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Appendix

This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.

Appendix to: Jenkins M, Ait Ouakrim D, Boussioutas A, et al. Revised Australian national guidelines for colorectal cancer screening: family history. *Med J Aust* 2018; 209: 455-460. doi: 10.5694/mja18.00142.

For a detailed explanation in regards to each key component, see Appendix 4: Excerpt NHMRC Definitions of the components of the evidence statement. The components described above should be rated according to the matrix shown in Table 2.

Table 2: Body of evidence assessment matrix[3]

Recommendation Component	Recommendation Grade			
	A Excellent	**B** Good	**C** Satisfactory	**D** Poor
Evidence base[1]**	one or more level I studies with a low risk of bias or several level II studies with a low risk of bias	one or two level II studies with a low risk of bias or a systematic review/several level III studies with a low risk of bias	one or two level III studies with a low risk of bias, or level I or II studies with a moderate risk of bias	level IV studies, or level I to III studies/systematic reviews with a high risk of bias
Consistency[2]**	all studies consistent	most studies consistent and inconsistency may be explained	some inconsistency reflecting genuine uncertainty around clinical question	evidence is inconsistent
Clinical impact	very large	substantial	moderate	slight or restricted
Generalisability	population/s studied in body of evidence are the same as the target population for the guideline	population/s studied in the body of evidence are similar to the target population for the guideline	population/s studied in body of evidence differ to target population for guideline but it is clinically sensible to apply this evidence to target population[3]	population/s studied in body of evidence differ to target population and hard to judge whether it is sensible to generalise to target population
Applicability	directly applicable to Australian healthcare context	applicable to Australian healthcare context with few caveats	probably applicable to Australian healthcare context with some caveats	not applicable to Australian healthcare context

[1] Level of evidence determined from level of evidence criteria

[2] If there is only one study, rank this component as 'not applicable'

[3] For example results in adults that are clinically sensible to apply children OR psychosocial outcomes for one cancer that may be applicable to patients with another cancer.

** For a recommendation to be graded A or B, the volume and consistency of evidence must also be graded either A or B!

Source:
https://wiki.cancer.org.au/australiawiki/images/9/9b/CCA_Clinical_Practice_Guideline_Development_Handbook.pdf

NHMRC Levels of evidence cited in Appendix 4 of the document.