



SPIRIT 2013 Checklist for the IMPECT trial (Interventions with Music in Pectus Excavatum Treatment): Recommended items to address in a clinical trial protocol and related documents*

Section/item	Item No	Description	Addressed on page number in original protocol
Administrative information			
Title	1	Descriptive title identifying the study design, population, interventions, and, if applicable, trial acronym	1
Trial registration	2a	Trial identifier and registry name. If not yet registered, name of intended registry	41
	2b	All items from the World Health Organization Trial Registration Data Set	Yes, www.trialregister.nl
Protocol version	3	Date and version identifier	1
Funding	4	Sources and types of financial, material, and other support	5
Roles and responsibilities	5a	Names, affiliations, and roles of protocol contributors	2, 3, 4
	5b	Name and contact information for the trial sponsor	5
	5c	Role of study sponsor and funders, if any, in study design; collection, management, analysis, and interpretation of data; writing of the report; and the decision to submit the report for publication, including whether they will have ultimate authority over any of these activities	33, 40, 41

	5d	Composition, roles, and responsibilities of the coordinating centre, steering committee, endpoint adjudication committee, data management team, and other individuals or groups overseeing the trial, if applicable (see Item 21a for data monitoring committee)	40
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Introduction

Background and rationale	6a	Description of research question and justification for undertaking the trial, including summary of relevant studies (published and unpublished) examining benefits and harms for each intervention	12, 13, 14
	6b	Explanation for choice of comparators	13, 15, 18
Objectives	7	Specific objectives or hypotheses	14
Trial design	8	Description of trial design including type of trial (eg, parallel group, crossover, factorial, single group), allocation ratio, and framework (eg, superiority, equivalence, noninferiority, exploratory)	15

Methods: Participants, interventions, and outcomes

Study setting	9	Description of study settings (eg, community clinic, academic hospital) and list of countries where data will be collected. Reference to where list of study sites can be obtained	15, 18, 19
Eligibility criteria	10	Inclusion and exclusion criteria for participants. If applicable, eligibility criteria for study centres and individuals who will perform the interventions (eg, surgeons, psychotherapists)	16, 17
Interventions	11a	Interventions for each group with sufficient detail to allow replication, including how and when they will be administered	18, 19
	11b	Criteria for discontinuing or modifying allocated interventions for a given trial participant (eg, drug dose change in response to harms, participant request, or improving/worsening disease)	30, 31
	11c	Strategies to improve adherence to intervention protocols, and any procedures for monitoring adherence (eg, drug tablet return, laboratory tests)	18, 19
	11d	Relevant concomitant care and interventions that are permitted or prohibited during the trial	18, 19

Outcomes	12	Primary, secondary, and other outcomes, including the specific measurement variable (eg, systolic blood pressure), analysis metric (eg, change from baseline, final value, time to event), method of aggregation (eg, median, proportion), and time point for each outcome. Explanation of the clinical relevance of chosen efficacy and harm outcomes is strongly recommended	23, 24, 25, 26, 27, 28, 29, 30 and Table 1
Participant timeline	13	Time schedule of enrolment, interventions (including any run-ins and washouts), assessments, and visits for participants. A schematic diagram is highly recommended (see Figure)	24, 25, 26, 27, 28, 29, 30, Table 1
Sample size	14	Estimated number of participants needed to achieve study objectives and how it was determined, including clinical and statistical assumptions supporting any sample size calculations	17
Recruitment	15	Strategies for achieving adequate participant enrolment to reach target sample size	18

Methods: Assignment of interventions (for controlled trials)

Allocation:

Sequence generation	16a	Method of generating the allocation sequence (eg, computer-generated random numbers), and list of any factors for stratification. To reduce predictability of a random sequence, details of any planned restriction (eg, blocking) should be provided in a separate document that is unavailable to those who enrol participants or assign interventions	24
Allocation concealment mechanism	16b	Mechanism of implementing the allocation sequence (eg, central telephone; sequentially numbered, opaque, sealed envelopes), describing any steps to conceal the sequence until interventions are assigned	24
Implementation	16c	Who will generate the allocation sequence, who will enrol participants, and who will assign participants to interventions	24
Blinding (masking)	17a	Who will be blinded after assignment to interventions (eg, trial participants, care providers, outcome assessors, data analysts), and how	19, 24
	17b	If blinded, circumstances under which unblinding is permissible, and procedure for revealing a participant's allocated intervention during the trial	NA

Methods: Data collection, management, and analysis

Data collection methods	18a	Plans for assessment and collection of outcome, baseline, and other trial data, including any related processes to promote data quality (eg, duplicate measurements, training of assessors) and a description of study instruments (eg, questionnaires, laboratory tests) along with their reliability and validity, if known. Reference to where data collection forms can be found, if not in the protocol	18, 19, 24, 25, 26, 27, 28, 29, 30 and Table 1
	18b	Plans to promote participant retention and complete follow-up, including list of any outcome data to be collected for participants who discontinue or deviate from intervention protocols	19, 30, 31
Data management	19	Plans for data entry, coding, security, and storage, including any related processes to promote data quality (eg, double data entry; range checks for data values). Reference to where details of data management procedures can be found, if not in the protocol	40
Statistical methods	20a	Statistical methods for analysing primary and secondary outcomes. Reference to where other details of the statistical analysis plan can be found, if not in the protocol	34, 35, 36, 37
	20b	Methods for any additional analyses (eg, subgroup and adjusted analyses)	34, 35, 36
	20c	Definition of analysis population relating to protocol non-adherence (eg, as randomised analysis), and any statistical methods to handle missing data (eg, multiple imputation)	15

