

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

Section/Topic	Item No	Checklist item	Reported on page No			
Title and abstract						
	1a	Identification as a randomised trial in the title	Title			
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Abstract			
Introduction						
Background and	2a	Scientific background and explanation of rationale	Introduction			
objectives	2b	Specific objectives or hypotheses Study hypothesis and				
Methods						
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	ıdy design and oversigh			
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	None			
Participants	4a	Eligibility criteria for participants	Participants			
	4b	Settings and locations where the data were collected				
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Interventions			
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they				
		were assessed Stud	y hypothesis & endpoin			
	6b	Any changes to trial outcomes after the trial commenced, with reasons	None			
Sample size	7a	How sample size was determined Sample	size & statistical analys			
	7b	When applicable, explanation of any interim analyses and stopping guidelines	None			
Randomisation:						
Sequence	8a	Method used to generate the random allocation sequence	Randomization			
generation	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Randomization			
Allocation	tion 9 Mechanism used to implement the random allocation sequence (such as sequentially numbered containers					
concealment mechanism		describing any steps taken to conceal the sequence until interventions were assigned				
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Randomization			
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those				

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		assessing outcomes) and how				
	11b	If relevant, description of the similarity of interventions				
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Sample size & statistical analysis			
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Sample size & statistical analysis			
Results						
Participant flow (a	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and				
diagram is strongly		were analysed for the primary outcome	Study participants and recruitment			
recommended)	13b	For each group, losses and exclusions after randomisation, together with reasons	Figure 1			
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Study design and oversight			
	14b	Why the trial ended or was stopped	Study design and oversight			
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table 1			
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was				
		by original assigned groups	Figure 2 and Table 4			
Outcomes and	17a	For each primary and secondary outcome, results for each group, and the estimated effect size a	and its			
estimation		precision (such as 95% confidence interval)	rimary End Point and Secondary End Point			
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Tables 2 and 3			
Ancillary analyses	18					
		pre-specified from exploratory	Table 2			
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Primary and Secondary End Points			
Discussion						
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of	analyses Discussion, paragraph 7			
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Discussion, paragraph 8			
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant	ant evidence <u>Discussion, paragr</u> aph 8			
Other information						
Registration	23	Registration number and name of trial registry	Abstract			
Protocol	24	Where the full trial protocol can be accessed, if available				
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Acknowledgement			

^{*}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 www.consort-statement.org.

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