

García-Cosío MD, et al. Management of heart disease in renal transplant recipients: a national Delphi survey-based SET/SEC/SEN consensus document. *Rev Esp Cardiol.* 2024.

SUPPLEMENTARY DATA

Table 1 of the supplementary data. Levels of evidence and grades of recommendations according to the Scottish Intercollegiate Guidelines Network (SIGN)

<i>Levels of evidence</i>	
1++	Meta-analyses, systematic reviews of clinical trials, or high-quality clinical trials with a very low risk of bias.
1+	Meta-analyses, systematic reviews of clinical trials, or well-conducted clinical trials with a low risk of bias.
1-	Meta-analyses, systematic reviews of clinical trials, or clinical trials with a high risk of bias.
2++	Systematic reviews of cohort or case-control studies or studies of high-quality diagnostic tests, cohort or case-control studies of high-quality diagnostic tests with a very low risk of bias and a high probability of establishing a causal relationship.
2+	Cohort or case-control studies or well-conducted diagnostic test studies with a low risk of bias and a moderate likelihood of establishing a causal relationship.
2-	Cohort or case-control studies with a high risk of bias.
3	Nonanalytical studies, such as case reports and case series.
4	Expert opinion.
<i>Strength of recommendation^a</i>	
A	At least 1 meta-analysis, systematic review of RCTs, or level 1++ RCTs, directly applicable to the target population, or sufficient evidence derived from level 1+ studies, directly applicable to the target population and demonstrating overall consistency in the results.
B	Sufficient evidence derived from level 2++ studies, directly applicable to the target population and demonstrating overall consistency in the results. Evidence extrapolated from level 1++ or 1+ studies.
C	Sufficient evidence derived from level 2+ studies, directly applicable to the target population and demonstrating overall consistency in the results. Evidence extrapolated from level 2++ studies.
D	Level 3 or 4 evidence. Evidence extrapolated from level 2+ studies.
Q ^b	Evidence extracted from relevant and quality qualitative studies. This category is not covered by SIGN.
<i>Good clinical practice^c</i>	
√ ^d	Recommended practice based on clinical experience and the consensus of the writing team.

RCT, randomized controlled trial.

Studies classified as 1- and 2- should not be used in the process of making recommendations because of the high possibility of bias.

^a Recommendations adapted from a clinical practice guideline are marked with the superscript^{"CPG"}.

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^b The quality assessment of the qualitative studies was carried out following the CASPe (*Critical Appraisal Skills Programme*) checklist as proposed by Goldsmith et al. (2007¹).

^c Source: Scottish Intercollegiate Guidelines Network.².

^d Occasionally, the drafting group realizes that there is some important practical aspect that they want to emphasize and for which there is probably no scientific evidence to support it. In general, these cases are related to some aspect of treatment that is considered good clinical practice and which would not usually be questioned. These aspects are valued as points of good clinical practice. These messages are not an alternative to recommendations based on scientific evidence but should be considered only when there is no other way to highlight such an aspect.

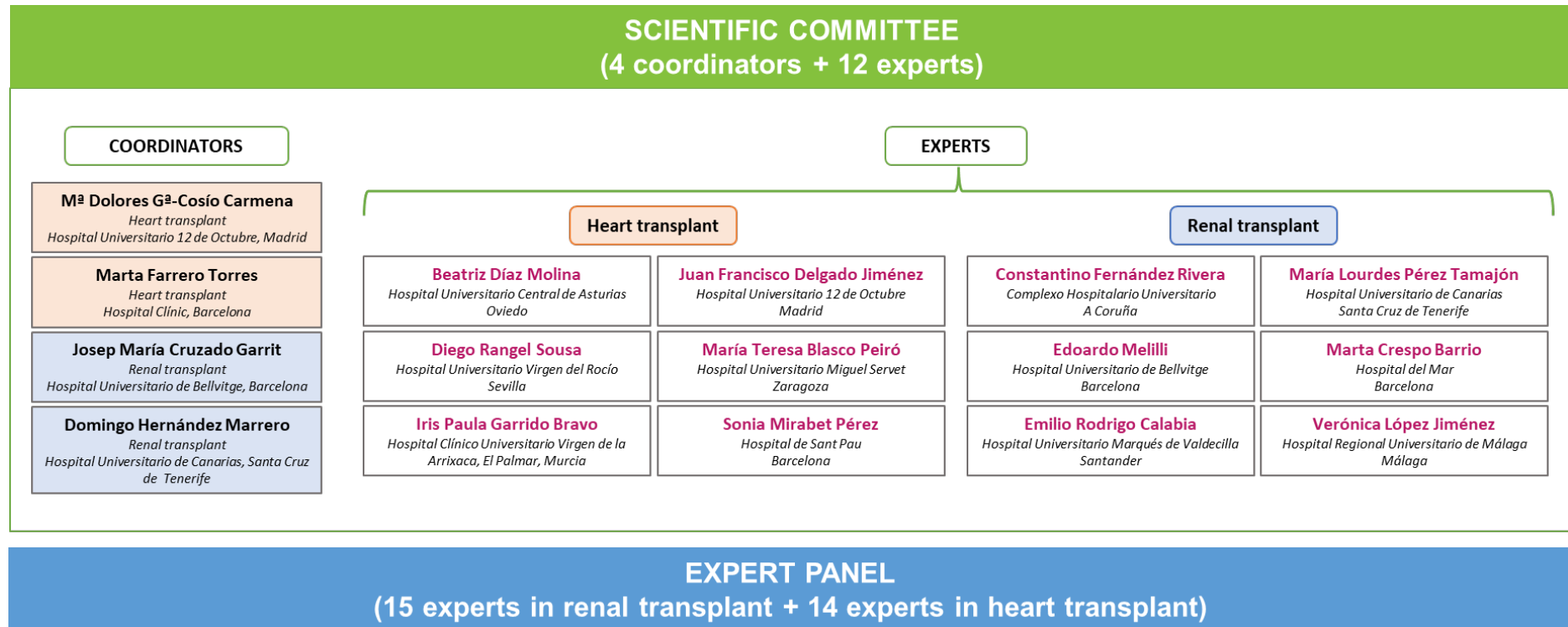
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Table 2 of the supplementary data. Participants in the expert panel, nephrologists and cardiologists

