



Supporting Information

Supplementary methods

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

Appendix to: Huang J, Faisal W, Brand M, et al. Patterns of care for people with small cell lung cancer in Victoria, 2011–19: a retrospective, population-based registry data study. *Med J Aust* 2023; doi: 10.5694/mja2.52017.

Table. Levels of evidence and grades of recommendation: adapted from the Infectious Diseases Society of America–United States Public Health Service grading system¹

Levels of evidence	
I	Evidence from at least one large randomised, controlled trial of good methodological quality (low potential for bias) or meta-analyses of well conducted randomised trials without heterogeneity
II	Small randomised trials or large randomised trials with a suspicion of bias (lower methodological quality) or meta-analyses of such trials or of trials demonstrated heterogeneity
III	Prospective cohort studies
IV	Retrospective cohort studies or case-control studies
V	Studies without control group, case reports, expert opinions
Grades of recommendation	
A	Strong evidence for efficacy with a substantial clinical benefit, strongly recommended
B	Strong or moderate evidence for efficacy but with a limited clinical benefit, generally recommended
C	Insufficient evidence for efficacy or benefit does not outweigh the risk or the disadvantages (adverse events, costs, etc.), optional

1. Khan AR, Khan S, Zimmerman V, et al. Quality and strength of evidence of the Infectious Diseases Society of America clinical practice guidelines. Clin Infect Dis 2010; 51:1147-1156.