

# Applying Classification of Recommendations and Levels of Evidence<sup>1</sup>

		Class of Recommendation			
		Class I Benefit >>> Risk	Class IIa Benefit >> Risk	Class IIb Benefit ≥ Risk	Class III No Benefit or Harm
		Procedure/treatment should be performed/ administered.	Additional studies with focused objectives needed.  It is reasonable to perform procedure/ administer treatment.	Additional studies with broad objectives needed; additional registry data would be helpful.  Procedure/treatment may be considered.	No additional studies needed.  Procedure/treatment should not be performed/ administered since it is not helpful and may be harmful.
<b>Level of Evidence</b>	<b>Level A</b> Multiple population risk strata evaluated*  General consistency of direction and magnitude of effect	<b>Recommendation that procedure or treatment is useful/effective</b>  <b>Sufficient evidence from multiple randomized trials or meta-analyses</b>	Recommendation in favor of treatment or procedure being useful/ effective  Some conflicting evidence from multiple randomized trials or meta-analyses	Recommendation's usefulness/efficacy less well established  Greater conflicting evidence from multiple randomized trials or meta-analyses	Recommendation that procedure or treatment is not useful/effective and may be harmful  Sufficient evidence from multiple randomized trials or meta-analyses
	<b>Level B</b> Limited population risk strata evaluated*	Recommendation that procedure or treatment is useful/effective  Limited evidence from single randomized trial or nonrandomized studies	Recommendation in favor of treatment or procedure being useful/ effective  Some conflicting evidence from single randomized trial or nonrandomized studies	Recommendation's usefulness/efficacy less well established  Greater conflicting evidence from single randomized trial or nonrandomized studies	Recommendation that procedure or treatment is not useful/effective and may be harmful  Limited evidence from single randomized trial or nonrandomized studies
	<b>Level C</b> Very limited population risk strata evaluated*	Recommendation that procedure or treatment is useful/effective  Only expert opinion, case studies, or standard of care	Recommendation in favor of treatment or procedure being useful/ effective  Only diverging expert opinion, case studies, or standard of care	Recommendation's usefulness/efficacy less well established  Only diverging expert opinion, case studies, or standard of care	Recommendation that procedure or treatment is not useful/effective and may be harmful  Only expert opinion, case studies, or standard of care

\*Data available from clinical trials or registries about the usefulness/efficacy in different subpopulations, such as gender, age, history of diabetes, history of prior myocardial infarction, history of heart failure, and prior aspirin use. A recommendation with Level B or Level C evidence does not imply that the recommendation is weak. Many important clinical questions addressed in the guidelines do not lend themselves to clinical trials. Even though randomized trials are not available, there may be a very clear clinical consensus that a particular test or therapy is useful or effective.

**References:** 1. Wann LS, Curtis AB, January CT, et al. 2011 ACCF/AHA/HRS focused update on the management of patients with atrial fibrillation (updating the 2006 guideline): a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2011;123(1):104-123.  
2. Calkins H, Kuck KH, Cappato R, et al. 2012 HRS/EHRA/ECAS expert consensus statement on catheter and surgical ablation of atrial fibrillation: recommendations for patient selection, procedural techniques, patient management and follow-up, definitions, endpoints, and research trial design: a report of the Heart Rhythm Society (HRS) Task Force on Catheter and Surgical Ablation of Atrial Fibrillation. Developed in partnership with the European Heart Rhythm Association (EHRA), a registered branch of the European Society of Cardiology (ESC) and the European Cardiac Arrhythmia Society (ECAS); and in collaboration with the American College of Cardiology (ACC), American Heart Association (AHA), the Asia Pacific Heart Rhythm Society (APHRS), and the Society of Thoracic Surgeons (STS). Endorsed by the governing bodies of the American College of Cardiology Foundation, the American Heart Association, the European Cardiac Arrhythmia Society, the European Heart Rhythm Association, the Society of Thoracic Surgeons, the Asia Pacific Heart Rhythm Society, and the Heart Rhythm Society. *Heart Rhythm*. 2012;9(4):632-693. e21.

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