

# Understanding the Quality of Evidence Indicators and Global Agreement Associated with IAPD Recommendations

## Quality of Evidence (assessed by IAPD Science Committee)

Consensus-based Statements rely on evidence from expert opinion of the IAPD Science Committee or other expert opinion documents, such as AAPD Best Practices documents

Consensus-based Recommendations rely on published high-quality evidence such as clinical trials, or meta-analyses of clinical trials.

Evidence-based Recommendations rely on published clinical practice guidelines, which are the highest level of evidence, based on a systematic review/or analysis of systematic reviews to answer predetermined questions. Clinical practice guidelines also evaluate the level of certainty of evidence, patient values/preferences, resource allocation, and acceptability/feasibility of an intervention.

## Global Agreement

Each IAPD Consensus-based Recommendation or Statement was evaluated to determine applicability to global clinical practices. Seventy-nine IAPD members, distributed internationally, reviewed the guidelines and rated the recommendations using a 9-point Likert Scale, from strongly disagree to strongly agree. The average number of evaluators for each recommendation was 23. The agreement (moderately/mostly/strongly agree) reflects concordance between the consensus-based statement/recommendation and current global practices. IAPD recommendations, after re-evaluation, that did not reach an agreement of 70% or higher were considered to not have global agreement and were eliminated. Those IAPD recommendations that are classified as an “evidence-base recommendation” or “endorsement from other organizations” were not scored (Not Applicable, N/A) because they already are standards of care based on systematic reviews.