

## **Materials Design Analysis Reporting (MDAR) Checklist for Authors**

The MDAR framework establishes a minimum set of requirements in transparent reporting applicable to studies in the life sciences (see Statement of Task: [doi:10.31222/osf.io/9sm4x](https://doi.org/10.31222/osf.io/9sm4x)). The MDAR checklist is a tool for authors, editors and others seeking to adopt the MDAR framework for transparent reporting in manuscripts and other outputs. Please refer to the MDAR Elaboration Document for additional context for the MDAR framework.

**Materials**

<b>Antibodies</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
For commercial reagents, provide supplier name, catalogue number and RRID, if available.	Materials and methods/paragraph10-13	
<b>Cell materials</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
<b>Cell lines:</b> Provide species information, strain. Provide accession number in repository <b>OR</b> supplier name, catalog number, clone number, <b>OR</b> RRID	Materials and methods/paragraph10	
<b>Primary cultures:</b> Provide species, strain, sex of origin, genetic modification status.		N/A
<b>Experimental animals</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
<b>Laboratory animals:</b> Provide species, strain, sex, age, genetic modification status. Provide accession number in repository <b>OR</b> supplier name, catalog number, clone number, <b>OR</b> RRID		N/A
<b>Animal observed in or captured from the field:</b> Provide species, sex and age where possible		N/A
<b>Model organisms:</b> Provide Accession number in repository (where relevant) <b>OR</b> RRID		N/A
<b>Plants and microbes</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
<b>Plants:</b> provide species and strain, unique accession number if available, and source (including location for collected wild specimens)		N/A
<b>Microbes:</b> provide species and strain, unique accession number if available, and source		N/A
<b>Human research participants</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
Identify authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.		N/A
Provide statement confirming informed consent obtained from study participants.		N/A
Report on age and sex for all study participants.		N/A

**Design**

<b>Study protocol</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
For clinical trials, provide the trial registration number <b>OR</b> cite DOI in manuscript.		N/A
<b>Laboratory protocol</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
Provide DOI or other citation details if detailed step-by-step protocols are available.		N/A
<b>Experimental study design (statistics details)</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
State whether and how the following have been done, <b>or</b> if they were not carried out.	Yes	
Sample size determination	Materials and methods/paragraph1	
Randomisation		N/A
Blinding		N/A
Inclusion/exclusion criteria	Materials and methods/paragraph1,14	
<b>Sample definition and in-laboratory replication</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
State number of times the experiment was replicated in laboratory	Materials and methods/paragraph11-13	
Define whether data describe technical or biological replicates	Materials and methods/paragraph11-13	
<b>Ethics</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
Studies involving human participants: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.	First Affiliated Hospital, Hainan Medical College, Haikou 570216, China . Number for approval : 2023-KYS-161	
Studies involving experimental animals: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.		N/A
Studies involving specimen and field samples: State if relevant permits obtained, provide details of authority approving study; if none were required, explain why.		N/A
<b>Dual Use Research of Concern (DURC)</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
If study is subject to dual use research of concern, state the authority granting approval and reference number for the regulatory approval		N/A

**Analysis**

<b>Attrition</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
State if sample or data point from the analysis is excluded, and whether the criteria for exclusion were determined and specified in advance.	Materials and methods/paragraph14	
<b>Statistics</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
Describe statistical tests used and justify choice of tests.	Materials and methods/paragraph14	
<b>Data Availability</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
State whether newly created datasets are available, including protocols for access or restriction on access.		N/A
If data are publicly available, provide accession number in repository or DOI or URL.	URL: <a href="https://xenabrowser.net/datapages/">https://xenabrowser.net/datapages/</a>	
If publicly available data are reused, provide accession number in repository or DOI or URL, where possible.	URL: <a href="https://xenabrowser.net/datapages/">https://xenabrowser.net/datapages/</a>	
<b>Code Availability</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
For all newly generated code and software essential for replicating the main findings of the study:	Yes	
State whether the code or software is available.	Yes	
If code is publicly available, provide accession number in repository, or DOI or URL.	DOI : 10.1093/bioinformatics/btab561	

