

Achilles Tendinopathy Management

Statistical Analysis Plan

Achilles Tendinopathy Management (ATM): A multi-centre placebo controlled randomised controlled trial comparing Platelet Rich Plasma (PRP) to placebo (imitation) injection in adults with Achilles tendon pain.

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LIST OF ABBREVIATIONS/GLOSSARY

Abbreviation	Explanation
AE	Adverse Event
ATM	Achilles Tendinopathy Management
CI	Confidence interval
CONSORT	Consolidated Standards of Reporting Trials
EQ-5D-5L	EuroQol Five Dimensions questionnaire
DMC	Data Monitoring Committee
ITT	Intention To Treat
MAR	Missing At Random
MCAR	Missing Completely At Random
MICE	Multivariate Imputation by Chained Equations
MRI	Magnetic Resonance Imaging
NMAR	Not Missing At Random
РР	Per Protocol
PRP	Platelet Rich Rlasma
SAE	Serious Adverse Event
TSC	Trial Steering Committee
VAS	Visual Analogue Scale
VISA-A	Victorian Institute of Sports Assessment – Achilles questionnaire





SECTION 1: AIMS AND DESIGN OF THE TRIAL

1.1 Trial Design

Achilles Tendinopathy Management (ATM) Trial is a multi-centre, single blinded, randomised placebo controlled trial.

1.2 Objectives

1.2.1 Primary objective

The primary objective of this trial is to quantify and draw inferences on observed differences in the Victorian Institute of Sports Assessment – Achilles questionnaire (VISA-A) between the trial treatment groups at 6 months after randomisation.

1.2.2 Secondary objectives

The secondary objectives of the trial are

- 1. To quantify and draw inferences on observed differences in VISA-A status at 3 months after randomisation;
- To identify any differences in health related quality of life between trial treatment groups at 3 and 6 months after randomisation;
- 3. To identify any differences in pain scores between trial treatment groups at 3 and 6 months after randomisation;
- 4. To determine the complication rate of platelet rich plasma (PRP) injections at 2 weeks, 3 and 6 months after randomisation.

1.3 Eligibility Criteria

1.3.1 Inclusion criteria

Patients will be eligible if all the criteria below are met:

- Aged 18 years or over;
- Pain at the mid-substance of the Achilles tendon for longer than three months;
- Ultrasound and/or MRI confirmation of tendinopathy.





1.3.2 Exclusion criteria

Patients will be ineligible if any of the following criteria are met:

- Presence of systemic conditions (including: diabetes, rheumatoid arthritis, peripheral vascular disease);
- Pregnant or actively trying to become pregnant, or breastfeeding at the time of randomisation;
- Have had prior Achilles tendon surgery or rupture on the index side;
- Previous major tendon or ankle injury or deformity to either lower leg;
- Have had a fracture of a long bone in either lower limb in the previous six months;
- Have any contraindication to receiving a PRP injection (haemodynamic instability, platelet dysfunction syndrome, cancer, septicaemia, systemic use of anticoagulant therapy (warfarin, dabigatran, heparin), local infection at site of the procedure);
- Are unable to adhere to trial procedures or complete questionnaires;
- Previous randomisation in the present trial;
- Previous PRP treatment into a tendon.

Patients presenting with bilateral Achilles tendinopathy will be randomised and treated as one unit i.e. the patient will be randomised rather than the tendon. However an index tendon will be identified (this will be the one the patient perceives to be more severe at the point of randomisation). These broad eligibility criteria will ensure that the results of this study can be readily generalised to the wider population.

1.4 Outcome Measures

1.4.1 Primary outcome

• VISA-A at 6 months

1.4.2 Secondary outcomes

- VISA-A at 3 months
- EQ-5D-5L at 3 and 6 months
- Visual analogue scale (VAS) for pain at 2 weeks, 3 and 6 months
- Complication rate of PRP injections at 2 weeks, 3 and 6 months





<u>1.4.3 Safety</u>

Adverse events (AE) and serious adverse events (SAE) will be reported.





SECTION 2: STRUCTURE OF THE STATISTICAL ANALYSIS PLAN

The remainder of the analysis plan has been divided into two main parts:

- 1. The monitoring of the trial;
- 2. The main statistical analysis.





SECTION 3: MONITORING OF THE TRIAL

Monitoring of the trial is a continual process, from the start to the end of the study. At the end of the trial following aspects will be assessed:

3.1 Recruitment of Patients

- The flow of patient recruitment will be summarised by centre and total in Table 1.
- Reasons for ineligibility will be summarised in Table 2 and will also be stated in the CONSORT diagram.
- Actual accrual will be continuously assessed against projected targets. A recruitment graph showing the number of patients recruited along the study by each centre and overall will be illustrated in Figure 1.
- A CONSORT diagram showing the flow chart of patients recruited in the study will be illustrated in Figure 2.

