Comments pertinent to the TREND statement checklist, and clarifications of additions to the original submission

We designate 17 of the 57 items in this checklist as NA (not applicable). Our manuscript describes a fairly typical, low-enrollment phase I-II cancer therapy intervention. All readers will be aware that such studies are not blinded (cannot be), and that detailed formal statistical analysis of the results from such small studies are not meaningful and are seldom carried out. PLOS recently published a phase I study of this kind, involving vitamin C infusion, in which the data from only 9 patients represented the entire of the report (Monti DA, Mitchell E, Bazzan AJ, Littman S, Zabrecky G, Yeo CJ, Pillai MV, Newberg AB, Deshmukh S, and Levine M. Phase I evaluation of intravenous ascorbic acid in combination with gemcitabine and erlotinib in patients with metastatic pancreatic cancer (2012). PLoS ONE 7, e29794.). This study enrolled many more patients than that, but still, not so many.

There were no protocol deviations. There was only one treatment group.

The methods section of our submission of July 8 included the statement, "There are no other related or ongoing clinical trials at this center," but this statement was deemed insufficient. The sentence in the resubmitted manuscript is, "There are no other related or ongoing clinical trials at this center; consequently, no related or ongoing trials of this therapy have been registered."

TREND Statement Checklist

Paper Section/ Topic	Item No	Descriptor	Reported? ✓	Pg #
Title and Abstract				
Title and Abstract	1	• Information on how unit were allocated to interventions		2
		• Structured abstract recommended		2
		• Information on target population or study sample		2
Introduction				
Background	2	• Scientific background and explanation of rationale		3
		• Theories used in designing behavioral interventions	NA	
Methods				
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)		3-4
		• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented		3-4
		• Recruitment setting		3
		• Settings and locations where the data were collected		4
Interventions	4	• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:		
		○ Content: what was given?		4
		○ Delivery method: how was the content given?		4
		○ Unit of delivery: how were the subjects grouped during delivery?		4
		○ Deliverer: who delivered the intervention?		4
		○ Setting: where was the intervention delivered?		4
		○ Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?		4
		○ Time span: how long was it intended to take to deliver the intervention to each unit?		4
		○ Activities to increase compliance or adherence (e.g., incentives)	NA	
Objectives	5	• Specific objectives and hypotheses		3
Outcomes	6	• Clearly defined primary and secondary outcome measures		3
		• Methods used to collect data and any methods used to enhance the quality of measurements		4-6
		• Information on validated instruments such as psychometric and biometric properties		5
Sample Size	7	• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules		13
Assignment Method	8	• Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)		3
		• Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)		3
		• Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)	NA	

Blinding (masking)	9	• Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so, statement regarding how the blinding was accomplished and how it was assessed.	NA	
Unit of Analysis	10	• Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)		5
		• If the unit of analysis differs from the unit of assignment, the analytical method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis)	NA	
Statistical Methods	11	• Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data	NA	
		• Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis	NA	
		• Methods for imputing missing data, if used	NA	
		• Statistical software or programs used		Tab 3 P 21
Results				
Participant flow	12	• Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended)		Fig 1
		o Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study		11
		o Assignment: the numbers of participants assigned to a study condition		11
		o Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention		11
		o Follow-up: the number of participants who completed the follow-up or did not complete the follow-up (i.e., lost to follow-up), by study condition		11
		o Analysis: the number of participants included in or excluded from the main analysis, by study condition		11
		• Description of protocol deviations from study as planned, along with reasons	NA	
Recruitment	13	• Dates defining the periods of recruitment and follow-up		
Baseline Data	14	• Baseline demographic and clinical characteristics of participants in each study condition		Table 1 p 6-11
		• Baseline characteristics for each study condition relevant to specific disease prevention research	NA	
		• Baseline comparisons of those lost to follow-up and those retained, overall and by study condition	NA	
		• Comparison between study population at baseline and target population of interest		13
Baseline equivalence	15	• Data on study group equivalence at baseline and statistical methods used to control for baseline differences	NA	

TREND Statement Checklist

Numbers analyzed	16	• Number of participants (denominator) included in each analysis for each study condition, particularly when the denominators change for different outcomes; statement of the results in absolute numbers when feasible	NA	
		• Indication of whether the analysis strategy was "intention to treat" or, if not, description of how non-compliers were treated in the analyses	NA	
Outcomes and estimation	17	• For each primary and secondary outcome, a summary of results for each estimation study condition, and the estimated effect size and a confidence interval to indicate the precision	NA	
		• Inclusion of null and negative findings		6-11
		• Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any	NA	
Ancillary analyses	18	• Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory	NA	
Adverse events	19	• Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals)		6-11

DISCUSSION

Interpretation	20	• Interpretation of the results, taking into account study hypotheses, sources of potential bias, imprecision of measures, multiplicative analyses, and other limitations or weaknesses of the study		12-15
		• Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations		12-15
		• Discussion of the success of and barriers to implementing the intervention, fidelity of implementation		12-15
		• Discussion of research, programmatic, or policy implications		14-15
Generalizability	21	• Generalizability (external validity) of the trial findings, taking into account the study population, the characteristics of the intervention, length of follow-up, incentives, compliance rates, specific sites/settings involved in the study, and other contextual issues		12-15
Overall Evidence	22	• General interpretation of the results in the context of current evidence and current theory		14-15