**Reporting**

<b>Adherence to community standards</b>	<b>Yes (indicate where provided: section/paragraph)</b>	<b>n/a</b>
MDAR framework recommends adoption of discipline-specific guidelines, established and endorsed through community initiatives. Journals have their own policy about requiring specific guidelines and recommendations to complement MDAR.	Yes	
State if relevant guidelines (eg., ICMJE, MIBBI, ARRIVE) have been followed, and whether a checklist (eg., CONSORT, PRISMA, ARRIVE) is provided with the manuscript.	ICMJE guidelines were followed, as the journal follows ICMJE recommendations for publication.	

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## The REMARK checklist

Item to be reported		Reported on Page Number/Line Number	Reported on Section/Paragraph
<b>INTRODUCTION</b>			
1	State the marker examined, the study objectives, and any pre-specified hypotheses.		
<b>MATERIALS AND METHODS</b>			
Patients			
2	Describe the characteristics (e.g., disease stage or co-morbidities) of the study patients, including their source and inclusion and exclusion criteria.		
3	Describe treatments received and how chosen (e.g., randomized or rule-based).		
Specimen characteristics			
4	Describe type of biological material used (including control samples) and methods of preservation and storage.		
Assay methods			
5	Specify the assay method used and provide (or reference) a detailed protocol, including specific reagents or kits used, quality control procedures, reproducibility assessments, quantitation methods, and scoring and reporting protocols. Specify whether and how assays were performed blinded to the study endpoint.		
Study design			
6	State the method of case selection, including whether prospective or retrospective and whether stratification or matching (e.g., by stage of disease or age) was used. Specify the time period from which cases were taken, the end of the follow-up period, and the median follow-up time.		
7	Precisely define all clinical endpoints examined.		
8	List all candidate variables initially examined or considered for inclusion in models.		
9	Give rationale for sample size; if the study was designed to detect a specified effect size, give the target power and effect size.		
Statistical analysis methods			
10	Specify all statistical methods, including details of any variable selection procedures and other model-building issues, how model assumptions were verified, and how missing data were handled.		
11	Clarify how marker values were handled in the analyses; if relevant, describe methods used for cutpoint determination.		

<b>RESULTS</b>			
Data			
12	Describe the flow of patients through the study, including the number of patients included in each stage of the analysis (a diagram may be helpful) and reasons for dropout. Specifically, both overall and for each subgroup extensively examined report the numbers of patients and the number of events.		
13	Report distributions of basic demographic characteristics (at least age and sex), standard (disease-specific) prognostic variables, and tumor marker, including numbers of missing values.		
Analysis and presentation			
14	Show the relation of the marker to standard prognostic variables.		
15	Present univariable analyses showing the relation between the marker and outcome, with the estimated effect (e.g., hazard ratio and survival probability). Preferably provide similar analyses for all other variables being analyzed. For the effect of a tumor marker on a time-to-event outcome, a Kaplan-Meier plot is recommended.		
16	For key multivariable analyses, report estimated effects (e.g., hazard ratio) with confidence intervals for the marker and, at least for the final model, all other variables in the model.		
17	Among reported results, provide estimated effects with confidence intervals from an analysis in which the marker and standard prognostic variables are included, regardless of their statistical significance.		
18	If done, report results of further investigations, such as checking assumptions, sensitivity analyses, and internal validation.		
<b>DISCUSSION</b>			
19	Interpret the results in the context of the pre-specified hypotheses and other relevant studies; include a discussion of limitations of the study.		
20	Discuss implications for future research and clinical value.		

**From:** McShane LM, Altman DG, Sauerbrei W, Taube SE, Gion M, Clark GM: Reporting recommendations for tumor marker prognostic studies (REMARK). J Natl Cancer Inst 2005; 97: 1180-1184.