Evidence Level and Recommendation Grade (Literature Search Method)

◆ Literature Search for This Guideline

1. For each Clinical Question (CQ), relevant literature was identified using specific search strategies applied to PubMed and Ichushi-Web (Japan Medical Abstracts Society database).
2. The extracted articles were reviewed in detail, and descriptions relevant to each CQ were drawn from the selected references. Wherever possible, the original wording was retained.
3. In addition to the selected primary literature, secondary sources were included as supplementary references not identified through the initial search strategy.

All references were evaluated by the working group members responsible for each CQ, based on an evidence level classification system for scientific literature[1].

Due to the limited number of researchers in this field, it was not feasible to assemble a full Guideline Development Group and Systematic Review Team as recommended in the *Manual for Guideline Development 2020, ver. 3.0*[2]. Therefore, the development process followed the same methodology adopted in the 2015 and 2020 editions of this guideline.

◆ Evidence Levels

Level	Description
1	Systematic review / Meta-analysis of randomized controlled trials (RCTs)
2	At least one randomized controlled trial
3	Non-randomized controlled trials
4a	Analytical epidemiological studies (cohort studies)
4b	Analytical epidemiological studies (case-control studies, cross-sectional studies)
5	Descriptive studies (case reports, case series)
6	Expert opinions or consensus statements not based on patient data (e.g., expert committees or individual expert opinions)

◆ Recommendation Grades

In this guideline, two assessment categories were established regarding the use of postmortem imaging: *Condition Assessment* and *Cause-of-Death Determination*. Each Clinical Question (CQ) was thoroughly evaluated by the Editorial Committee and the Guideline Development Committee, and recommendation grades were assigned accordingly. Specifically, grading was based on objective criteria derived from the available literature. As a result, for some CQs, even where practical application might support a high-grade recommendation, insufficient evidence in published studies

led to the assignment of a lower grade. Grade D corresponds to “difficult to diagnose / not recommended for use.” Although this can be interpreted as a recommendation against implementation, future research may prompt reevaluation. Physicians who choose to apply such practices should do so with caution and careful consideration. It should also be noted that even CQs currently assigned a high grade may receive lower evaluations in the future as new research emerges. Further contributions and advancements in this field are highly anticipated.

◆ **Recommendation Grades**

Grade	Description
A	Diagnosis can be reliably made using postmortem imaging / Strongly recommended to perform.
B	Postmortem imaging is highly useful for diagnosis / Recommended to perform.
C1	Postmortem imaging may be useful for diagnosis / May be considered, but lacks sufficient scientific evidence.
C2	Careful evaluation is required due to the need for differentiation from other conditions / Not recommended due to insufficient scientific evidence.
D	Diagnosis is difficult using postmortem imaging / Not recommended to perform.

References

1） Minds 診療ガイドライン選定部会監, 福井次矢ほか編：Minds 診療ガイドライン作成の手引き 2007, 医学書院, 2007

2） Minds 診療ガイドライン作成マニュアル編集委員会：Minds 診療ガイドライン作成マニュアル 2020 ver.3.0, 公益財団法人日本医療機能評価機構 EBM 医療情報部, 2020
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