3.2 Randomisation

- Patient randomisation will be summarised in Table 3 by treatment arm in each centre and laterality strata to assess randomisation balance.
- Patient characteristics (age and sex) will also be summarised between randomised, ineligible and eligible but withholding consent (i.e. decline to participate) patients in Table 4 to assess characteristic differences between patient groups.

3.3 Sample Size

- The target sample size is 240, which provides 90% power to detect a mean difference of 12 in VISA-A score at 6 months between two treatment arms, assuming a standard deviation of 26, 5% type I error rate and approximately 15% loss to follow-up.
- The above is somewhat conservative, as it assumes that a simple unadjusted analysis will be used to compare group mean VISA-A scores at 6 months. In reality, the main study analysis will be adjusted by the baseline VISA-A score, which will be included as a covariate in the regression analysis. The pilot data suggested a significant positive association between baseline and 6 month VISA-A scores; Pearson correlation coefficient ≈ 0.6. Thus, assuming approximate normality for both baseline and 6 month VISA-A scores, and a correlation





coefficient of 0.6, the overall power of this study to detect a difference between group means of 12 increases to 98% in the adjusted analysis. Therefore, if the true difference between groups is smaller than anticipated we will still have good power to reject the null hypothesis. For instance, by simulating from the appropriate multivariate normal distributions, if the difference between groups were (i) 10 (effect size = 0.38), then the power would be 92%, (ii) 9 points (effect size = 0.35), then the power would be 86% and (iii) 8 points (effect size = 0.31), then the power would be 77%. Therefore, in summary, the proposed sample size gives us good power (~90%) for moderate effect sizes of the expected magnitude, and also reasonable power (~80%) for much smaller effect sizes.

3.4 Non-compliance (protocol violation and deviation)

The reasons for protocol deviations and violations will be tabulated by treatment arm in Table 5. At the beginning of the trial, the rate of non-compliance is considered as 100%, and as each non-compliant patient enters the trial through time, the rate of non-compliance will decrease.

3.5 Withdrawals

Withdrawals from the trial may occur after randomisation. Patients who decline to be contacted will be logged on the database from the point that they communicate their intention to the trial team and no further contact will be made. Data already collected will be retained and included in the analysis unless otherwise indicated. All withdrawals will be summarised by treatment arm in Table 6. Also all data up to the time of withdrawal will be used for the analysis (Intention to treat).

3.6 Follow-up of Patients

The follow-up rate is based on patients who complete the study questionnaires at, 2 weeks, 3 and 6 months after randomisation. The rate will be summarised by treatment arm in Table 1.

3.7 Safety Data

Treatment related adverse events and serious adverse events will be summarised in Table 7. However, the table may be integrated into Table 15 if the reporting is not complicated and all table numbers will be adjusted accordingly.





SECTION 4: STUDY DATA

4.1 Outcome Variables

OUTCOMES	TIME POINT	SCORING	
Primary outcome			
	At 6 months post randomisation	Summary of the total score (out of	
VISA-A	At 6 months post randomisation	100).	
Secondary outcomes			
	At 2 months post randomisation	Summary of the total score (out of	
VISA-A	At 5 months post randomisation	100).	
	At 3 months and 6 months post	Summary of each item given, the	
EQ-5D-5L	randomisation	utility and VAS score (out of 100)	
	Tandomisation	summarised.	
Pain V/AS	At 2 weeks, 3 months and 6	The VAS score (out of 100) will be	
Palli VAS	months post randomisation	summarised.	
Complication rate	At 2 weeks, 3 months and 6	Complication rate in each class will	
	months post randomisation	be summarised	

4.2 Type of Populations

4.2.1 Intention to treat (ITT) population

The primary analysis will be performed on an Intention to treat (ITT) basis. That is to say that we will test whether PRP is better than placebo (i.e. an 'as-randomised analysis' or intention to treat (ITT) compares the outcomes of participants by assigned group). The ITT effect is the effect of treatment assignment rather than the effect of treatment taken (often called 'effectiveness' as opposed to 'efficacy'). A full 'Intention to treat' analysis is only possible when complete outcome data are available for all patients. One of the main reasons for advocating ITT analysis is that it gives an estimate as would be in the 'real world' and it also maintains the baseline comparability achieved by the randomisation process. If the initial random assignment is undermined, then confounding can be introduced and the internal validity of the results is consequently questionable.





4.2.2 Per protocol (PP) population

A per protocol (PP) anlaysis measures the effect of treatment in an "ideal" setting. A per protocol population includes the participants who followed the trial procedure and completed the allocated treatment. Hence, a per protocol analysis could introduce bias in the estimation of treatment effect.

