

International recommendations on the diagnosis and treatment of acquired hemophilia A

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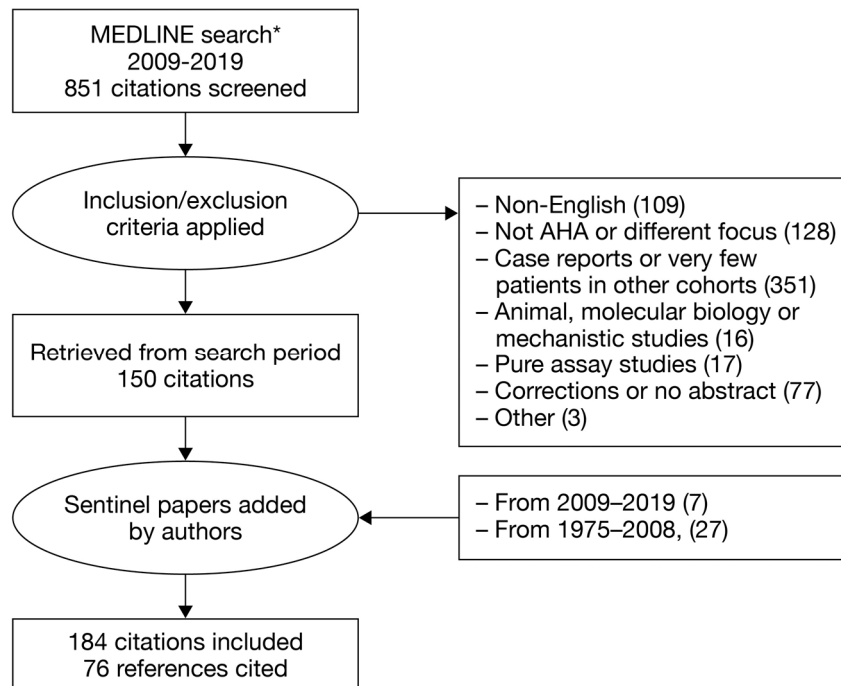
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Supplementary Information

Supplementary Figure 1. PRISMA diagram.



*Search: "Factor 8 deficiency, acquired" [Supplementary Concept] OR "acquired factor 8 deficiency"[all] OR "acquired factor 8 deficiencies"[all] OR "acquired factor VIII deficiency"[all] OR "acquired factor VIII deficiencies"[all] OR "acquired factor VIII inhibitor"[all] OR "acquired factor VIII inhibitors"[all] OR "acquired factor 8 inhibitor"[all] OR "acquired factor 8 inhibitors"[all] OR "acquired hemophilia"[all] OR "acquired haemophilia"[all] OR "acquired inhibitor"[all] OR "acquired inhibitors"[all] OR "acquired deficiency"[all] OR "acquired deficiencies"[all]. Filters: Publication date from 2009/01/01.

Supplementary Table 1. Grading of recommendations according to Guyatt *et al* (1).

Grade of recommendation/ Description	Benefit vs risk and burdens	Methodological quality of supporting evidence	Implications
1A Strong recommendation, high-quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	RCTs without important limitations or overwhelming evidence from observational studies	Strong recommendation, can apply to most patients in most circumstances without reservation
1B Strong recommendation, moderate quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	RCTs with important limitations (inconsistent results, methodological flaws, indirect, or imprecise) or exceptionally strong evidence from observational studies	Strong recommendation, can apply to most patients in most circumstances without reservation
1C Strong recommendation, low-quality or very low-quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	Observational studies or case series	Strong recommendation but may change when higher quality evidence becomes available
2A Weak recommendation, high-quality evidence	Benefits closely balanced with risks and burden	RCTs without important limitations or overwhelming evidence from observational studies	Weak recommendation, best action may differ depending on circumstances or patients' or societal values
2B Weak recommendation, moderate-quality evidence	Benefits closely balanced with risks and burden	RCTs with important limitations (inconsistent results, methodological flaws, indirect, or imprecise) or exceptionally strong evidence from observational studies	Weak recommendation, best action may differ depending on circumstances or patients' or societal values
2C Weak recommendation, low-quality or very low-quality evidence	Uncertainty in the estimates of benefits, risks, and burden; benefits, risk, and burden may be closely balanced	Observational studies or case series	Very weak recommendations; other alternatives may be equally reasonable

RCTs, randomized clinical trials.

Reprinted from 'Guyatt G, Gutterman D, Baumann MH, Addrizzo-Harris D, Hylek EM, Phillips B, et al. Grading strength of recommendations and quality of evidence in clinical guidelines:

Report from an American College of Chest Physicians task force. Chest 2006; 129(1):174–81',
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References

1. Guyatt G, Gutterman D, Baumann MH, et al. Grading strength of recommendations and quality of evidence in clinical guidelines: Report from an American College of Chest Physicians task force. *Chest*. 2006; 129(1):174–81.