APPENDIX A: Sample Data Extraction Form

Part A - Study Characteristics		
Item		Response Options
A1	First author's last name or study group name (e.g. HEALTH Investigators).	Text
A2	Year of publication	Text
A3	Journal	Text
A4	Country where the study is taking place (check all that apply).	 □ Canada □ USA □ Netherlands □ UK □ Australia □ Other (specify) □ Unclear/not reported
A5	Funding source (check all that apply)	☐ Industry ☐ Government (e.g. CIHR, NIH) ☐ Academic ☐ Association/foundation/non- profit ☐ Other (specify) ☐ Unclear/not reported
A6	Clinical trial identification number (e.g. clinicaltrials.gov number). If not reported specify "NR".	Text
A7	Is this a single centre or multicentre trial?	 □ Single centre □ Multicentre □ Unclear/not reported
A8	Surgical specialty (check all that apply)	 □ General surgery □ Neurosurgery □ Obstetrics & gynaecology □ Oral & maxillofacial surgery □ Orthopaedic & trauma surgery □ Plastic surgery □ Thoracic/cardiac surgery □ Vascular surgery □ Other (specify) □ Unclear/not reported
A9	Patients' disease/condition of interest (e.g. rotator cuff tear, heart disease). If not reported specify "NR".	Text
A10	Type of surgical study.	 □ Surgery A vs. surgery B □ Surgical vs. non-surgical □ Timing of surgery (early vs. delayed)
A11	Control condition(s) (e.g. standard of care,	Text

	sham device, delayed surgery)		
A12	Intervention condition(s)	Text	
A13	Primary outcome. If not reported specify "NR".	Text	
A14	Planned sample size. If not reported specify "NR".	Text	
A15	Number of authors. If group authorship, how many investigators are reported?	###	
	Part B – Methodological Charact	eristics	
Item		Response Options	
B1	Is the planned allocation sequence	□ Adequate	
	generation adequate?	□ Inadequate	
	Serverance and dance	☐ Unclear/not reported	
B2	Does the planned allocation sequence	□ Adequate	
52	generation allow for adequate allocation	☐ Inadequate	
	concealment?	☐ Unclear/not reported	
B3	Will participants be adequately blinded?	☐ Adequate	
D3	win participants of adequatery officed:	☐ Inadequate	
		☐ Unclear/not reported	
		NT / 1 // / 111	
B4	Will treatment providers be adequately	□ Not relevant/not possible □ Adequate	
D4	blinded?	T 1 .	
	omided?		
		☐ Unclear/not reported	
D.C	W'11 1 1 1 1	□ Not relevant/not possible	
B5	Will outcome assessors be adequately	□ Adequate	
	blinded?	☐ Inadequate	
		☐ Unclear/not reported	
D.C.	TC 4	□ Not relevant/not possible	
B6	If there is a risk of differential expertise	□ Adequate	
	across groups, does the protocol adequately	□ Inadequate	
	account for this?	☐ Unclear/not reported	
7.7		□ Not relevant	
В7	Were outcomes selected to be objective,	□ Adequate	
	patient-important and assessed in a manner	□ Inadequate	
70.0	to limit bias?	☐ Unclear/not reported	
B8	Is the planned sample size sufficiently large	□ Adequate	
	to assure a balance of prognosis and number	□ Inadequate	
~~	of outcome events?	☐ Unclear/not reported	
В9	Are the planned statistical analyses	□ Adequate	
	(including subgroup, sensitivity, and	□ Inadequate	
	adjusted analyses) selected to minimize bias?	☐ Unclear/not reported	
B10	Does the funding source pose a risk of bias,	□ Adequate	
	or are there relevant conflicts of interest?	□ Inadequate	
		☐ Unclear/not reported	
	Part C – Statistical Reportin		

Item		Response Options
C1 Primary	a) which outcome the primary analysis is based	□ Yes
analysis	on?	□ No
•		□ Unclear
Does the	b) the planned statistical test for the primary	☐ Yes (specify)
protocol report:	outcome?	□ No
protocorreport.		□ Unclear
	c) the intended effect measure (e.g. hazard ratio,	□ Yes
	relative risk)?	□ No
	returive risk).	□ Unclear
	d) the significance level?	□ Yes
	d) the significance level.	
		□ Unclear
	e) intended use of confidence intervals?	□ Yes
	c) intended use of confidence intervals:	
		□ Unclear
C2 Casandami	a) whathan sacandamy analyses are planned?	
C2 Secondary	a) whether secondary analyses are planned?	☐ Yes – secondary analyses
analyses		planned
Describe		☐ Yes – secondary analyses not
Does the		planned
protocol report:		□ Not reported
		□ Unclear
	b) the planned statistical test for each secondary	□ Yes
	outcome?	□ No
		□ Partially reported
		□ Unclear
		\square N/A – no secondary analyses
	c) the intended effect measure(s) (e.g. hazard	□ Yes
	ratio, relative risk)?	□ No
		□ Partially reported
		□ Unclear
		□ N/A– no secondary analyses
	d) the significance level?	□ Yes
		□ No
		□ Partially reported
		□ Unclear
		□ N/A– no secondary analyses
	e) intended use of confidence intervals?	□ Yes
		□ No
		□ Partially reported
		□ Unclear
		□ N/A– no secondary analyses
C3 Sample size	a) the planned number of participants to be	□ Yes
ı	included in the trial?	□ No
Does the		□ Unclear
protocol report:	b) which outcome the calculation is based on?	□ Yes
T	,	□ No
		□ Unclear
	c) which statistical test the calculation is based	□ Yes
	on?	□ No
	VII.	110

