		assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	7
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	8
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	8
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	8-9
	13b	For each group, losses and exclusions after randomisation, together with reasons	9
Recruitment	14a	Dates defining the periods of recruitment and follow-up	8
	14b	Why the trial ended or was stopped	8
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	10
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	8-9
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)	10-11
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	NA
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	12-15
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	16
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	16
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	16-17
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	16-17
Other information			
Registration	23	Registration number and name of trial registry	7
Protocol	24	Where the full trial protocol can be accessed, if available	Supp
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Supp

*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.