



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

Section/Topic	Item No	Checklist item	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title and abstract				
	1a	Identification as a randomised trial in the title	Page1/Line3-5	Title page/Paragraph1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see Table 2)	Page1/Line31-34-	Abstract/Paragraph1
Introduction				
Background and objectives	2a	Scientific background and explanation of rationale	Page3/Line1-16	Introduction/
	2b	Specific objectives or hypotheses	Page4/Line17-23	Introduction/
Methods				
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Page4/Line31-34	Methods/Paragraph1
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	Page5/Line1-4	Methods/Paragraph1
Participants	4a	Eligibility criteria for participants	Page5/Line10-16	Methods/Paragraph1
	4b	Settings and locations where the data were collected	Page5/Line3-5	Methods/Paragraph1
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Page5/Line21-34- Page6/Line1-4	Methods/Paragraph2
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Page6/Line7-9	Methods/Paragraph3
	6b	Any changes to trial outcomes after the trial commenced, with reasons	Page6/Line10-12	Methods/Paragraph3
Sample size	7a	How sample size was determined	Page6/Line15-17	Methods/Paragraph4
	7b	When applicable, explanation of any interim analyses and stopping guidelines	Page6/Line18-21	Methods/Paragraph4
Randomisation:				
Sequence generation	8a	Method used to generate the random allocation sequence	Page5/Line16-18	Methods/Paragraph1
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Page5/Line16-18	Methods/Paragraph1
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Page5/Line16-18	Methods/Paragraph1

Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Page5/Line16-18	Methods/Paragraph1
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Page5/Line16-18	Methods/Paragraph1
	11b	If relevant, description of the similarity of interventions	Page5/Line16-18	Methods/Paragraph1
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Page6/Line17-21	Methods/Paragraph4
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Page6/Line17-21	Methods/Paragraph4
Results				
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Page6/Line25-31	Results/Paragraph1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Page6/Line25-31	Results/Paragraph1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Page6/Line25-31	Results/Paragraph1
	14b	Why the trial ended or was stopped	Page7/Line1-5	Results/Paragraph2
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Page7/Line7-13	Results/Paragraph3
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Page7/Line7-13	Results/Paragraph3
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Page7/Line16-17	Results/Paragraph4
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Page7/Line16-17	Results/Paragraph4
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Page7/Line18-25	Results/Paragraph5
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Page7/Line18-25	Results/Paragraph5
Discussion				
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Page7/Line28-34	Discussion/
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Page8/Line1-3	Discussion/
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Page8/Line10-15	Discussion/
Other information				
Registration	23	Registration number and name of trial registry	Page5/Line1-3	Methods/Paragraph1

Protocol	24	Where the full trial protocol can be accessed, if available	Page4/Line32-34	Methods/Paragraph1
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Page9/Line33-34	Acknowledgments/

*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 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.

Table 2 Items to include when reporting a randomized trial in a journal or conference abstract

Item	Description	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title	Identification of the study as randomized	Page1/Line3-5	Title page/Paragraph1
Authors *	Contact details for the corresponding author	Page1/Line7-8	Title page/Paragraph2
Trial design	Description of the trial design (e.g. parallel, cluster, non-inferiority)	Page1/Line3-5	Title page/Paragraph1
Methods			
Participants	Eligibility criteria for participants and the settings where the data were collected	Page5/Line3-5	Methods/Paragraph1
Interventions	Interventions intended for each group	Page5/Line21-34-	Methods/Paragraph2
Objective	Specific objective or hypothesis	Page4/Line17-23	Introduction/
Outcome	Clearly defined primary outcome for this report	Page6/Line7-9	Methods/Paragraph3
Randomization	How participants were allocated to interventions	Page5/Line16-18	Methods/Paragraph1
Blinding (masking)	Whether or not participants, care givers, and those assessing the outcomes were blinded to group assignment	Page5/Line16-18	Methods/Paragraph1
Results			
Numbers randomized	Number of participants randomized to each group	Page6/Line25-31	Results/Paragraph1
Recruitment	Trial status	Page6/Line25-31	Results/Paragraph1
Numbers analysed	Number of participants analysed in each group	Page7/Line7-13	Results/Paragraph3
Outcome	For the primary outcome, a result for each group and the estimated effect size and its precision	Page7/Line7-13	Results/Paragraph3
Harms	Important adverse events or side effects	Page7/Line7-13	Results/Paragraph3

Conclusions	General interpretation of the results	Page9/Line27-30	Conclusions/
Trial registration	Registration number and name of trial register	Page5/Line1-3	Methods/Paragraph1
Funding	Source of funding	Page9/Line33-34	Acknowledgments/

** this item is specific to conference abstracts*

From: Hopewell S, Clarke M, Moher D, et al. CONSORT for reporting randomized controlled trials in journal and conference abstracts: explanation and elaboration. PLoS Med. 2008;5(1):e20

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*As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.