		□ Unclear
	d) the values assumed for the outcome in each	□ Yes
	study group (eg, proportion with event, or mean	□ No
	and standard deviation)?	□ Unclear
	e) alpha level?	□ Yes
	, r	□ No
		□ Unclear
	f) power (or beta)?	□ Yes
	7 1 (1	□ No
		□ Unclear
	g) a description of how the SS was calculated	□ Yes
	(e.g. provide a reference to a formula or name a	□ No
	statistical program)?	□ Unclear
	h) whether they plan to inflate the sample size	□ Yes
	for missing data or crossovers?	□ No
		□ Unclear
	i) additional explanations for sample size based	□ Yes
	on special designs, if applicable (e.g. intracluster	□ No
	correlation coefficient for cluster RCTs)?	□ Unclear
	,	\square N/A – not a special design
C4 Subgroup	a) whether subgroup analyses are planned?	☐ Yes – subgroups planned
analyses		☐ Yes – subgroups not planned
		□ Not reported
Does the		□ Unclear
protocol report:	b) the number of planned subgroup analyses?	□ Yes (specify)
		□ No
		□ Unclear
		\square N/A – no subgroups planned
	c) which baseline variable(s) will be analysed?	□ Yes
		□ No
		 Partially reported
		□ Unclear
		\square N/A – no subgroups planned
	d) rationale for each subgroup analysis?	□ Yes
		□ No
		 Partially reported
		□ Unclear
		\square N/A – no subgroups planned
	e) definition of subgroup categories?	□ Yes
		□ No
		□ Partially reported
		□ Unclear
		\square N/A – no subgroups planned
	f) planned test(s) of interaction?	□ Yes
		□ No
		□ Unclear
		\square N/A – no subgroups planned
C5 Adjusted	a) whether adjusted analyses are planned?	☐ Yes – adjusted analysis planned
analyses		□ Yes – adjusted analysis not
		planned

Does the		□ Not reported
protocol report:		□ Unclear
1	b) which variables will be used in the analysis,	□ Yes
	or how they will select the included variables?	□ No
		□ Unclear
		\square N/A – no adjusted analyses
		planned
	c) how continuous variables will be handled, if	□ Yes
	applicable?	□ No
		□ Partially reported
		□ Unclear
		□ N/A – no adjusted analyses
		planned
		\square N/A – no continuous variables
C6 Sensitivity	a) whether sensitivity analyses are planned?	☐ Yes – sensitivity analysis
analyses		planned
•		☐ Yes – sensitivity analysis not
Does the		planned
protocol report:		□ Not reported
•		□ Unclear
	b) methods of the planned sensitivity analysis?	□ Yes
		□ No
		□ Partially reported
		□ Unclear
		\square N/A – no sensitivity analyses
		planned
C7 Interim	a) whether interim analyses are planned?	☐ Yes – interim analysis planned
analyses	•	☐ Yes – interim analysis not
•		planned
Does the		□ Not reported
protocol report:		□ Unclear
	b) number of interim analyses planned?	☐ Yes (specify)
		□ No
		□ Unclear
		\square N/A – no interim analyses
		planned
	c) timing of the planned interim analyses?	□ Yes
		□ No
		□ Unclear
		□ N/A – no interim analyses
		planned
	d) whether any adaptations will be made based	□ Yes
	on interim analysis results (e.g. sample size	□ No
	recalculation)?	□ Unclear
		□ N/A – no interim analyses
		planned
C8 Stopping	a) who has final authority over deciding	☐ Yes (specify)
guidelines	whether/when to stop the trial early?	□ No
		□ Unclear
Does the	b) objective statistical or other criteria for	□ Yes

protocol report:	determining whether/when to stop for futility?	□ No □ Unclear
	c) objective statistical or other criteria for	* 7
	determining whether/when to stop for	□ Yes □ No
	harm/benefit?	□ Unclear
C9 Analysis	a) the intended analysis population (e.g. all	☐ Yes – provides full
population	randomized participants regardless of protocol	description/definition
population	adherence, intent-to-treat)?	☐ Yes – but uses ambiguous
Does the		descriptor like "intent-to-treat"
protocol report:		or "per protocol"
		□ No
		□ Unclear
C10 Missing	a) method planned to account for missing data	□ Yes
data	(e.g. multiple imputation)?	□ No
		□ Unclear
Does the		
protocol report:		
C11	a) method planned to account for multiple	□ Yes
Multiplicity	testing, if applicable?	□ No
		□ Unclear
Does the		\square N/A - no risk of multiple testing
protocol report:		
C12 Other	a) Does this study have a special design that	□ No, two group parallel
	would affect the statistical methods?	superiority design
		☐ Equivalence or non-inferiority
		□ Cluster □ Factorial (2:22)
		☐ Factorial (2x2)
		☐ Factorial (3x2) ☐ Factorial (bigger than 3x2)
		☐ More than two groups (not factorial)
		□ Crossover
		□ Unclear
		□ Other (specify)
	b) What type of variable is the primary	□ Continuous - Interval
	outcome?	□ Continuous - Ratio
		□ Categorical - Ordinal
		□ Categorical - Nominal
		□ Categorical - Binary
		□ Unclear
		□ Not reported
	c) Please add any comments here for further	Text (optional)
	discussion	