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Table 1S. Evidence-based medicine levels.

Evidence-based medicine levels	Evidence-based medicine types
Ia	Systematic review with homogeneity of level 1 studies
Ib	Level 1 studies
II	Level 2 studies Systematic review of level 2 studies
III	Level 3 studies Systematic review of level 3 studies
IV	Consensus, expert opinions without explicit critical assessment
Level 1 studies	They meet: <ul style="list-style-type: none"> • Blinded comparison with a reference test (gold standard) valid • Adequate spectrum of patients
Level 2 studies	They present only one of these biases: <ul style="list-style-type: none"> • Non-representative population (the sample does not reflect the population where the test will be applied) • Inadequate comparison with the reference standard (gold standard) (the test to be evaluated is part of the gold standard or the result of the test influences the realization of the gold standard) • Unblinded comparison • Case-control studies
Level 3 studies	Present two or more of the criteria described in level 2 studies

Table 2S. Recommendation levels used in POLINA guideline.

A	At least one meta-analysis, systematic review or randomized clinical trial classified as 1++ and directly applicable to the target population, or a volume of scientific evidence derived from studies classified as 1+ and with great consistency between them
B	A volume of scientific evidence derived from studies classified as 2++, directly applicable to the guideline's target population and showing great consistency between them; or extrapolated evidence from studies rated 1++ or 1+
C	A volume of scientific evidence derived from studies classified as 2+, directly applicable to the guideline's target population and showing great consistency between them; or evidence extrapolated from studies classified as 2++
D	Level 3 or 4 scientific evidence, or extrapolated scientific evidence from level 2+ studies

Table 3S. Scores of the evaluation of methodological rigor and transparency in the process of elaboration of the POLINA Guide (AGREE II instrument)

Section	Reviewer 1	Reviewer 2	Reviewer 3	Final score	%
I. Scope and Objective					
1. The overall objective(s) of the guide is(are) specifically described	7	7	7	21	98
2. The health question(s) covered by the guideline is(are) specifically described	7	7	7	21	
3. The population (patients, public, etc.) to whom the guideline is meant to applied are specifically described	7	6	7	20	
	21	20	21	62	
II. Participation					
4. The guideline development group includes individuals from all relevant professional groups.	7	7	7	21	93
5. The patients' views and preferences have been sought	6	7	7	20	
6. The target users of the guide are clearly defined	6	7	5	18	
	19	21	19	59	
III. Rigor in the development					
7. Systematic methods were used to search for evidence	6	7	5	18	84
8. The criteria for selecting the evidence are clearly described	6	7	7	20	
9. The strengths and limitations of the body of evidence are clearly described	7	7	7	21	
10. The methods for formulating the recommendations are clearly described	7	7	7	21	
11. The health benefits, side effects, and risks have been considered in formulating the recommendations	7	6	7	20	
12. There is an explicit link between the recommendations and the supporting evidence	7	7	7	21	
13. The guide has been externally reviewed by experts prior to its publication	7	7	7	21	

14. A procedure for updating the guide is provided	1	1	1	3	
	48	49	48	145	
IV. Clarity of Presentation					
15. The recommendations are specific and unambiguous	7	7	7	21	100
16. The different options for management the condition are clearly presented.	7	7	7	21	
17. The key recommendations are easily identifiable.	7	7	7	21	
	21	21	21	63	
V. Applicability					
18. The guideline describes facilitators and barriers to its application	7	6	6	19	60
19. The guideline provides advice and/or tools on how the recommendations can be put into practice	7	1	7	15	
20. The potential resource implications of applying the recommendations have been considered	6	1	5	12	
21. The guideline presents monitoring and/ or auditing criteria	7	1	1	9	
	27	9	19	55	
VI. Editorial Independence					
22. The views of the funding body have not influenced the content of the guideline	3	7	1	11	22
23. Competing interests of guideline development group members have been recorded and addressed	1	1	1	3	
	4	8	2	14	
Quality rate					
1. Rate the overall quality of the guideline between 1 (Lowest possible quality) to 7 (Highest possible quality):	6	5	6		
2. Would you recommend this guide for use in practice?					
Yes	x		x		
Yes, with modifications		x			
No					

Table 4S. Scores of the credibility of the recommendations and possibility of implementation of the POLINA Guide (AGREE REX instrument)

	R.1	R.2	R.3	Final score	%
I. CLINICAL APPLICABILITY					
1. Evidence	7	7	7	21	63
2. Applicability to target users	7	7	7	21	
3. Applicability to patients/populations	7	7	7	21	
Score	21	21	21	63	
II. VALUES AND PREFERENCES					
4. Values and preferences of target users	6	7	7	20	47
5. Values and preferences of patients/populations	6	7	7	20	
6. Values and preferences of policy/decision-Makers	1	1	1	3	
7. Settings and preferences of guideline developers	1	1	1	3	
Score	14	14	16	46	
III. IMPLEMENTABILITY					
8. Purpose	7	7	7	21	94
9. Local application and adoption	7	7	5	19	
Score	14	14	12	40	
GLOBAL EVALUATION					
1. Rate the overall quality of the recommendation from 1 (Lowest possible quality) to 7 (Highest possible quality)	7	6	7	6,33	
2. Would you recommend this recommendation from the guide for its use in practice?					
Yes	x	x	x		
Yes, with modification	0	0	0		
No	0	0	0		