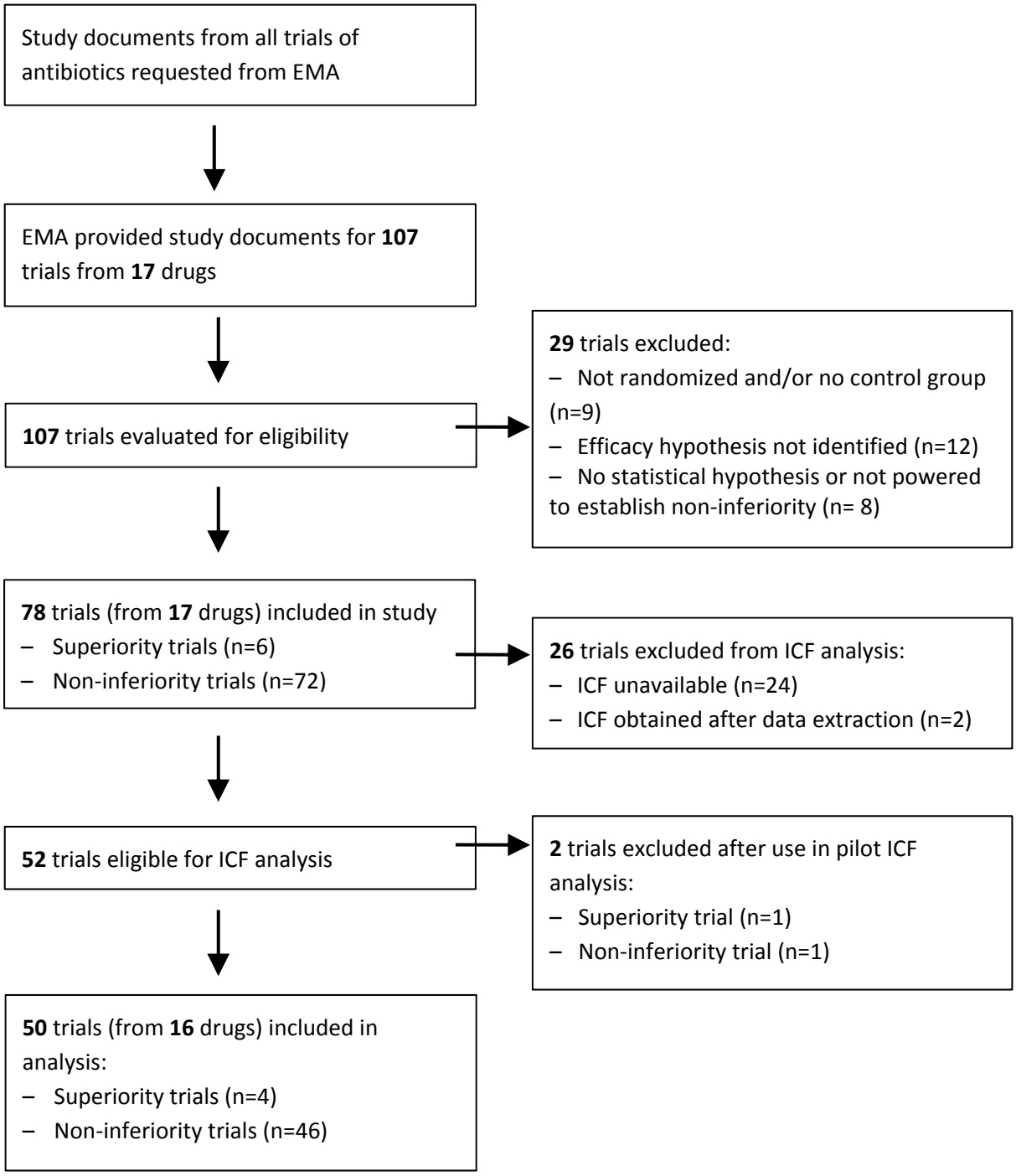
Supplementary Online Content

Doshi P, Hur P, Jones M, et al. Informed consent to study purpose in randomized clinical trials of antibiotics, 1991 through 2011. *JAMA Intern Med*. Published online August 21, 2017. doi:10.1001/jamainternmed.2017.3820

This supplementary material has been provided by the authors to give readers additional information about their work.

eFigure. Flowchart of Trial Selection



eTable. Characteristics of Informed Consent Forms

Characteristic	Superiority (n = 5)	Noninferiority (n = 47)
Words used to describe study purpose, No. (%)		
Purpose, aim, goal, objective, justification	5 (100)	47 (100)
Superior, better, more effective	1 (20)	4 (9)
Similar	0	0
Inferior, worse, less effective	0	0
Length, pages, median (IQR)	11 (9-13)	9 (6-10)

Abbreviation: IQR, interquartile range.

eBox. Selected Examples of Language Used to Describe Study Purpose in Informed Consent Forms (ICFs)

Language in ICF	Comment
"The study doctor will give PAR-101 to some people in this study to see if it is safe and tolerable, and can help them with their CDAD [*C difficile*–associated diarrhea]. Another purpose of this study is to find out if taking PAR-101 is better than taking vancomycin."	Although ICF wording implies a superiority hypothesis, fidaxomicin study 101.1.C.003 had a primary hypothesis of noninferiority and the ICF provides no description of hypothesis related to nonefficacy benefits.
"HMR3647 has been shown to be safe in healthy volunteers studies, in which the drug was administered at a dose of 50 to 1200 mg. In experimental animal models, it has been shown to be as effective as or superior to other antibiotics against pathogens responsible for CAP [community acquired pneumonia] including pneumococcus resistant to other antibiotics for which the frequency has recently increased."	ICF does not describe hypothesis being tested, but does include background information suggestive of equality ("as effective as") or superior efficacy, including in patients resistant to older drugs, compared with approved antibiotics if patients assume that in vitro biological activity against pathogens reflects clinical efficacy. However, telithromycin (Ketek) Study HMR 3647A/3001 was a noninferiority trial and the ICF provides no description of hypothesis related to nonefficacy benefits.
"The information from this research study may lead to a better treatment in the future for people with skin infections."	Oritavancin (Orbactiv) studies TMC-ORI-10-01 and TMC-ORI-10-02 were noninferiority trials; however, the ICF implies superior efficacy in future patients and provides no description of hypothesis related to nonefficacy benefits.
"The main purpose of this study is to investigate whether treatment of TB [tuberculosis] with TMC207 is safe and effective. This study investigates how soon the bacteria that cause TB die with or without TMC207 added to standard of care treatment…. This information will help determine an effective and safe combination of TMC207 with other TB medications in clinical studies that will investigate a better cure for TB."	Bedaquiline (Sirturo) study TMC207-TiDP13-C208 was a superiority trial using a primary end point of the surrogate outcome of negative sputum culture results; however, the ICF does not distinguish between superiority and noninferiority and implies that future studies will evaluate superiority.
"The purpose of this study, which involves research, is to determine if an investigational antibiotic drug, doripenem (for IV [intravenous] injection), is safe and effective in the treatment of this disease, compared with another standard antibiotic drug treatment."	Doripenem (Doribax) study DORI-09 was a noninferiority trial. The primary hypothesis (superiority or superiority) is not described in the ICF. It does not provide information to distinguish noninferiority from superiority. What constitutes "effective" in the setting of a noninferiority trial is not defined, and the ICF provides no description of hypothesis related to nonefficacy benefits.