

## CONSORT 2010 checklist of information to include when reporting a randomised trial\*

Section/Topic	ltem No	Checklist item	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title and abstract				
	1a	Identification as a randomised trial in the title	P1/L3	Abstract/Para2
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see Table 2)	P1/L32-P2/L23	Abstract/Para2-3
Introduction				
Background and objectives	2a	Scientific background and explanation of rationale	P2/L32-P3/L28	Introduction/Para1
	2b	Specific objectives or hypotheses	P3/L28-L30	Introduction/Para1
Methods		·		·
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	P4/L6-L11	Methods/Para1
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	No	No
Participants	4a	Eligibility criteria for participants	P4/L14-L20	Methods/Para2
	4b	Settings and locations where the data were collected	P4/L34-P5/L3	Methods/Para3
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	P5/L9-L23	Methods/Para4
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	P6/L4-L23	Methods/Para7
	6b	Any changes to trial outcomes after the trial commenced, with reasons	No	No
Sample size	7a	How sample size was determined	P7/L26-L33	Methods/Para11
	7b	When applicable, explanation of any interim analyses and stopping guidelines	No	No
Randomisation:				
Sequence generation	8a	Method used to generate the random allocation sequence	P4/L32-L34	Methods/Para3
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	No	No
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	P4/L34-P5/L6	Methods/Paragraph3

Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	No	No
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	P4/L32-P5/L6	Methods/Paragraph3
	11b	If relevant, description of the similarity of interventions	No	No
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	P7/L12-L23	Methods/Paragraph10
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	P4/L32-L34	Methods/Paragraph3
Results			<u>`</u>	
Participant flow (a diagram is strongly	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	P18	Figure 1
recommended)	13b	For each group, losses and exclusions after randomisation, together with reasons	P18	Figure 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	P8/L2-L3	Results/1Para1
-	14b	Why the trial ended or was stopped	No	No
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	P14/L29-P15/L6	Table1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	P8/L3-L4	Results/1Para1
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	P8/L8_P9/L3	Results/Para2-3
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	No	No
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre- specified from exploratory	No	No
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	P17/L6-L8	Table4
Discussion			` 	
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	P11/L17-L22	Discussion/Para9
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	P11/L29-L30	Discussion/Para1
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	P9/L6-P11/L22	Discussion/Para1-9
Other information				
Registration	23	Registration number and name of trial registry	P4/L6-L11	Methods/Para1

Protocol	24	Where the full trial protocol can be accessed, if available	No	No
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	P12/L1-L2	Funding/Paragraph1

\*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see <u>www.consort-statement.org</u>.

## Table 2 Items to include when reporting a randomized trial in a journal or conference abstract

Item	Description	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title	Identification of the study as randomized	P1/L3-L4	Title/Para1
Authors *	Contact details for the corresponding author	P1/L14-L16	Authors/Para3
Trial design	Description of the trial design (e.g. parallel, cluster, non-inferiority)	P4/L6	Methods/Para1
Methods			
Participants	Eligibility criteria for participants and the settings where the data were collected	P4/L14-L20,P6/L5-P7/L9	Methods/Para3,7
Interventions	Interventions intended for each group	P4/L32-L34	Methods/Para3
Objective	Specific objective or hypothesis	P3/L28-L30	Introduction/Para1
Outcome	Clearly defined primary outcome for this report	P6/L5-L11	Methods/Para7
Randomization	How participants were allocated to interventions	P4/L32-L34	Methods/Para3
Blinding (masking)	Whether or not participants, care givers, and those assessing the outcomes were blinded to group assignment	P4/L34-P5/L6	Methods/Para3
Results			
Numbers randomized	Number of participants randomized to each group	P7/L30-L33	Methods/Para10
Recruitment	Trial status	P8/L2-L3	Results/1Para1
Numbers analysed	Number of participants analysed in each group	P18	Table1
Outcome	For the primary outcome, a result for each group and the estimated effect size and its precision	P8/L8-L11	Results/1Para2
Harms	Important adverse events or side effects	P7/L6-L8	Methods/Para8

Conclusions	General interpretation of the results	P11/L25-L30	Conclusions/Para1
Trial registration	Registration number and name of trial register	P4/L6-L11	Methods/Para1
Funding	Source of funding	P12/L1-L2	Funding/Para1

\* this item is specific to conference abstracts

From: Hopewell S, Clarke M, Moher D, et al. CONSORT for reporting randomized controlled trials in journal and conference abstracts: explanation and elaboration. PLoS Med. 2008;5(1):e20

Article information: http://dx.doi.org/10.21037/apm-20-2281 \*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.