Therefore, the PP population will be used to analyse primary outcome as part of the secondary analyses.

4.3 Analysis Datasets

4.3.1 Observed dataset

This will comprise of all the data observed (including follow-up) with missing values. For the VISA-A at baseline and 6 months, this dataset includes the patients with missing questionnaire item score no more than 20 points. The final score of these incomplete questionnaires will then be obtained by multiplying the total points of the completed items with the ratio of 100/(100-missing points), where 100 is the perfect score of the questionnaire.

4.3.2 Imputed dataset

Some participants may not provide complete data for VISA-A score at baseline or 6 months followup due to lack of completion of individual data items, voluntary withdrawal or general loss to follow up. The nature of missing data includes: (a) when it is not applicable (validly missing) and (b) it can be missing due to patient/health professional leaving fields blank when they should have completed the question with an answer (invalidly missing). The latter, when there are more than 20 missing points, will be examined for the different data mechanisms (MAR - missing at random; NMAR - not missing at random; MCAR - missing completely at random). The MICE (multivariate imputation by chained equations) method will be applied to impute VISA-A score at baseline and 6 months followup.





For the primary and secondary outcomes only the observed datasets will be used for the ITT analysis. Although missing data is not expected to be a problem for this study, the nature and pattern of the missingness will be carefully considered and imputation, where appropriate, will be made for completeness for VISA-A at baseline and 6 months follow-up.

The imputed dataset will be used for a sensitivity analysis for the primary outcome.





SECTION 5: MAIN STATISTICAL ANALYSIS

5.1 General Considerations

For patient characteristics data, continuous variables will be summarised using appropriate descriptive statistics, including n (number of non-missing cases), mean, standard deviation, median, range and nmiss (number of missing cases). Categorical variables will be summarised with frequency counts and percentages.

For outcome data, continuous variables will be summarised using appropriate descriptive statistics, including n, mean and 95% confidence interval (CI). Categorical variables will be summarised with frequency counts and percentages.

For the comparison of outcomes between treatment arms, t test will be used to test continuous outcomes and Pearson's chi-square test will be used to test categorical outcomes, unless otherwise stated. A two-sided p value <0.05 will be considered statistically significant.

The statistical analysis will be carried out using SAS. Data imputation, if necessary, will be conducted using STATA.

5.2 Descriptive Analysis of Baseline Characteristics and Blinding Success

Baseline patient characteristics will be summarised by treatment arm and in total (Table 8) and further stratified by centre and laterality (Table 9). Characteristics variables include age (continuous), height (continuous), weight (continuous), gender (binary), current smoker (binary), employment (nominal), socio-economic status (nominal), ethnicity (nominal) and treatment received for Achilles tendon pain (nominal).

Baseline VISA-A and EQ-5D-5L scores will be summarised by treatment arm in Tables 12 and 13, respectively.





Blinding success question is asked in the 6 months follow-up questionnaire. It will be summarised by treatment arm in Table 8.

5.3 Primary Analyses

5.3.1 VISA-A at 6 months follow-up

The primary analyses will be performed using the observed datasets on the basis of ITT population.

5.3.1.1 ITT analysis (observed dataset)

In the ITT analysis, mixed effect linear regression will be used to assess the difference in VISA-A score between treatment arms at 6 months follow-up, with the adjustment for design factors (centre and laterality), age, sex and baseline VISA-A score. Centre will be included in the model as a random effect, and age, sex, laterality and baseline VISA-A score as fixed effect. Adjusted treatment difference and 95% CI will be produced. Results will be presented in Table 10.

Residuals plots (residual vs fitted plot and residual Q-Q plot) will be used to assess the underlying model assumptions. These plots will be presented in Figures 3a and 3b, respectively.

If the above plots identify heteroscedasticity in model residuals, variance-stabilising transformation method, for example square root transformation and log transformation, will be considered to transform VISA-A score at 6 months follow-up. Model results of the transformed response data will be presented instead of those of the untransformed response data in Table 10.

5.4 Secondary Analyses

5.4.1 VISA-A at 6 months follow-up

The primary outcome will also be analysed using different analysis poluation, analytical method and dataset as part of the secondary analyses.





5.4.1.1 Per protocol analysis (observed dataset)

Mixed effect linear regression will be carried out with adjustment for covariates, as described in Section 5.3.1, on the basis of the PP population. The adjusted treatment effect and 95% CI will be presented in Table 11a. Residual plots will be presented in Figure 4a and 4b.

5.4.1.2 ITT analysis (observed dataset)

The primary outcome will be analysed without adjustment for covariates (unadjusted analysis) using the observed dataset and results will be summarised by treatment arm in Table 12.

