International recommendations on the diagnosis and treatment of acquired hemophilia A

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Received: June 27, 2019.
Accepted: April 7, 2020.
Pre-published: May 7, 2020.
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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, Guterman 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’, with permission from Elsevier.
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.