TRIPOD Checklist: Prediction Model Development and Validation: 2021-05-20 CLIPPCAIR TRIPOD



Section/Topic	Item		Checklist Item	Lines/location in manuscript
Title and abstract				
Title	1	D;V	Identify the study as developing and/or validating a multivariable prediction model, the target population, and the outcome to be predicted.	1-4
Abstract	2	D;V	Provide a summary of objectives, study design, setting, participants, sample size, predictors, outcome, statistical analysis, results, and conclusions.	55-82. Results and conclusions will be further developed in the princeps article.
Introduction	,			
Background and objectives	3a	D;V	Explain the medical context (including whether diagnostic or prognostic) and rationale for developing or validating the multivariable prediction model, including references to existing models.	86-124
	3b	D;V	Specify the objectives, including whether the study describes the development or validation of the model or both.	126-136
Methods				
Source of data	4a	D;V	Describe the study design or source of data (e.g., randomized trial, cohort, or registry data), separately for the development and validation data sets, if applicable.	139-141 146-152
	4b	D;V	Specify the key study dates, including start of accrual; end of accrual; and, if applicable, end of follow-up.	422-424
Participants	5a	D;V	Specify key elements of the study setting (e.g., primary care, secondary care, general population) including number and location of centres.	154-157
	5b	D;V	Describe eligibility criteria for participants.	Table 1
	5c	D;V	Give details of treatments received, if relevant.	194-198
Outcome	6a	D;V	Clearly define the outcome that is predicted by the prediction model, including how and when assessed.	167-169
Outcome	6b	D;V	Report any actions to blind assessment of the outcome to be predicted.	184-187
Predictors	7a	D;V	Clearly define all predictors used in developing or validating the multivariable prediction model, including how and when they were measured.	174-182
	7b	D;V	Report any actions to blind assessment of predictors for the outcome and other predictors.	184-187
Sample size	8	D;V	Explain how the study size was arrived at.	329-337
Missing data	9	D;V	Describe how missing data were handled (e.g., complete-case analysis, single imputation, multiple imputation) with details of any imputation method.	339-341
Statistical analysis methods	10a	D	Describe how predictors were handled in the analyses.	368-375
	10b	D	Specify type of model, all model-building procedures (including any predictor selection), and method for internal validation.	368-372 374-375
	10c	V	For validation, describe how the predictions were calculated.	376-377
	10d	D;V	Specify all measures used to assess model performance and, if relevant, to compare multiple models.	377-378
	10e	V	Describe any model updating (e.g., recalibration) arising from the validation, if done.	380-382
Risk groups	11	D;V	Provide details on how risk groups were created, if done.	379-380
Development vs. validation	12	٧	For validation, identify any differences from the development data in setting, eligibility criteria, outcome, and predictors.	The setting and eligibility criteria will be the same. Table 1
Results	1			
Participants	13a	D;V	Describe the flow of participants through the study, including the number of participants with and without the outcome and, if applicable, a summary of the follow-up time. A diagram may be helpful.	299-301
	13b	D;V	Describe the characteristics of the participants (basic demographics, clinical features, available predictors), including the number of participants with missing data for predictors and outcome.	350-359
	13c	V	For validation, show a comparison with the development data of the distribution of important variables (demographics, predictors and outcome).	351-352

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Model development	14a	D	Specify the number of participants and outcome events in each analysis.	To be addressed when reporting results.			
Model development Model specification	14b	D	If done, report the unadjusted association between each candidate predictor and outcome.	To be addressed when reporting results.			
	15a	D	Present the full prediction model to allow predictions for individuals (i.e., all regression coefficients, and model intercept or baseline survival at a given time point).	427-428			
	15b	D	Explain how to the use the prediction model.	427-428			
Model performance	16	D;V	Report performance measures (with CIs) for the prediction model.	377-379			
Model-updating	17	V	If done, report the results from any model updating (i.e., model specification, model performance).	380-382			
Discussion							
Limitations	18	D;V	Discuss any limitations of the study (such as nonrepresentative sample, few events per predictor, missing data).	433-435			
lata annual ation	19a	V	For validation, discuss the results with reference to performance in the development data, and any other validation data.	To be addressed when reporting results.			
Interpretation	19b	D;V	Give an overall interpretation of the results, considering objectives, limitations, results from similar studies, and other relevant evidence.	To be addressed when reporting results.			
Implications	20	D;V	Discuss the potential clinical use of the model and implications for future research.	429-432			
Other information							
Supplementary information	21	D;V	Provide information about the availability of supplementary resources, such as study protocol, Web calculator, and data sets.	412-414			
Funding	22	D;V	Give the source of funding and the role of the funders for the present study.	441-443			

^{*}Items relevant only to the development of a prediction model are denoted by D, items relating solely to a validation of a prediction model are denoted by V, and items relating to both are denoted D;V. We recommend using the TRIPOD Checklist in conjunction with the TRIPOD Explanation and Elaboration document.

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^{*}As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.