

## Evidence and recommendation levels (literature search method)

### Literature search in these guidelines

- 1) For each CQ term, we used the search formulas in PubMed and Ichushi to select related documents.
- 2) The extracted papers were scrutinized, and descriptions were extracted from the documents that match the particular CQ term. The descriptions are based on the original texts as far as possible.
- 3) In addition to the selected papers, secondary materials were added and are described for the relevant CQ term as documents additional to those identified by the search formulas.

The authors in charge of a CQ evaluated each document according to the evidence-based taxonomy [1] based on scientific evidence.

Additionally, the number of researchers in this area is limited, and it was impossible to secure a person in charge who can form a systematic review team and the guideline group of a guideline management committee as presented in the new clinical guideline preparation manual 2017 [2]. Therefore, the method adopted was that for when the 2015 version was created.”

### About the evidence level

1	Meta-analysis of systematic review/randomized controlled trials
2	One or more randomized controlled trials
3	Non-randomized controlled trial
4a	Analytical epidemiologic study (cohort study)
4b	Analytical epidemiologic studies (case-control studies, cross-sectional studies)
5	Descriptive study (case report/case study)
6	Opinions of expert committees and experts, not based on patient data

### Recommended grades

In these guidelines, the handling of postmortem images, items for "evaluating the condition" and "determining the cause of death" are provided, and the editors and editorial committees have examined these in detail and evaluated the grades. Specifically, the grade evaluation was performed based on an objective index using extracted papers. For this reason, there are CQs that have been evaluated as low grade due to insufficient research reports such as papers, even though the CQs that are assigned high grades are practical. Grade D stands for “difficult to diagnose/not recommended” and can be read as not recommended. However, it may be reevaluated depending on the progress of future research, and it is hoped that the physician conducting activities based on what is detailed here will operate with due consideration of this. (Even if the CQ has a high grade at this time, the evaluation may decline due to future research). It is expected that there will be much future research by various researchers.

### Recommended grade

A	Post-mortem images provide reliable diagnosis/highly recommended
B	Post-mortem images are very useful in diagnosing/recommended
C1	Post-mortem images are useful/noteworthy for a diagnosis, but lack sufficient scientific evidence
C2	Careful evaluation is required as there is a need to differentiate from other conditions/Not recommended due to lack of scientific basis
D	Difficult to diagnose/Not recommended

### References

- [1] Minds for Clinical Practice Guideline Selection Committee (Supervisor), Fukui T et al.: Minds, Guidebook for creation of clinical practice 2007, Igaku-Shoin, 2007 (Japanese)
- [2] Kojimahara N et al (Ed): Minds, Medical Guideline Creation Manual 2017, Japan Council for Quality Health Care, 2016 (Japanese)