

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

Section/Topic	Item No	Checklist item	Reported in section and/or paragraph
Title and abstract			
	1a	Identification as a randomised trial in the title	Cover page - Title
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Abstract
Introduction			
Background and	2a	Scientific background and explanation of rationale	Abstract –
objectives			background,
•			Introduction
	2b	Specific objectives or hypotheses	Abstract –
			background,
			Introduction –
			para3
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Abstract- Methods
· · · · · · · · · · · · · · · · · · ·			para1, Study
			design/participants,
			Randomisation/ma
			sking/group
			allocation
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	N/A
Participants	4a	Eligibility criteria for participants	Abstract-Methods-
			para1, Methods-
			Study
			design/participants-
			para1
	4b	Settings and locations where the data were collected	Methods-Study
			design/participants-

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Interventions Outcomes	5 6a	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	para1, Acknowledgements -collaborators by hospital Abstract-Methods- para1, Methods- Interventions Abstract-Methods- para1, Outcomes
Sample size	6b 7a 7b	Any changes to trial outcomes after the trial commenced, with reasons How sample size was determined When applicable, explanation of any interim analyses and stopping guidelines	para1&2 N/A Sample Size N/A
Randomisation: Sequence generation	8a	Method used to generate the random allocation sequence	Methods- Randomisation masking& group
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Allocation Methods- Randomisation masking& group
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	Allocation Methods- Randomisation masking& group
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	allocation Methods- Randomisation masking& group
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	allocation Methods- Randomisation masking& group

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			allocation
	11b	If relevant, description of the similarity of interventions	N/A
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Statistical methods
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Statistical methods
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	Abstract-Methods- para2, Results-
,			para1, Figure 1,
			Table 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Figure 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Methods-Study
			design and
			participants-para2
	14b	Why the trial ended or was stopped	Methods-Study
			design and
			participants-para2
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Results-para2,
			Table 1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Results, Figure 1,
Outcomes and	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its	Results-Primary
estimation		precision (such as 95% confidence interval)	outcomes and
			secondary
			outcomes, Tables
			2,3,4
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Results-Primary
			outcomes and
			secondary
			outcomes, Tables
			2,3,4
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	N/A

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Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Results-Primary
			outcomes-para3
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Discussion
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Discussion-para11
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Discussion
Other information			
Registration	23	Registration number and name of trial registry	Cover page-Trial
			registration
Protocol	24	Where the full trial protocol can be accessed, if available	Supporting
			Information Text S1
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Online submission

^{*}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.

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