### Appendix Table 3. U.S. Preventive Services Task Force

### Hierarchy of Research Design

<table>
<thead>
<tr>
<th>Hierarchy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Properly conducted randomized, controlled trial</td>
</tr>
<tr>
<td>II-1</td>
<td>Well-designed controlled trial without randomization</td>
</tr>
<tr>
<td>II-2</td>
<td>Well-designed cohort or case–control analytic study</td>
</tr>
<tr>
<td>II-3</td>
<td>Multiple time series with or without the intervention; dramatic results from uncontrolled experiments</td>
</tr>
<tr>
<td>III</td>
<td>Opinions of respected authorities, based on clinical experience; descriptive studies or case reports; reports of expert committees</td>
</tr>
</tbody>
</table>

### Design-Specific Criteria

**Systematic reviews**
- Comprehensiveness of sources considered/search strategy used
- Standard appraisal of included studies
- Validity of conclusions
- Recency and relevance are especially important for systematic reviews

**Case–control studies**
- Accurate ascertainment of case-patients
- Nonbiased selection of case-patients/controls with exclusion criteria applied equally to both
- Response rate
- Diagnostic testing procedures applied equally to each group
- Measurement of exposure accurate and applied equally to each group
- Appropriate attention to potential confounding variables

**Randomized, controlled trials and cohort studies**
- Initial assembly of comparable groups
  - For randomized, controlled trials: adequate randomization, including first concealment and whether potential confounders were distributed equally among groups
  - For cohort studies: consideration of potential confounders with either restriction or measurement for adjustment in the analysis; consideration of inception cohorts
- Maintenance of comparable groups (includes attrition, crossovers, adherence, contamination)
- Important differential loss to follow-up or overall high loss to follow-up
- Measurements: equal, reliable, and valid (includes masking of outcome assessment)
- Clear definition of the interventions
  - All important outcomes considered

**Diagnostic accuracy studies**
- Screening test relevant, available for primary care, adequately described
- Study uses a credible reference standard, performed regardless of test results
- Reference standard interpreted independently of screening test
- Handles indeterminate result in a reasonable manner
- Spectrum of patients included in study
- Sample size
- Administration of reliable screening test

* Obtained from reference 67.