Supplemental File 5A: Illustrations of the GRADE approach

Table SF5A-1: The outcome-centric approach in GRADE

Source	PICO question	Outcomes evaluated ^a	Outcome importance ^b	Systematic review	Recommendation formulation	
			·	Certainty of a body of evidence ^c	Overall certainty of evidence ^d	
and lubipro Crocket used in 2012 ² manage opioid-	Should lubiprostone be used in the	Spontaneous bowel movement response	Critical	Low ⊕⊕○○	Low	
	management of opioid-induced constipation in	Reduction in severity of straining	Important	Moderate ⊕⊕⊕○		
	patients with non-cancer pain?	Adverse effects leading to discontinuation of treatment	Important	Moderate ⊕⊕⊕○		
Lantos 2021 ³	In patients following a high- risk tick bite, should prophylactic	Clinical evidence of Lyme disease after treatment	Critical	Moderate ⊕⊕⊕○	Moderate	
		Seroconversion	Important	Low ⊕⊕○○		
	antibiotic therapy be used versus observation?	Serious adverse events	Important	Moderate ⊕⊕⊕○		

^aSee original citations for a complete list of outcomes that are reported in the GRADE evidence profiles;

^bMultiple stakeholders participate in defining which outcomes are critical and important. This is an early step in the process for developing clinical recommendations;

^cDetermined by consideration of factors that affect confidence in an estimate of effect.⁴ See Table 5.1 in main text for the specific reasons for upgrading and downgrading the certainty of evidence;

^dFor recommendations, overall certainty across outcomes is determined by the lowest certainty of evidence for any outcome rated as critical.⁵

Table SF5A-2: Statement of conclusions on evidence certainty reached with and without application of GRADE^a

Topic of interest: Should treatment (X) be used to treat (condition) in (population)?

Critical outcomes: Quality of Life (QoL), significant adverse events (AEs)

Systematic review research question: *Is treatment X more effective than usual care for improving QoL in*

(condition)?				
Without application of GRADE	With application of GRADE			
Treatment X compared to usual care leads to statistically significant improvements in QoL.	There is (high, moderate, low, very low) certainty evidence that Treatment X compared to usual care improves QoL in (population) with (condition).			
Treatment X was not associated with significant AEs compared to usual care.	There is (high, moderate, low, very low) certainty evidence that Treatment X does not cause more frequent AEs compared to usual care in (population) with (condition).			
There is sufficient evidence to suggest Treatment X over usual care for improving QoL in (condition).	There is (high, moderate, low, very low) certainty evidence that Treatment X is more effective for improvir QoL compared to usual care in (population) with (condition).			

^aThe example is a hypothetical systematic review. Adapted from Samuniak and colleagues.⁶

REFERENCES

- 1. Hanson B, Siddique SM, Scarlett Y, Sultan S. American Gastroenterological Association Institute technical review on the medical management of opioid-induced constipation. Gastroenterology. 2019;156(1):229-253.e5.
- 2. Crockett SD, Greer KB, Heidelbaugh JJ, Falck-Ytter Y, Hanson BJ, Sultan S. American Gastroenterological Association Institute guideline on the medical management of opioid-induced constipation. Gastroenterology. 2019;156(1):218–26.
- 3. Lantos PM, Rumbaugh J, Bockenstedt LK, Falck-Ytter YT, Aguero-Rosenfeld ME, Auwaerter PG, et al. Clinical practice guidelines by the Infectious Diseases Society of America (IDSA), American Academy of Neurology (AAN), and American College of Rheumatology (ACR): 2020 guidelines for the prevention, diagnosis and treatment of lyme disease. Clin Infect Dis. 2021;72(1):e1–48.
- 4. Guyatt G, Oxman AD, Sultan S, Brozek J, Glasziou P, Alonso-Coello P, et al. GRADE guidelines: 11. Making an overall rating of confidence in effect estimates for a single outcome and for all outcomes. J Clin Epidemiol. 2013;66(2):151–7.
- 5. Schünemann H, Brozek J, Guyatt G, Oxman A (Eds). Section 5.4: Overall quality of evidence. GRADE Handbook [internet]. GRADE; 2013 [cited 2022 Mar 25]. Available from: https://gdt.gradepro.org/app/handbook/handbook.html#h.lr8e9vq954a.
- 6. Samuniak D, Watts C, Cumpston M, Lasserson T, Livingstone N, Opiyo N. Common errors: a resource for Cochrane Editors. Cochrane; 2016 [cited 2022 Mar 5]. Available from:

Kolaski, K., Logan, L., & Ioannidis, J. P. A. (2023). Guidance to best tools and practices for systematic reviews. Journal of Pediatric Rehabilitation Medicine. DOI:10.3233/PRM-230019.



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