
Appendix 1: Methodology of the Canadian Task Force on Preventive Health Care

Critical appraisal

A manuscript providing critical appraisal of the evidence for this topic was prepared by the lead author. This included identification and critical appraisal of key studies, and ratings of the quality of this evidence using the task force's established methodological hierarchy (below), which resulted in a summary of proposed conclusions and recommendations for consideration by the task force.

Consensus development

Evidence for this topic was presented by the lead author and deliberated upon during a task force meeting in October 1998. Expert panelists addressed critical issues, clarified ambiguous concepts and analyzed the synthesis of the evidence. At the end of this process, the specific clinical recommendations proposed by the lead author were discussed, as were issues related to clarification of the recommendations for clinical application and any gaps in evidence. The results of this process are reflected in the description of the decision criteria presented with the specific recommendations. Final decisions on recommendations were arrived at unanimously by the group and lead author.

Procedures to achieve adequate documentation, consistency, comprehensiveness, objectivity and adherence to the task force methodology were maintained at all stages during review development, the consensus process and beyond to ensure uniformity and impartiality throughout.

Levels of evidence

- I Evidence from at least one well-designed randomized controlled trial
- II-1 Evidence from well-designed controlled trials without randomization
- II-2 Evidence from well-designed cohort or case-control analytic studies, preferably from more than one centre or research group
- II-3 Evidence from comparisons between times or places with or without the intervention; dramatic results from uncontrolled studies could be included here
- III Opinions of respected authorities, based on clinical experience; descriptive studies or reports of expert committees

Grades of recommendations

- A Good evidence to support the recommendation that the condition or manoeuvre be specifically considered in a periodic health examination (PHE)
 - B Fair evidence to support the recommendation that the condition or manoeuvre be specifically considered in a PHE
 - C Insufficient evidence regarding inclusion or exclusion of the condition or manoeuvre in a PHE, but recommendations may be made on other grounds
 - D Fair evidence to support the recommendation that the condition or manoeuvre be specifically excluded from a PHE
 - E Good evidence to support the recommendation that the condition or manoeuvre be specifically excluded from a PHE
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