5.4.1.3 ITT analysis (imputed dataset)

VISA-A at 6 months follow-up will be re-assessed using the imputed dataset on the basis of ITT population. Mixed effect linear regression will be carried out with adjustment for covariates, as described in Section 5.3.1. The adjusted treatment effect and 95% CI will be presented in Table 11b.

The following analyses of secondary outcomes will be performed using the observed dataset on the basis of ITT population.

5.4.2 VISA-A at 3 months follow-up

VISA-A score at 3 months follow-up will be summarised by treatment arm in Table 12. Analysis will also be adjusted for the covariates in the primary analysis.

5.4.3 EQ-5D-5L utility and VAS score at 3 and 6 months follow-up

EQ-5D-5L utility and VAS score at 3 and 6 months follow-up will be summarised by treatment arm in Table 13. Analysis will also be adjusted for the covariates in the primary analysis.

5.4.4 Pain VAS score at 2 weeks, 3 and 6 months follow-up

Pain VAS score at 2 weeks, 3 and 6 months follow-up will be summarised by treatment arm in Table 14. Analysis will also be adjusted for the covariates in the primary analysis.





5.4.5 Complication rates at 2 weeks, 3 and 6 months follow-up

Complication rate in each class at 2 weeks, 3 months and 6 months will be summarised by treatment arm in Table 15.

If it is felt there have been sufficient complications occurred in the trial, it may be useful to compare time to the development of each complication for each study participant. Kaplan Meier plot will be used to visualise the difference between treatment arms in Figure 5.

5.5 Non-compliance

If it is felt necessary to assess the pattern of non-compliance, risk of protocol violation will be compared between treatment arms to evaluate protocol adherence using logistic regression. Odds ratio and 95% CI will be tabulated in Table 16.

5.6 Sub-group Analyses

Pre-specified sub-group analyses will test the following variables for their interaction with treamtent arms:

- Single Achilles tendinopathy vs bilateral Achilles tendinopathy (defined by randomisation stratification): patients may have bilateral symptom when they meet the trial inclusion criteria. Some bilateral patients may be considered as having single Achilles tendinopathy when the non-trial Achillies tendon does not require surgical treatment. Therefore, these patients will be randomised and analysed as single Achilles tendinopathy.
- Short duration of symptom vs long duration of symptom: duration will be dichotomised using the value of median duration, which will be available at the time of final analysis.

The analyses will be performed on primary outcome only, in a mixed effect linear regression model on the basis of ITT population with adjustment for the same covariates used in the primary analyses as described in Section 5.3.1. Adjusted mean difference between treatment arms and 95% CI will be





presented as well as the p values for interaction (Table 17). The study sample size is not powered for the sub-group analyses.

5.7 Interim Analysis

No statistical stopping rules or interim analyses are planned.





SECTION 6: ADDITIONAL STATISTICAL ANALYSIS

No additional analyses are planned.





REFERENCES





APPENDIX A

Figure 1: Recruitment over time

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Figure 2: CONSORT diagram for the ATM trial







Figure 3a: Residuals versus fitted values of adjusted analysis of VISA-A score at 6 months follow-up

(Intention to treat using observed dataset)

(Insert Figure 3a here)

Figure 3b: Residuals versus fitted values of adjusted analysis of VISA-A score at 6 months follow-up

(Per protocol using observed dataset)

(Insert Figure 3b here)





Figure 4a: Residual normal Q-Q plot of adjusted analysis of VISA-A score at 6 months follow-up

(Intention to treat using observed dataset)

(Insert Figure 4a here)

Figure 4b: Residual normal Q-Q plot of adjusted analysis of VISA-A score at 6 months follow-up

(Per protocol using observed dataset)

(Insert Figure 4b here)





Figure 5: Kaplan Meier curve of time to complication (Intention to treat using observed dataset)

(Insert Figure 5 here)





APPENDIX B

I. Trial Monitoring

Table 1: Flow of patients in the ATM trial by centre and total

		Centre 1	Centre 2	Centre 3		Total
	All patient screened		xx	хх	XX	xx
Screen to pre-	All eligible patients	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
randomisation	Excluded patients: patients meet exclusion criteria	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Eligible patients but withholding consent	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Patients randomised	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Dandamication	Randomised patients with baseline characteristics	xxx (xxx x0/)	xx (xx.x%)	var (var v0/)	xx (xx.x%)	
Randomisation	data	XX (XX.X%)		XX (XX.X%)		XX (XX.X%)
	Randomised patients with baseline outcome data	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
2 weeks follow- up	Not due 2 weeks follow-up	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Follow-up complete	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Awaiting respond	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
3 months follow-up	Not due 3 months follow-up	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Follow-up complete	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Awaiting respond	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
6 months	Not due 6 months follow-up	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Follow-up complete	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
ionow-up	Awaiting respond	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

