

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

Title and abstract 1a 1b Introduction Background and 2a objectives 2b Methods Trial design 3a Participants 4a Participants 5 Outcomes 6a	ā
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	Completely defined pre-specified primary and secondary outcome measures, including now and when they
	were assessed
6b	Any changes to trial outcomes after the trial commenced, with reasons Not applicable
Sample size 7a	How sample size was determined
7b	When applicable, explanation of any interim analyses and stopping guidelinesNot applicable
Randomisation:	
Sequence 8a	Method used to generate the random allocation sequence
generation 8b	Type of randomisation; details of any restriction (such as blocking and block size)
Allocation 9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers),
concealment	describing any steps taken to conceal the sequence until interventions were assigned
mechanism	
Implementation 10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to
Blinding 11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those

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

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