The STROCSS 2019 Guideline				
Item	Item description	Page		
no.	·			
TITLE				
1	Title:	1		
	<ul> <li>The word cohort or cross-sectional or case-controlled is included</li> </ul>			
	- The area of focus is described (e.g. disease, exposure/intervention,			
	outcome)			
	- Key elements of study design are stated (e.g. retrospective or			
ADOT	prospective)			
ABST		Ι.		
2a	Introduction: the following points are briefly described	1		
	- Background			
2b	- Scientific Rationale for this study  Methods: the following areas are briefly described	4		
20	- Study design (cohort, retro-/prospective, single/multi-centred)	1		
	- Patient populations and/or groups, including control group, if applicable			
	- Interventions (type, operators, recipients, timeframes)			
	- Outcome measures			
2c	Results: the following areas are briefly described	1		
	- Summary data (with statistical relevance) with qualitative descriptions,	'		
	where appropriate			
2d	Conclusion: the following areas are briefly described	1		
	- Key conclusions			
	- Implications to practice			
	- Direction of and need for future research			
	DUCTION			
3	Introduction: the following areas are described in full	1-2		
	- Relevant background and scientific rationale			
	- Aims and objectives			
BACTI I	- Research question and hypotheses, where appropriate			
METH				
4a	Registration and ethics	2-4		
	<ul> <li>Research Registry number is stated, in accordance with the declaration of Helsinki*</li> </ul>			
	- All studies (including retrospective) should be registered before			
	submission			
	Gustinosion.			
	*"Every research study involving human subjects must be registered in a			
	publicly accessible database before recruitment of the first subject" (this can			
	be obtained from: ResearchRegistry.com or ClinicalTrials.gov or ISRCTN)			
4b	Ethical Approval: the following areas are described in full	2-4		
	- Necessity for ethical approval			
	<ul> <li>Ethical approval, with relevant judgement reference from ethics</li> </ul>			
	committees			
	- Where ethics was unnecessary, reasons are provided			
4c	Protocol: the following areas are described comprehensively	2-4		
	- Protocol (a priori or otherwise) details, with access directions			
	If published, journal mentioned with the reference provided			

4d	Patient Involvement in Research	2-4
	- Describe how, if at all, patients were involved in study design e.g. were	
	they involved on the study steering committee, did they provide input	
	on outcome selection, etc.	
5a	Study Design: the following areas are described comprehensively	2-4
	- 'Cohort' study is mentioned	
	- Design (e.g. retro-/prospective, single/multi-centred)	
5b	Setting: the following areas are described comprehensively	2-4
	- Geographical location	
	- Nature of institution (e.g. academic/community, public/private)	
	- Dates (recruitment, exposure, follow-up, data collection)	
5c	Cohort Groups: the following areas are described in full	2-4
	- Number of groups	
	- Division of intervention between groups	
5d	Subgroup Analysis: the following areas are described comprehensively	2-4
	- Planned subgroup analyses	
	- Methods used to examine subgroups and their interactions	
6a	Participants: the following areas are described comprehensively	2-4
	- Eligibility criteria	
	- Recruitment sources	
	- Length and methods of follow-up	
6b	Recruitment: the following areas are described comprehensively	2-4
	- Methods of recruitment to each patient group	
_	- Period of recruitment	
6c	Sample Size: the following areas are described comprehensively	2-4
	- Margin of error calculation	
	- Analysis to determine study population	
	- Power calculations, where appropriate	
	RVENTION AND CONSIDERATIONS	T
7a	Pre-intervention Considerations: the following areas are described	2-4
	comprehensively	
	- Patient optimisation (pre-surgical measures)	
	- Pre-intervention treatment (hypothermia/-volaemia/-tension; ICU care;	
7h	bleeding problems; medications)	ļ
7b	Intervention: the following areas are described comprehensively	2-4
	- Type of intervention and reasoning (e.g. pharmacological, surgical,	
	physiotherapy, psychological)	
	<ul> <li>- Aim of intervention (preventative/therapeutic)</li> <li>- Concurrent treatments (antibiotics, analgaesia, anti-emetics, NBM,</li> </ul>	
	VTE prophylaxis)	
	- Manufacturer and model details where applicable	
7c	Intra-Intervention Considerations: the following areas are described	2-4
70	comprehensively	Z- <del>4</del>
	- Administration of intervention (location, surgical details, anaesthetic,	
	positioning, equipment needed, preparation, devices, sutures,	
	operative time)	
	- Pharmacological therapies include formulation, dosages, routes and	
	durations	
	- Figures and other media are used to illustrate	
	1 Igaroo and other model are doed to industrate	1