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Lost to follow- up At 3 months follow-up xx (xx.x%)		Last to follow	At 2 weeks follow-up	xx (xx.x%)				
up At 6 months follow-up xx (xx.x%) xx (LOST TO TOHOW-	At 3 months follow-up	xx (xx.x%)				
	up	At 6 months follow-up	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	

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Table 2: Summary of ineligibility

		Total
Ineligibility	Reason 1	xx
	Reason 2	хх
	Reason 3	хх
		хх
	Total	хх

Table 3: Summarised randomisation in each treatment arm by centre and laterality strata

Contro	Laterality	Treatment		
Centre		Placebo	PRP	
	Single	xx (xx.x%)	xx (xx.x%)	
Centre 1	Bilateral	xx (xx.x%)	xx (xx.x%)	
	Total	xx (xx.x%)	xx (xx.x%)	
	Single	xx (xx.x%)	xx (xx.x%)	
Centre 2	Bilateral	xx (xx.x%)	xx (xx.x%)	
	Total	xx (xx.x%)	xx (xx.x%)	
	Single	xx (xx.x%)	xx (xx.x%)	
Centre 3	Bilateral	xx (xx.x%)	xx (xx.x%)	
	Total	xx (xx.x%)	xx (xx.x%)	
	Single	xx (xx.x%)	xx (xx.x%)	
	Bilateral	xx (xx.x%)	xx (xx.x%)	
	Total	xx (xx.x%)	xx (xx.x%)	

Table 4: Patient characteristics (randomised vs not randomised)

		Randomised patients	Ineligible patients	Eligible but withholding consent patients
	N	хххх	хххх	
Age (year)	Mean	XX.X	xx.x	XX.X
	Std. Deviation	XX.X	XX.X	xx.x





	Median	xx.x	xx.x	xx.x
	Minimum	XX.X	XX.X	XX.X
	Maximum	XX.X	xx.x	XX.X
	Missing	XX	ХХ	XX
	Male	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Gender	Female	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)

Table 5: Non-compliance by treatment arm and total

		Placebo	PRP	Total
	Reason 1	xx (xx.x%)	xx (xx.x%)	хх
Deviations	Reason 2	xx (xx.x%)	xx (xx.x%)	хх
	Reason 3	xx (xx.x%)	xx (xx.x%)	хх
		xx (xx.x%)	xx (xx.x%)	хх
	Total	xx (xx.x%)	xx (xx.x%)	хх
	Reason 1	xx (xx.x%)	xx (xx.x%)	хх
	Reason 2	xx (xx.x%)	xx (xx.x%)	хх
Violations	Reason 3	xx (xx.x%)	xx (xx.x%)	хх
		xx (xx.x%)	xx (xx.x%)	ХХ
	Total	xx (xx.x%)	xx (xx.x%)	ХХ

Table 6: Withdrawal at each follow-up by treatment arm and total

	Time point	Placebo	PRP	Total
Withdrawal	After randomisation but before 2 weeks follow-up	xx (xx.x%)	xx (xx.x%)	хх
withdrawai	After 2 weeks follow-up but before 3 months follow-up	xx (xx.x%)	xx (xx.x%)	хх





After 3 months follow-up but before 6 months follow-up	xx (xx.x%)	xx (xx.x%)	хх
Total	xx (xx.x%)	xx (xx.x%)	хх

Table 7: Adverse events and serious adverse events by treatment arm and total

		Placebo	PRP	Total
	Reason 1	xx (xx.x%)	xx (xx.x%)	xx
Adverse events	Reason 2	xx (xx.x%)	xx (xx.x%)	xx
Adverse events		xx (xx.x%)	xx (xx.x%)	xx
	Total	xx (xx.x%)	xx (xx.x%)	xx
	Reason 1	xx (xx.x%)	xx (xx.x%)	xx
Serious adverse	Reason 2	xx (xx.x%)	xx (xx.x%)	xx
events		xx (xx.x%)	xx (xx.x%)	xx
	Total	xx (xx.x%)	xx (xx.x%)	xx

II. Baseline Characteristics and Measures

Table 8: Baseline patient characteristics by treatment arm and total

		Placebo	PRP	Total
	N	хххх	хххх	хххх
	Mean	xx.x	xx.x	xx.x
	Std. Deviation	xx.x	xx.x	xx.x
Age (year)	Median	xx.x	xx.x	xx.x
	Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	Missing	xx	хх	xx
	Male	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Candar	Female	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Gender	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	N	хххх	хххх	хххх
	Mean	xx.x	xx.x	xx.x
Height (cm)	Std. Deviation	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x





