SPIRIT Checklist for *Trials*

Complete this checklist by entering the page and line numbers where each of the items listed below can be found in your manuscript.

Your manuscript may not currently address all the items on the checklist. Please modify your text to include the missing information. If you are certain that an item does not apply, please state "n/a" and provide a short explanation. **Leaving an item blank or stating "n/a" without an explanation will lead to your manuscript being returned before review.**

Upload your completed checklist as an additional file when you submit to *Trials*. You must reference this additional file in the main text of your protocol submission. The completed SPIRIT figure must be included within the main body of the protocol text and can be downloaded here: http://www.spirit-statement.org/schedule-of-enrolment-interventions-and-assessments/

In your methods section, please state that you used the SPIRIT reporting guidelines, and cite them as:

Chan A-W, Tetzlaff JM, Gøtzsche PC, Altman DG, Mann H, Berlin J, Dickersin K, Hróbjartsson A, Schulz KF, Parulekar WR, Krleža-Jerić K, Laupacis A, Moher D. SPIRIT 2013 Explanation and Elaboration: Guidance for protocols of clinical trials. BMJ. 2013;346:e7586

		Reporting Item	Page and Line Number	Reason if not applicable
Administrative information				
Title	#1	Descriptive title identifying the study design, population, interventions, and, if applicable, trial acronym	Page 1, line 1-2	
Trial registration	#2a	Trial identifier and registry name. If not yet registered, name of intended registry	Page 2, line 48-49	
Trial registration: data set	#2b	All items from the World Health Organization Trial Registration Data Set	See Additional file 2	
Protocol version	#3	Date and version identifier	Page 1, line 22-23	

Funding	#4	Sources and types of financial, material, and other support	Page 3, line 57	
Roles and responsibilities: contributorship	#5a	Names, affiliations, and roles of protocol contributors	Page 1, line 3-6 Page 31, line 756-758	
Roles and responsibilities: sponsor contact information	#5b	Name and contact information for the trial sponsor	Page 1, line 5-20	
Roles and responsibilities: sponsor and funder	#5c	Role of study sponsor and funders, if any, in study design; collection, management, analysis, and interpretation of data; writing of the report; and the decision to submit the report for publication, including whether they will have ultimate authority over any of these activities	Page 3, line 57	
Roles and responsibilities: committees	#5d	Composition, roles, and responsibilities of the coordinating centre, steering committee, endpoint adjudication committee, data management team, and other individuals or groups overseeing the trial, if applicable (see Item 21a for data monitoring committee)	Page 27, line 652-658	
Introduction			Page 4-7, line 59-142	
Background and rationale	#6a	Description of research question and justification for undertaking the trial, including summary of relevant studies (published and unpublished) examining benefits and harms for each intervention	Page 4-7, line 59-142	

Background and rationale: choice of comparators	#6b	Explanation for choice of comparators	Page 12-13, line 268-273	
Objectives	#7	Specific objectives or hypotheses	Page 21-23, line 490-543	
Trial design	#8	Description of trial design including type of trial (eg, parallel group, crossover, factorial, single group), allocation ratio, and framework (eg, superiority, equivalence, non-inferiority, exploratory)	Page 7, line 144-154	
Methods: Participants, interventions, and outcomes				
Study setting	#9	Description of study settings (eg, community clinic, academic hospital) and list of countries where data will be collected. Reference to where list of study sites can be obtained	Page 7, line 159-161	
Eligibility criteria	#10	Inclusion and exclusion criteria for participants. If applicable, eligibility criteria for study centres and individuals who will perform the interventions (eg, surgeons, psychotherapists)	Page 8, line 167-175	
Interventions: description	#11a	Interventions for each group with sufficient detail to allow replication, including how and when they will be administered	Page 10-13, line 216-273	
Interventions: modifications	#11b	Criteria for discontinuing or modifying allocated interventions for a given trial participant (eg, drug dose change in response to harms, participant request, or improving / worsening disease)	Page 25, line 602 Page 29, 711-714	

Interventions: adherance	#11c	Strategies to improve adherence to intervention protocols, and any procedures for monitoring adherence (eg, drug tablet return; laboratory tests)	Page 20, line 468-473 Page 29, line 708-709	
Interventions: concomitant care	#11d	Relevant concomitant care and interventions that are permitted or prohibited during the trial	Page 19, line 423-425	
Outcomes	#12	Primary, secondary, and other outcomes, including the specific measurement variable (eg, systolic blood pressure), analysis metric (eg, change from baseline, final value, time to event), method of aggregation (eg, median, proportion), and time point for each outcome. Explanation of the clinical relevance of chosen efficacy and harm outcomes is strongly recommended	Page 13-18, line 274-413 Page 20-21, line 474-489	
Participant timeline	#13	Time schedule of enrolment, interventions (including any run-ins and washouts), assessments, and visits for participants. A schematic diagram is highly recommended (see Figure)	Page 39-40, line 1045-1054	
Sample size	#14	Estimated number of participants needed to achieve study objectives and how it was determined, including clinical and statistical assumptions supporting any sample size calculations	Page 9, line 188-204	
Recruitment	#15	Strategies for achieving adequate participant enrolment to reach target sample size	Page 7-8, line 159-165	

