk of bias	One or two level II trials with a low risk of bias or a systematic review/several level III trials with a low risk of bias	One or two level III trials with a low risk of bias or a level I or II trials with a moderate risk of bias	Level IV trials, or level 1 to III trials/systematic reviews with a high risk of bias
Consistency	All trials consistent	Most trials consistent and inconsistency may be explained	Some inconsistency reflecting genuine uncertainty around clinical question	Evidence is inconsistent
Clinical Impact	Very large	substantial	moderate	Slight or restricted
Generalisability	Population/s in evidence summary are the same as the target population for the guideline	Population/s in evidence summary are similar to the target population for the guideline	Population/s in evidence summary differ to target population for the guideline but is clinically sensible to apply to target population	Population/s in evidence summary differ to target population and hard to judge whether it is sensible to generalise to target population
Applicability	Directly applicable to Australian heart care	Applicable to Australian heart care context with few caveats	Probably applicable to Australian heart care context with some caveats	Not applicable to Australian heart care context

Table (c): NHMRC grades of recommendation

Grade of Recommendation	Description
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation/s but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

* National Health and Medical Research Council. NHMRC additional levels of evidence and grades for recommendations for developers of guidelines. 2009. Available at:

https://www.nhmrc.gov.au/_files_nhmrc/file/guidelines/developers/nhmrc_levels_grades_evidence_120423.pdf. Accessed on 30/3/16..