

## TREND Statement Checklist

Paper Section/ Topic	Item No	Descriptor	Reported?	
			√	Pg #
<b>Title and Abstract</b>				
Title and Abstract	1	Information on how unit were allocated to interventions	N/A	
		Structured abstract recommended	√	2
		Information on target population or study sample	√	2, 6
This study has a cross-sectional design wich is mentioned in the Abstract (page 2) and in Material and Methods section (page 6).				
<b>Introduction</b>				
Background	2	Scientific background and explanation of rationale	√	3-5
		Theories used in designing behavioral interventions	N/A	
<b>Methods</b>				
Participants	3	Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)	√	6,7
		Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented	√	6,7
		Recruitment setting  <b>Patients were recruited from the Healthy Living Liver Donor Program</b>	√	6

		<b>and the Hepatology clinic at the University Health Network</b>		
		Settings and locations where the data were collected  <b>Same as above. In addition, data were collected from the operating room at the time of hepatectomy for the liver donors and liver biopsies were performed by radiologists or hepatologists, both at UHN (Surgery, Radiology or Medicine Departments).</b>	√	7
Interventions	4	Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:	N/A	
		o Content: what was given?	N/A	
		o Delivery method: how was the content given?	N/A	
		o Unit of delivery: how were the subjects grouped during delivery?	N/A	
		o Deliverer: who delivered the intervention?	N/A	
		o Setting: where was the intervention delivered?	N/A	
		o Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?	N/A	

		o Time span: how long was it intended to take to deliver the intervention to each unit?	N/A	
		o Activities to increase compliance or adherence (e.g., incentives)	N/A	
This study has a cross-sectional design (page 6, Material and Methods), no interventions were required.				
Objectives	5	Specific objectives and hypotheses	√	2,5
Outcomes	6	Clearly defined primary and secondary outcome measures  <b>The primary outcome was to determine plasma retinol levels and its relationship with the hepatic expression of genes related to retinol metabolism in patients with NAFLD (SS or NASH) and healthy living liver donors as controls and the secondary outcome assess the hepatic expression of transcription factors regulated by retinoic acid.</b>	√	5
		Methods used to collect data and any methods used to enhance the quality of measurements  <b>Blood biochemistry analysis were done with standard techniques were used. The assessment of liver histology was based on validated protocols cited on the manuscript. Overall quality of the gene expression data was also checked. Finally, nutritional and dietary assessment were done by standard protocols.</b>	√	7-10

		Information on validated instruments such as psychometric and biometric properties	N/A	
Sample Size	7	How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules	√	10
Assignment Method	8	Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)	√	6
		Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)	N/A	
		Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)	N/A	
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.  <b>The pathologist was blinded to the patient's condition.</b>	√	8
Unit of Analysis	10	Description of the smallest unit that is being analyzed to assess intervention	√	5,6

		effects (e.g., individual, group, or community)		
		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)	N/A	
Statistical Methods	11	Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data	√	9, 10-11
		Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis	N/A	
		Methods for imputing missing data, if used	N/A	
		Statistical software or programs used	√	11
<b>Results</b>				
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 S1
		- Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study	√	Fig S1

		- Assignment: the numbers of participants assigned to a study condition	√	Fig S1
		- Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention	N/A	
		- 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	√	Fig S1
		- Analysis: the number of participants included in or excluded from the main analysis, by study condition	√	Fig S1
		Description of protocol deviations from study as planned, along with reasons  <b>We originally were not planning to measure retinol but carotenoids. However, as the methods were not reliable, we were using retinol instead (Page 15 of the Protocol)</b>		
*Although this is not an intervention study, a figure of Participants flow has been included as Fig S1.				
Recruitment	13	Dates defining the periods of recruitment and follow-up	√	6
Baseline Data	14	Baseline demographic and clinical characteristics of participants in each	√	11, Table 1 and

		study condition		Table 2, Fig 2, Fig 3
		Baseline characteristics for each study condition relevant to specific disease prevention research	N/A	
		Baseline comparisons of those lost to follow-up and those retained, overall and by study condition	N/A	
		Comparison between study population at baseline and target population of interest	N/A	
Baseline equivalence	15	Data on study group equivalence at baseline and statistical methods used to control for baseline differences	N/A	
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  <b>Tables 1 and 2 have number of participants for each condition and outcomes. For the primary and secondary outcomes the analysis were done with all the sample described in Study participants.</b>	√	12-14 (Table 1), page 18 (Table 2), and page 6.
		Indication of whether the analysis strategy was “intention to treat” or, if not, description of how non-compliers were treated in the analyses	N/A	

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	N/A	
		Inclusion of null and negative findings	N/A	
		Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any	N/A	
Ancillary analyses	18	Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory	N/A	
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)	N/A	N/A
<b>DISCUSSION</b>				
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	√	19-24
		Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations	√	20, 22



		Discussion of the success of and barriers to implementing the intervention, fidelity of implementation	√	23
		Discussion of research, programmatic, or policy implications	√	23,24
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	√	22
Overall Evidence	22	General interpretation of the results in the context of current evidence and current theory	√	19-24

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