	Missing	XX	XX	XX	
	N	XXXX	XXXX	XXXX	
	Mean	XX.X	XX.X	XX.X	
Weight (kg)	Std. Deviation	XX.X	XX.X	XX.X	
	Median	xx.x	xx.x	XX.X	
	Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x	
	Missing	XX	хх	xx	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Current smoker	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Full-time employed	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Part-time employed	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Self-employed	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Retired/inactive	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Employment	Unpaid work	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Unemployed	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Full time student	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Carer	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Unskilled manual	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Skilled manual	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Unskilled non-manual	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Socio-economic	Skilled non-manual	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
status	Professional	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	White	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Asian/Asian British	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Black/African/Caribbean	((~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	/Black British	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Ethnicity	Mixed/Multiple ethnic	vy (vy v%)	xx (xx x%)	xx (xx x%)	
	groups	~~ (^^.^/0)	XX (XX.X/0)	xx (xx.x%)	
	Other	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	





	Yes		xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
		N	хххх	хххх	хххх
Treatment received:	Session	Mean	xx.x	xx.x	xx.x
Injections	numbe	Std. Deviation	xx.x	xx.x	xx.x
	r	Median	xx.x	xx.x	xx.x
		Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	No	·	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Yes		xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
		N	хххх	хххх	хххх
Ireatment received:	Session	Mean	xx.x	xx.x	xx.x
Physiotherapy	numbe	Std. Deviation	xx.x	xx.x	xx.x
	r	Median	xx.x	xx.x	xx.x
		Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	No		xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Yes		xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
		N	хххх	хххх	хххх
Treatment received:	Session	Mean	xx.x	xx.x	xx.x
Surgery	numbe	Std. Deviation	xx.x	xx.x	xx.x
	r	Median	xx.x	xx.x	xx.x
		Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	No	•	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Yes		xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
		N	хххх	хххх	хххх
Ireatment received:	Session	Mean	xx.x	xx.x	xx.x
Acupuncture	numbe	Std. Deviation	xx.x	xx.x	xx.x
	r	Median	xx.x	xx.x	xx.x
		Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	No	·	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Yes		xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
		N	хххх	хххх	хххх
Ireatment received:	Session	Mean	xx.x	xx.x	xx.x
Podlatry	numbe	Std. Deviation	xx.x	xx.x	xx.x
	r	Median	xx.x	xx.x	xx.x
		Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	No		xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Yes		xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Ireatment received:	Session	N	хххх	хххх	хххх
Prescribed Insoles	numbe	Mean	xx.x	XX.X	XX.X
	r	Std. Deviation	xx.x	xx.x	xx.x





		Median	xx.x	xx.x	xx.x
		Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	No	• •	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	Yes		xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Treatment received:		N	хххх	хххх	хххх
Other	Session	Mean	xx.x	xx.x	xx.x
	numbe	Std. Deviation	xx.x	xx.x	xx.x
	r	Median	xx.x	xx.x	xx.x
		Range	xx.x, xx.x	xx.x, xx.x	xx.x, xx.x
	I think I h autologo plasma ir	nad the us platelet rich njection	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
Blinding success I think I limitation		ad the placebo injection	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)
	l am not treatmer	sure what nt I received	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)





Table 9: Baseline patient characteristics by centre and laterality

			Cent	tre 1			Cent	tre 2					
		Sin	gle	Bilat	eral	Sin	gle	Bilateral		Sin	gle	Bilat	eral
		Placebo	PRP										
	N	хххх	хххх	хххх	хххх	XXXX	XXXX	хххх	хххх	хххх	хххх	хххх	хххх
	Mean	xx.x											
Age (vear)	Std. Deviation	xx.x											
ABC (year)	Median	xx.x											
	Range	xx.x, xx.x											
	Missing	xx	xx	xx	хх	xx	хх						
	Male	xx (xx.x%)											
Condor	Female	xx (xx.x%)											
Gender	Unknown	xx (xx.x%)											
	Missing	xx (xx.x%)											
	N	хххх	хххх	хххх	хххх	XXXX	хххх	хххх	хххх	хххх	хххх	хххх	xxxx
	Mean	xx.x											
Height	Std. Deviation	xx.x											
(cm)	Median	xx.x											
	Range	xx.x, xx.x											
	Missing	хх											
14/-1-l-1	N	хххх											
weight	Mean	xx.x											
(Kg)	Std. Deviation	xx.x											

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	Median	xx.x					
	Range	xx.x, xx.x					
	Missing	xx	xx	хх	xx	хх	хх
	Yes	xx (xx.x%)					
Current	No	xx (xx.x%)					
smoker	Unknown	xx (xx.x%)					
	Missing	xx (xx.x%)					
	Full-time employed	xx (xx.x%)					
	Part-time employed	xx (xx.x%)					
	Self-employed	xx (xx.x%)					
Employme	Retired/inactive	xx (xx.x%)					
nt	Unpaid work	xx (xx.x%)					
	Unemployed	xx (xx.x%)					
	Full time student	xx (xx.x%)					
	Carer	xx (xx.x%)					
	Unknown	xx (xx.x%)					
	Missing	xx (xx.x%)					
Socio- economic	Unskilled manual	xx (xx.x%)					
status	Skilled manual	xx (xx.x%)					

