

Supplementary materials

Consensus guidance for monitoring individuals with islet autoantibody-positive pre-stage 3 type 1 diabetes

Moshe Phillip et al

ESM Table 1. ADA evidence-grading system for Standards of Care in Diabetes*

Level of evidence	Description
A	<p>Clear evidence from well-conducted, generalizable randomized controlled trials that are adequately powered, including:</p> <ul style="list-style-type: none">• Evidence from a well-conducted multicenter trial• Evidence from a meta-analysis that incorporated quality ratings in the analysis <p>Supportive evidence from well-conducted randomized controlled trials that are adequately powered, including:</p> <ul style="list-style-type: none">• Evidence from a well-conducted trial at one or more institutions• Evidence from a meta-analysis that incorporated quality ratings in the analysis
B	<p>Supportive evidence from well-conducted cohort studies</p> <ul style="list-style-type: none">• Evidence from a well-conducted prospective cohort study or registry• Evidence from a well-conducted meta-analysis of cohort studies <p>Supportive evidence from a well-conducted case-control study</p>
C	<p>Supportive evidence from poorly controlled or uncontrolled studies</p> <ul style="list-style-type: none">• Evidence from randomized clinical trials with one or more major or three or more minor methodological flaws that could invalidate the results• Evidence from observational studies with high potential for bias (such as case series with comparison with historical controls)• Evidence from case series or case reports <p>Conflicting evidence with the weight of evidence supporting the recommendation</p>
E	<p>Expert consensus or clinical experience</p>

* Reproduced from [75], American Diabetes Association, 2023. Copyright and all rights reserved. Material from this publication has been used with the permission of American Diabetes Association.