

Appendix Table. Study Quality, Applicability, and Strength of Evidence Ratings

Rating category quality	Explanation
Good	Studies that have the least bias and results that are considered valid. Studies that mostly adhere to the commonly held concepts of high quality including the following qualities: a formal randomized, controlled design; clear description of the sample, setting, interventions, and comparison groups; appropriate measurement of outcomes; appropriate statistical and analytic methods and reporting; no reporting errors; < 20% dropout rate; clear reporting of dropouts; and no obvious bias.
Fair	Studies are susceptible to some bias that is not sufficient to invalidate the results. They do not meet all the criteria in the "Good" category because they have some deficiencies, but none likely to cause major bias. The studies may be missing information, making it difficult to assess limitations and potential problems.
Poor	Studies have significant bias that may invalidate the results. These studies have serious errors in design, analysis, or reporting; large amounts of missing information; or discrepancies in reporting.

Applicability

High	The sample is representative of the target population and includes at least 30 persons. It should be sufficiently large to cover a range of severity of atherosclerotic renal artery stenosis, including percent stenosis, percentage of patients with bilateral stenosis, blood pressure, and kidney function. The mean values of these variables should be at least broadly similar to the mean for the typical patient receiving treatment for atherosclerotic renal artery stenosis. In addition, the intervention should be applicable to currently used interventions, including angioplasty with stent placement and/or antihypertensive drugs currently in common use.
Moderate	The sample is representative of a relevant subgroup of the target population but not the entire population, or interventions used were similar to those of primary interest to this review (e.g., angioplasty without stent placement). Limitations include such factors as narrow age range, inclusion of patients without atherosclerotic renal artery stenosis, atypically high blood pressure, or serum creatinine concentration.
Low	Sample is representative of a narrow subgroup of patients only, and is of limited applicability to other subgroups (e.g., a study of a surgical intervention or mostly from the early 1980s when angiotensin-converting enzyme inhibitors, calcium antagonists, and beta-blockers were either not or rarely used).

Strength of body of evidence

Robust	There is a high level of assurance with validity of the results for the question based on at least two high-quality studies with long-term follow-up of a relevant population. There is no important scientific disagreement across studies in the results for the question.
Acceptable	There is a good to moderate level of assurance with validity of the results for the question based on fewer than two high-quality studies or in high-quality studies that lack long-term outcomes of relevant populations. There is little disagreement across studies in the results for the question.
Weak	There is a low level of assurance with validity of results for the question based on either moderate- to poor-quality studies or on studies of a population that may have little direct relevance to the question. There could be disagreement across studies in the results for the question.