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Applying Classification of Recommendations and Level of Evidence

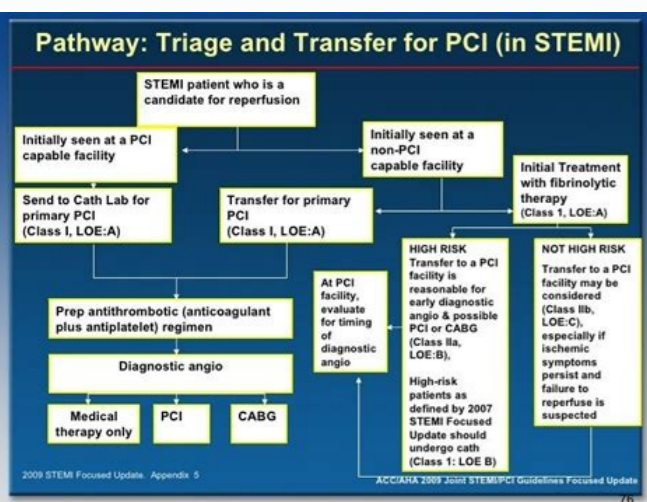
Class I	Class IIa	Class IIb	Class III
Benefit >>> Risk	Benefit >> Risk Additional studies with focused objectives needed	Benefit ≥ Risk Additional studies with broad objectives needed; Additional registry data would be helpful	Risk > Benefit No additional studies needed
Procedure/Treatment SHOULD be performed/administered	IT IS REASONABLE to perform procedure/administer treatment	Procedure/Treatment MAY BE CONSIDERED	Procedure/Treatment should NOT be performed/administered SINCE IT IS NOT HELPFUL AND MAY BE HARMFUL
should is recommended is indicated is useful/effective/beneficial	is reasonable can be useful/effective/beneficial is probably recommended or indicated	may/might be considered may/might be reasonable usefulness/effectiveness is unknown /unclear/uncertain or not well established	is not recommended is not indicated should not be useful/effective/beneficial may be harmful

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Class I	Class IIa	Class IIb	Class III
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Level A: Multiple populations evaluated; Data derived from multiple randomized clinical trials or meta-analyses	Level B: Limited populations evaluated; Data derived from a single randomized trial or non-randomized studies	Level C: Very limited populations evaluated; Only consensus opinion of experts, case studies, or standard-of-care.	

ACC/AHA 2009 Joint STEMI/PCI Guidelines Focused Update



From: 2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines

J Am Coll Cardiol. 2014;43(22):e57-e185. doi: 10.1016/j.jacc.2014.02.036



Figure Legend:

Indications for Surgery

*See Table 19 for definition of stages. TA dilation is defined by >40 mm on TTE (>21 mm/m²) or >70 mm on direct intraoperative measurement.

LV indicates left ventricular; PHTN, pulmonary hypertension; RV, right ventricular; TA, tricuspid annular; TR, tricuspid regurgitation; TTE,

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