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	1	1											
	Unskilled non- manual	xx (xx.x%)											
	Skilled non- manual	xx (xx.x%)											
	Professional	xx (xx.x%)											
	Other	xx (xx.x%)											
	Unknown	xx (xx.x%)											
	Missing	xx (xx.x%)											
	White	xx (xx.x%)											
	Asian/Asian British	xx (xx.x%)											
Ethnicity	Black/African/C aribbean/Black British	xx (xx.x%)											
	Mixed/Multiple ethnic groups	xx (xx.x%)											
	Other	xx (xx.x%)											
	Unknown	xx (xx.x%)											
	Missing	xx (xx.x%)											

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III. Primary Analyses

Table 10: Adjusted treatment difference of VISA-A score at 6 months follow-up with 95%

confidence interval (Intention to treat using observed dataset)

		Placebo		PRP	(F	p value	
	Ν	Mean (95% CI)	Ν	Mean (95% CI)	Ν	Mean (95% CI)	
VISA-A at 6 months follow-up	xxxx	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	0.xxx

IV. Secondary Analyses

Table 11a: Adjusted treatment difference of VISA-A score at 6 months follow-up with 95%

confidence interval (Per protocol using observed dataset)

		Placebo		PRP	(F	Difference PRP-Placebo)	p value
	Ν	Mean (95% CI)	Ν	Mean (95% CI)	Ν	Mean (95% Cl)	
VISA-A at 6 months follow-up	xxxx	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	0.xxx

Table 11b: Adjusted mean VISA-A score at 6 months follow-up with 95% confidence interval by

treatment arm (imputed dataset)

		Placebo		PRP	(F	Difference PRP-Placebo)	p value
	N	Mean (95% CI)	Ν	Mean (95% CI)	Ν	Mean (95% CI)	
VISA-A at 6 months follow-up	xxxx	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	0.xxx





Table 12: Summary statistics for VISA-A score at baseline, 3 and 6 months follow-up by treatment arm and total

		Placebo		PRP		Total	Ur	Unadjusted difference p (PRP-Placebo) value		Adjusted difference (PRP-Placebo)		p
	N	Mean (95% CI)	Ν	Mean (95% CI)	Ν	Mean (95% CI)	Ν	Mean (95% CI)	value	Ν	Mean (95% CI)	value
VISA-A at baseline	хххх	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)			NA			NA
VISA-A at 3 months follow-up	xxxx	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	x	xx.x (xx.x, xx.x)	0.xxx	x	xx.x (xx.x, xx.x)	0.xxx
VISA-A at 6 months follow-up	xxxx	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	x	xx.x (xx.x, xx.x)	0.xxx			

Note: NA: Not applicable.

Table 13: Summary statistics for EQ-5D-5L at baseline, 3 and 6 months follow-up by treatment arm and total

Time point Item			Placebo	PRP		Total		Unadjusted difference (PRP-Placebo)		p value	Adj (usted difference PRP-Placebo)	p
point		N	Mean (95% CI)	Ν	Mean (95% CI)	Ν	Mean (95% CI)	Ν	Mean (95% CI)		Ν	Mean (95% CI)	value
	Mobility	хххх	xx.x%	хххх	xx.x%	хххх	xx.x%						
Deceline	Self-care	xxxx	xx.x%	xxxx	xx.x%	хххх	xx.x%						
вазение	Usual activities	xxxx	xx.x%	хххх	xx.x%	хххх	xx.x%						

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	Pain/disc	VVVV	xxx x0/	VVVV	×××ו0/	~~~~~	xxx x9/						
	omfort	****	XX.X70	****	XX.X70	****	XX.X /0						
	Anxiety	xxxx	xx.x%	хххх	xx.x%	хххх	xx.x%						
	EQ-5D-5L												
	utility	хххх	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)						
	score												
	EQ-5D-5L VAS	хххх	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)						
	Mobility	xxxx	xx.x%	xxxx	xx.x%	xxxx	xx.x%						
	Self-care	xxxx	xx.x%	хххх	xx.x%	xxxx	xx.x%						
	Usual	xxxx	xx.x%	xxxx	xx.x%	xxxx	xx.x%						
3	activities												
months	Pain/disc omfort	хххх	xx.x%	хххх	xx.x%	хххх	xx.x%						
tollow- up	Anxiety	xxxx	xx.x%	xxxx	xx.x%	хххх	xx.x%						
	EQ-5D-5L utility score	xxxx	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	x	xx.x (xx.x, xx.x)	0.xxx	x	xx.x (xx.x, xx.x)	0.xxx
	EQ-5D-5L VAS	xxxx	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	x	xx.x (xx.x, xx.x)	0.xxx	x	xx.x (xx.x, xx.x)	0.xxx
	Mobility	xxxx	xx.x%	xxxx	xx.x%	хххх	xx.x%						

