

**Supplementary Table 1. Grade of Recommendation**

Grade of Recommendation	Benefit versus Risks and Burden	Methodological Quality of Supporting Evidence	Interpretation	Implication
Strong recommendation: high-quality evidence	Benefits clearly outweigh risks and burden or vice versa	RCTs without important limitations of overwhelming evidence from observational studies	Strong recommendation: can apply to most patients in most circumstances	For patients, most would want the recommended course of action and only a small proportion would not; a person should request discussion if the intervention was not offered. For clinicians, most patients should receive the recommended course of action. For policymakers, the recommendation can be adopted as a policy in most situations.
Strong recommendation: moderate-quality evidence		RCTs with important limitations (inconsistent results, methodological flaws, indirect or imprecise) or exceptionally strong evidence from observational studies	without reservation	
Strong recommendation: low-quality evidence		Observational studies or case series	Strong recommendation, but may change when higher quality evidence becomes available	
Weak recommendation: high-quality evidence	Benefits closely balanced with risks and burden	RCTs without important limitations or overwhelming evidence from observational studies	Weak recommendation; best action may differ depending on circumstances or patients' or societal values	For patients, most would want the recommended course of action but some would not-a decision may depend on an individual's circumstances. For clinicians, different choices will
Weak recommendation: moderate-quality evidence		RCTs with important limitations (inconsistent results, methodological flaws, indirect, or imprecise) or exceptionally		

		strong evidence from observational studies		be appropriate for different patients,
Weak Recommendation: low-quality evidence	Uncertainty in the estimates of benefits, risks, and burden; benefits, risks, and burden may be closely balanced	Observational studies or case series	Very weak recommendations; other alternatives may be equally reasonable	and a management decision consistent with a patient's values, preferences, and circumstances should be reached. For policymakers, policymaking will require substantial debate and involvement of many stakeholders.
Insufficient	Balance of benefits and risks cannot be determined	Evidence is conflicting, poor quality or lacking	Insufficient evidence to recommend for or against routinely providing the service	For patients, decisions based on evidence from scientific studies cannot be made; for clinicians, decisions based on evidence from scientific studies cannot be made; for policymakers, decisions based on evidence from scientific studies cannot be made.

Adopted from Quaseem A et al (10).

Abbreviation RCT: randomized controlled trial