Methods: Assignment of interventions (for controlled trials)				
Allocation: sequence generation	#16a	Method of generating the allocation sequence (eg, computer-generated random numbers), and list of any factors for stratification. To reduce predictability of a random sequence, details of any planned restriction (eg, blocking) should be provided in a separate document that is unavailable to those who enrol participants or assign interventions	Page 25, line 593-595	
Allocation concealment mechanism	#16b	Mechanism of implementing the allocation sequence (eg, central telephone; sequentially numbered, opaque, sealed envelopes), describing any steps to conceal the sequence until interventions are assigned	Page 25, line 597-598	
Allocation: implementation	#16c	Who will generate the allocation sequence, who will enrol participants, and who will assign participants to interventions	Page 25, line 595-598	
Blinding (masking)	#17a	Who will be blinded after assignment to interventions (eg, trial participants, care providers, outcome assessors, data analysts), and how	Page 25, line 598-599 Page 25, line 606-608	
Blinding (masking): emergency unblinding	#17b	If blinded, circumstances under which unblinding is permissible, and procedure for revealing a participant's allocated intervention during the trial	Page 25, line 599-602	
Methods: Data collection, management, and analysis				

Data collection plan	#18a	Plans for assessment and collection of outcome, baseline, and other trial data, including any related processes to promote data quality (eg, duplicate measurements, training of assessors) and a description of study instruments (eg, questionnaires, laboratory tests) along with their reliability and validity, if known. Reference to where data collection forms can be found, if not in the protocol	Page 13-18, line 274-413 Page 23-24, line 544-592	
Data collection plan: retention	#18b	Plans to promote participant retention and complete follow-up, including list of any outcome data to be collected for participants who discontinue or deviate from intervention protocols	Page 20, line 457-459	
Data management	#19	Plans for data entry, coding, security, and storage, including any related processes to promote data quality (eg, double data entry; range checks for data values). Reference to where details of data management procedures can be found, if not in the protocol	Page 13, line 275-278 Page 12, line 280-282 Page 27, line 640-651	
Statistics: outcomes	#20a	Statistical methods for analysing primary and secondary outcomes. Reference to where other details of the statistical analysis plan can be found, if not in the protocol	Page 25-26, line 608-632	
Statistics: additional analyses	#20b	Methods for any additional analyses (eg, subgroup and adjusted analyses)	Page 26, line 636-639	

Statistics: analysis population and missing data	#20c	Definition of analysis population relating to protocol non-adherence (eg, as randomised analysis), and any statistical methods to handle missing data (eg, multiple imputation)	Page 26, line 618-620	
Methods: Monitoring				
Data monitoring: formal committee	#21a	Composition of data monitoring committee (DMC); summary of its role and reporting structure; statement of whether it is independent from the sponsor and competing interests; and reference to where further details about its charter can be found, if not in the protocol. Alternatively, an explanation of why a DMC is not needed	Not applicable	Given the low-risk nature of the study (i.e., application of psychological interventions to healthy individuals), a formal Data Monitoring Committee (DMC) will not be appointed for data monitoring. Instead, periodic inspection of the accumulating outcome data will be performed by a principal investigator.
Data monitoring: interim analysis	#21b	Description of any interim analyses and stopping guidelines, including who will have access to these interim results and make the final decision to terminate the trial	Page 10, line 208 Page 27, line 661	
Harms	#22	Plans for collecting, assessing, reporting, and managing solicited and spontaneously reported adverse events and other unintended effects of trial interventions or trial conduct	Page 29, line 699-714	
Auditing	#23	Frequency and procedures for auditing trial conduct, if any, and whether the process will be independent from investigators and the sponsor	Page 20, line 468-473	
Ethics and dissemination				

Research ethics approval	#24	Plans for seeking research ethics committee / institutional review board (REC / IRB) approval	Page 9, line 182-187 Page 32, line 772-777	
Protocol amendments	#25	Plans for communicating important protocol modifications (eg, changes to eligibility criteria, outcomes, analyses) to relevant parties (eg, investigators, REC / IRBs, trial participants, trial registries, journals, regulators)	Page 9, line 185-187	
Consent or assent	#26a	Who will obtain informed consent or assent from potential trial participants or authorised surrogates, and how (see Item 32)	Page 8, line 165-166 Page 19, line 426-430	
Consent or assent: ancillary studies	#26b	Additional consent provisions for collection and use of participant data and biological specimens in ancillary studies, if applicable	Page 19, line 427-430	
Confidentiality	#27	How personal information about potential and enrolled participants will be collected, shared, and maintained in order to protect confidentiality before, during, and after the trial	Page 27, line 640-651	
Declaration of interests	#28	Financial and other competing interests for principal investigators for the overall trial and each study site	Page 32, line 786-787	
Data access	#29	Statement of who will have access to the final trial dataset, and disclosure of contractual agreements that limit such access for investigators	Page 32, line 784	

Ancillary and post trial care	#30	Provisions, if any, for ancillary and post-trial care, and for compensation to those who suffer harm from trial participation	Not applicable	All intervention components are validated and standardized procedures, and no specific hazards are anticipated.
Dissemination policy: trial results	#31a	Plans for investigators and sponsor to communicate trial results to participants, healthcare professionals, the public, and other relevant groups (eg, via publication, reporting in results databases, or other data sharing arrangements), including any publication restrictions	Page 27-28, line 659-668	
Dissemination policy: authorship	#31b	Authorship eligibility guidelines and any intended use of professional writers	Page 32, line 791-794	
Dissemination policy: reproducible research	#31c	Plans, if any, for granting public access to the full protocol, participant-level dataset, and statistical code	Page 27, line 647-651 Page 27, line 661-663 Page 32, line 783-785	
Appendices				
Informed consent materials	#32	Model consent form and other related documentation given to participants and authorised surrogates	Page 19, line 427-430 See Additional file 3	
Biological specimens	#33	Plans for collection, laboratory evaluation, and storage of biological specimens for genetic or molecular analysis in the current trial and for future use in ancillary studies, if applicable	Page 24, line 580-582	