Expert panel
<p><i>Renal transplant</i></p> <ul style="list-style-type: none"> • Alex Gutiérrez Dalmau. Hospital Universitario Miguel Servet, Zaragoza • Ana Isabel Sánchez Fructuoso. Hospital Clínico San Carlos, Madrid • Eva Gavela Martínez. Hospital Universitario Dr. Peset, Valencia • Sofía Zárraga Larrondo. Hospital Universitario de Cruces, Baracaldo, Vizcaya • Alberto Rodríguez Benot. Hospital Universitario Reina Sofía, Córdoba • Auxiliadora Mazuecos Blanca. Hospital Puerta del Mar, Cádiz • Francesc Josep Moreso Mateos. Hospital Universitario Vall d'Hebron, Barcelona • José Vicente Torregrosa Prats. Hospital Clínic, Barcelona • Amado Andrés Belmonte. Hospital Universitario 12 de Octubre, Madrid • Antonio Franco Esteve. Hospital General Universitario de Alicante, Alicante • M.^a Isabel Beneyto Castelló. Hospital Universitari i Politècnic La Fe, Valencia • Francisco Manuel González Roncero. Hospital Universitario Virgen del Rocío, Seville • Carmen Facundo Molas. Fundació Puigvert, Barcelona • María José Pérez Sáez. Hospital del Mar, Barcelona • Carlos Jiménez Martín. Hospital Universitario La Paz, Madrid
<p><i>Heart transplant</i></p> <ul style="list-style-type: none"> • Gregorio Rábago Juan-Aracil. Clínica Universitaria de Navarra, Pamplona • Amador López Granados. Hospital Universitario Reina Sofía, Córdoba • Luis Almenar Bonet. Hospital Universitari i Politècnic La Fe, Valencia • José Manuel Sobrino Márquez. Hospital Universitario Virgen del Rocío, Seville • Marisa Crespo Leiro. Hospital Universitario de A Coruña, A Coruña • José González Costello. Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat, Barcelona • Adriana Rodríguez Chaverri. Hospital Universitario La Paz, Madrid • Luis de la Fuente Galán. Hospital Clínico Universitario de Valladolid, Valladolid • Antonio García Quintana. Hospital Universitario de Gran Canaria Doctor Negrín, Las Palmas de Gran Canaria • Manuel Gómez Bueno. Hospital Puerta de Hierro-Majadahonda, Majadahonda, Madrid • Francisco González Vilchez. Hospital Universitario Marqués de Valdecilla, Santander • Carlos Ortiz Bautista. Hospital Universitario Gregorio Marañón, Madrid • Javier Segovia Cubero. Hospital Puerta de Hierro-Majadahonda, Majadahonda, Madrid • Pedro Caravaca Pérez. Hospital Clínic, Barcelona

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Figure 1 of the supplementary data. Participants in the consensus



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REFERENCES OF THE SUPPLEMENTARY DATA

1. Goldsmith M, Bankhead C, Austoker J. Improving the quality of the written information sent to women about breast screening. Sheffield: NHS Cancer Screening Programmes; 2007.
2. Scottish Intercollegiate Guidelines Network. Forming guideline recommendations. En: SIGN 50: A guideline developers' handbook: Edinburgh: SIGN; 2008.