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	Self-care	xxxx	xx.x%	хххх	xx.x%	xxxx	xx.x%						
	Usual activities	xxxx	xx.x%	xxxx	xx.x%	xxxx	xx.x%						
6	Pain/disc omfort	xxxx	xx.x%	xxxx	xx.x%	xxxx	xx.x%						
follow-	Anxiety	xxxx	xx.x%	xxxx	xx.x%	хххх	xx.x%						
up	EQ-5D-5L utility score	xxxx	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	x	xx.x (xx.x, xx.x)	0.xxx	x	xx.x (xx.x, xx.x)	0.xxx
	EQ-5D-5L VAS	xxxx	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	x	xx.x (xx.x, xx.x)	0.xxx	x	xx.x (xx.x, xx.x)	0.xxx

Note: NA: Not applicable.

Table 14: Summary statistics for pain VAS at 2 weeks, 3 and 6 months follow-up by treatment arm and total

		Placebo		PRP	PRP Total		Total Unadjusted difference (PRP-Placebo) p		р	Adjusted difference (PRP-Placebo)		р
	N	Mean (95% CI)	N	Mean (95% CI)	N	Mean (95% CI)	Ν	Mean (95% CI)	value	N	Mean (95% CI)	value
Pain VAS at 2 weeks follow- up	xxxx	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)						0.xxx

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Pain VAS at 3 months follow- up	хххх	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	х	xx.x (xx.x, xx.x)	0.xxx	x	xx.x (xx.x, xx.x)	0.xxx
Pain VAS at 6 months follow- up	хххх	xx.x (xx.x, xx.x)	xxxx	xx.x (xx.x, xx.x)	хххх	xx.x (xx.x, xx.x)	x	xx.x (xx.x, xx.x)	0.xxx	x	xx.x (xx.x, xx.x)	0.xxx

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Table 15: Frequency and percentage of complication rate at 2 weeks, 3 and 6 months follow-up by

treatment arm and total

Complicat	ion class	Placebo	PRP	Total	p value
Durvising and	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Bruising and	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
2 WEEKS	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Fainting at 2	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
weeks	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Infection at 2	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
weeks	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Mild	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
discomfort	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
and bleeding	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
at 2 weeks	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Swelling at 2	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
weeks	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Chin	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
SKIN	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
at 2 wooks	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
at 2 weeks	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Allorgia	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Allergic	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
WEEKS	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Other at 2	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
weeks	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Total at 2	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
rotarat 2	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.xxx
WEEKS	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	





	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Bruising and	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0
alscomfort at	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
5 months	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Fainting at 3	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Infection at 3	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Mild	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
discomfort	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0
and bleeding	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
at 3 months	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Swelling at 3	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
<u>Chin</u>	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
SKIN	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
at 2 months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Allorgia	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Allergic	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
montins	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Other at 3	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0 2022
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.xxx
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Total at 3	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0 2022
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.888
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0 2022
	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.888





Bruising and	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
discomfort at		var (var v0/)	vor (vor v0/)	var (var v0/)	
6 months	Missing	XX (XX.X70)	XX (XX.X%)	XX (XX.X%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Fainting at 6	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.888
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Infection at 6	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Mild	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
discomfort	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
and bleeding	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
at 6 months	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Swelling at 6	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Clein	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
SKIN	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
at 6 months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
at 6 months	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Allensie	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Allergic	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
montins	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Other at 6	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0.000
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
	Yes	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	
Total at 6	No	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	0
months	Unknown	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	U.XXX
	Missing	xx (xx.x%)	xx (xx.x%)	xx (xx.x%)	





Table 16: Estimated odds ratio of non-compliance

	Placebo	PRP	Odds ratio	95% CI	p value
Non-compliance	XX (XX.X%)	XX (XX.X%)	xx.x	(xx.x, xx.x)	0.xxx

Table 17: Adjusted treatment difference of VISA-A score at 6 months according to sub-group

characteristics

	N	Mean treatment difference (95% CI)	p for
	(PRP/Placebo)	(PRP-Placebo)	interaction
Laterility			
Single	Xxxx/xxxx	xx.x (xx.x, xx.x)	0.xxx
Bilateral	Xxxx/xxxx	xx.x (xx.x, xx.x)	
Duration of symptom			
<= median duration	Xxxx/xxxx	xx.x (xx.x, xx.x)	0.xxx
> median duration	Xxxx/xxxx	xx.x (xx.x, xx.x)	