7d	Operator Details: the following areas are described comprehensively	2-4
	- Training needed	
	- Learning curve for technique	
	- Specialisation and relevant training	
7e	Quality Control: the following areas are described comprehensively	2-4
	- Measures taken to reduce variation	
	- Measures taken to ensure quality and consistency in intervention	
	delivery	
7f	Post-Intervention Considerations: the following areas are described	2-4
	comprehensively	
	- Post-operative instructions and care	
	- Follow-up measures	
	- Future surveillance requirements (e.g. imaging, blood tests)	
8	Outcomes: the following areas are described comprehensively	2-4
	- Primary outcomes, including validation, where applicable	
	- Definitions of outcomes	
	- Secondary outcomes, where appropriate	
	- Follow-up period for outcome assessment, divided by group	
9	Statistics: the following areas are described comprehensively	2-4
	- Statistical tests, packages/software used, and interpretation of	Z- <del>-</del>
	significance	
	- Confounders and their control, if known	
	- Analysis approach (e.g. intention to treat/per protocol)	
	- Sub-group analysis, if any	
RESU		
10a	Participants: the following areas are described comprehensively	3-5
Tou	- Flow of participants (recruitment, non-participation, cross-over and	3-5
	withdrawal, with reasons)	
	- Population demographics (prognostic features, relevant socioeconomic	
	features, and significant numerical differences)	
10b	Participant Comparison: the following areas are described comprehensively	2.5
100	- Table comparing demographics included	3-5
	- Differences, with statistical relevance	
	, ,	
100	- Any group matching, with methods	
10c	Intervention: the following areas are described comprehensively	3-5
	- Changes to interventions, with rationale and diagram, if appropriate	
	- Learning required for interventions	
4.4	- Degree of novelty for intervention	
11a	Outcomes: the following areas are described comprehensively	3-5
	- Clinician-assessed and patient-reported outcomes for each group	
	- Relevant photographs and imaging are desirable	
	- Confounders to outcomes and which are adjusted	
11b	Tolerance: the following areas are described comprehensively	3-5
	- Assessment of tolerance	
	<ul> <li>Loss to follow up, with reasons (percentage and fraction)</li> </ul>	
	- Cross-over with explanation	
11c	Complications: the following areas are described comprehensively	3-5
		1
	- Adverse events described	
	<ul> <li>Adverse events described</li> <li>Classified according to Clavien-Dindo classification*</li> </ul>	

	<ul> <li>Mitigation for adverse events (blood loss, wound care, revision surgery should be specified)</li> </ul>	
	*Dindo D, Demartines N, Clavien P-A. Classification of Surgical	
	Complications. A New Proposal with Evaluation in a Cohort of 6336 Patients	
	and Results of a Survey. Ann Surg. 2004; 240(2): 205-213	
12	Key Results: the following areas are described comprehensively	3-5
	- Key results, including relevant raw data	
	- Statistical analyses with significance	
DISCU	SSION	
13	Discussion: the following areas are described comprehensively	5-13
	- Conclusions and rationale	
	- Reference to relevant literature	
	- Implications to clinical practice	
	- Comparison to current gold standard of care	
	- Relevant hypothesis generation	
14	Strengths and Limitations: the following areas are described comprehensively	5-13
	- Strengths of the study	
	- Limitations and potential impact on results	
	- Assessment of bias and management	
15	Implications and Relevance: the following areas are described	5-13
	comprehensively	
	- Relevance of findings and potential implications to clinical practice are	
	detailed	
	- Future research that is needed is described, with study designs	
CONC	detailed	
16	LUSION Conclusions:	Τ
16		14
	- Key conclusions are summarised	
DECL	Key directions for future research are summarised  ARATIONS	
17a	Conflicts of interest	
I I a	- Conflicts of interest, if any, are described	14
17b	Funding	17
170	- Sources of funding (e.g. grant details), if any, are clearly stated	14
L	Courses of fariality (e.g. grant details), it ally, are details stated	<u> </u>