Methods: Monitoring

Data monitoring	21a	Composition of data monitoring committee (DMC); summary of its role and reporting structure; statement of whether it is independent from the sponsor and competing interests; and reference to where further details about its charter can be found, if not in the protocol. Alternatively, an explanation of why a DMC is not needed	17, 18
	21b	Description of any interim analyses and stopping guidelines, including who will have access to these interim results and make the final decision to terminate the trial	NA
Harms	22	Plans for collecting, assessing, reporting, and managing solicited and spontaneously reported adverse events and other unintended effects of trial interventions or trial conduct	32, 33, 40
Auditing	23	Frequency and procedures for auditing trial conduct, if any, and whether the process will be independent from investigators and the sponsor	40

Ethics and dissemination

Research ethics approval	24	Plans for seeking research ethics committee/institutional review board (REC/IRB) approval	Is stated in cover letter to REC as required in the Netherlands
Protocol amendments	25	Plans for communicating important protocol modifications (eg, changes to eligibility criteria, outcomes, analyses) to relevant parties (eg, investigators, REC/IRBs, trial participants, trial registries, journals, regulators)	40, 41
Consent or assent	26a	Who will obtain informed consent or assent from potential trial participants or authorised surrogates, and how (see Item 32)	15, 38
	26b	Additional consent provisions for collection and use of participant data and biological specimens in ancillary studies, if applicable	NA
Confidentiality	27	How personal information about potential and enrolled participants will be collected, shared, and maintained in order to protect confidentiality before, during, and after the trial	24, 40
Declaration of interests	28	Financial and other competing interests for principal investigators for the overall trial and each study site	39
Access to data	29	Statement of who will have access to the final trial dataset, and disclosure of contractual agreements that limit such access for investigators	40, 41, disclosure of contractual agreements at request
Ancillary and post-trial care	30	Provisions, if any, for ancillary and post-trial care, and for compensation to those who suffer harm from trial participation	39
Dissemination policy	31a	Plans for investigators and sponsor to communicate trial results to participants, healthcare professionals, the public, and other relevant groups (eg, via publication, reporting in results databases, or other data sharing arrangements), including any publication restrictions	41
	31b	Authorship eligibility guidelines and any intended use of professional writers	40, 41, In contractual agreements

31c Plans, if any, for granting public access to the full protocol, participant-level dataset, and statistical code NA

Appendices

Informed consent materials	32	Model consent form and other related documentation given to participants and authorised surrogates	Available on request
Biological specimens	33	Plans for collection, laboratory evaluation, and storage of biological specimens for genetic or molecular analysis in the current trial and for future use in ancillary studies, if applicable	NA

*It is strongly recommended that this checklist be read in conjunction with the SPIRIT 2013 Explanation & Elaboration for important clarification on the items. Amendments to the protocol should be tracked and dated. The SPIRIT checklist is copyrighted by the SPIRIT Group under the Creative Commons "[Attribution-NonCommercial-NoDerivs 3.0 Unported](#)" license.

Data category	Information
Primary registry and trial identifying number	Dutch Trial Registry, NL6863
Date of registration in primary registry	22 February, 2018
Secondary identifying numbers	NTR7041
Source(s) of monetary or material support	Erasmus University Medical Centre
Primary sponsor	Erasmus University Medical Centre
Secondary sponsor(s)	NA
Contact for public queries	RJ Billar, MD, (phone: 0031646794742, e-mail: r.billar@erasmusmc.nl)
Contact for scientific queries	RJ Billar, MD, (phone: 0031646794742, e-mail: r.billar@erasmusmc.nl) Erasmus University Medical Centre, the Netherlands
Public title	Music interventions in operative treatment of funnel chest
Scientific title	Music interventions in pectus excavatum treatment (IMPECT trial)
Countries of recruitment	The Netherlands
Health condition(s) or problem(s) studied	Pectus Excavatum
Intervention(s)	Active comparator: recorded music interventions before, during and the first 3 days after operative repair of pectus excavatum Placebo comparator: No music
Key inclusion and exclusion criteria	Inclusion criteria ▪ Age 12 – 18 years

	<ul style="list-style-type: none"> ▪ Scheduled for primary pectus excavatum repair ▪ Surgery according to the Nuss-procedure ▪ Repair with either one or multiple bars ▪ General anaesthesia during surgery ▪ Placement of thoracic epidural or both thoracic epidural and patient controlled analgesia system ▪ Good knowledge of Dutch or English language by patient and parents ▪ Written informed consent <p>Exclusion criteria Hearing impairments</p> <ul style="list-style-type: none"> ▪ Secondary pectus excavatum surgery ▪ Other prior thoracic surgery ▪ No thoracic epidural ▪ Severe mental or psychiatric disorder ▪ Impaired communication with patient and parents ▪ Missing informed consent ▪ Presence of chronic pain syndrome (defined as ongoing pain lasting longer than 3 months or ongoing pain lasting longer than the reasonable expected healing time for the involved tissues)
Study type	<p>Interventional Allocation: randomized Intervention model: two arms, parallel assignment Masking: single blind (anaesthesiologists, statistician)</p>

	Purpose: prevention
Date of first enrolment	January 2019
Target sample size	170
Recruitment status	Recruiting
Primary outcome(s)	Pain measured by the Visual Analogue scale
Key secondary outcomes	Anxiety (measured by the state-trait anxiety inventory), vital parameters, (health related) quality of life, rehabilitation, medication use, complication, patient satisfaction, length of hospital stay, costs