# **SPIRIT Checklist for *Trials***

Complete this checklist by entering the page and line numbers where each of the items listed below can be found in your manuscript.

Your manuscript may not currently address all the items on the checklist. Please modify your text to include the missing information. If you are certain that an item does not apply, please state "n/a" and provide a short explanation. **Leaving an item blank or stating “n/a” without an explanation will lead to your manuscript being returned before review.**

Upload your completed checklist as an additional file when you submit to *Trials*. You must reference this additional file in the main text of your protocol submission. The completed SPIRIT figure must be included within the main body of the protocol text and can be downloaded here: <http://www.spirit-statement.org/schedule-of-enrolment-interventions-and-assessments/>

In your methods section, please state that you used the SPIRIT reporting guidelines, and cite them as:

Chan A-W, Tetzlaff JM, Gøtzsche PC, Altman DG, Mann H, Berlin J, Dickersin K, Hróbjartsson A, Schulz KF, Parulekar WR, Krleža-Jerić K, Laupacis A, Moher D. SPIRIT 2013 Explanation and Elaboration: Guidance for protocols of clinical trials. BMJ. 2013;346:e7586

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|  |  | **Reporting Item** | **Page and Line Number** | **Reason if not applicable** |
| **Administrative information** |
| Title | [#1](https://www.goodreports.org/reporting-checklists/spirit/info/#1) | Descriptive title identifying the study design, population, interventions, and, if applicable, trial acronym | Page 1, lines 1-2 |  |
| Trial registration | [#2a](https://www.goodreports.org/reporting-checklists/spirit/info/#2a) | Trial identifier and registry name. If not yet registered, name of intended registry | Page 2, line 39 |  |
| Trial registration: data set | [#2b](https://www.goodreports.org/reporting-checklists/spirit/info/#2b) | All items from the World Health Organization Trial Registration Data Set |  | NA: Our clinicaltrials.gov registration addresses all of the factors requested in the WHO trial registration data set. Referring readers to our registered trial number should be sufficient for addressing this requirement] |
| Protocol version | [#3](https://www.goodreports.org/reporting-checklists/spirit/info/#3) | Date and version identifier | Page 1, line 10 |  |
| Funding | [#4](https://www.goodreports.org/reporting-checklists/spirit/info/#4) | Sources and types of financial, material, and other support | Page 24, lines 608-615 |  |
| Roles and responsibilities: contributorship | [#5a](https://www.goodreports.org/reporting-checklists/spirit/info/#5a) | Names, affiliations, and roles of protocol contributors | Page 1, lines 3-4; page 26, lines 649-667 |  |
| Roles and responsibilities: sponsor contact information | [#5b](https://www.goodreports.org/reporting-checklists/spirit/info/#5b) | Name and contact information for the trial sponsor | Page 24, lines 600-607 |  |
| Roles and responsibilities: sponsor and funder | [#5c](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 24, lines 614-615 |  |
| Roles and responsibilities: committees | [#5d](https://www.goodreports.org/reporting-checklists/spirit/info/#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) | Pages 24-25, lines 609-622 |  |
| **Introduction** |  |  | Page 2 line 43 to page-8, line 199 |  |
| Background and rationale | [#6a](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 2, line 43 to page 8, line 199 |  |
| Background and rationale: choice of comparators | [#6b](https://www.goodreports.org/reporting-checklists/spirit/info/#6b) | Explanation for choice of comparators | Page 9, lines 221-234 |  |
| Objectives | [#7](https://www.goodreports.org/reporting-checklists/spirit/info/#7) | Specific objectives or hypotheses | Page 8-9, lines 201-212 |  |
| Trial design | [#8](https://www.goodreports.org/reporting-checklists/spirit/info/#8) | Description of trial design including type of trial (eg, parallel group, crossover, factorial, single group), allocation ratio, and framework (eg, superiority, equivalence, non-inferiority, exploratory) | Page 9, line 217 to page 10, line 235 |  |
| **Methods: Participants, interventions, and outcomes** |
| Study setting | [#9](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Pages 12 line 286-296 |  |
| Eligibility criteria | [#10](https://www.goodreports.org/reporting-checklists/spirit/info/#10) | Inclusion and exclusion criteria for participants. If applicable, eligibility criteria for study centres and individuals who will perform the interventions (eg, surgeons, psychotherapists) | Pages 10-11, lines 250-270 |  |
| Interventions: description | [#11a](https://www.goodreports.org/reporting-checklists/spirit/info/#11a) | Interventions for each group with sufficient detail to allow replication, including how and when they will be administered | Pages 12-13, lines 286- 322 and page 9, lines 225-233 |  |
| Interventions: modifications | [#11b](https://www.goodreports.org/reporting-checklists/spirit/info/#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) | Page 25, lines 623-634 |  |
| Interventions: adherance | [#11c](https://www.goodreports.org/reporting-checklists/spirit/info/#11c) | Strategies to improve adherence to intervention protocols, and any procedures for monitoring adherence (eg, drug tablet return; laboratory tests) | Page 11, lines 272-277; pages 13-14, lines 330-337 |  |
| Interventions: concomitant care | [#11d](https://www.goodreports.org/reporting-checklists/spirit/info/#11d) | Relevant concomitant care and interventions that are permitted or prohibited during the trial |  | NA: Waitlisted subjects serve as own control with ‘usual practice’ and are not prohibited from any care/practices |
| Outcomes | [#12](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 14-16, lines 358-391 |  |
| Participant timeline | [#13](https://www.goodreports.org/reporting-checklists/spirit/info/#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) | Pages 9-10, line 224-237 and Figure1 Participant timeline pg 10 |  |
| Sample size | [#14](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 10, lines 239-249 |  |
| Recruitment | [#15](https://www.goodreports.org/reporting-checklists/spirit/info/#15) | Strategies for achieving adequate participant enrolment to reach target sample size | Pages 9-10, lines 218-237 |  |
| **Methods: Assignment of interventions (for controlled trials)** |
| Allocation: sequence generation | [#16a](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 9, lines 221-223 |  |
| Allocation concealment mechanism | [#16b](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 9, lines 222-223 |  |
| Allocation: implementation | [#16c](https://www.goodreports.org/reporting-checklists/spirit/info/#16c) | Who will generate the allocation sequence, who will enrol participants, and who will assign participants to interventions | Page 9, line 223 |  |
| Blinding (masking) | [#17a](https://www.goodreports.org/reporting-checklists/spirit/info/#17a) | Who will be blinded after assignment to interventions (eg, trial participants, care providers, outcome assessors, data analysts), and how |  | NA, Researchers, participants, and facilitators are not blinded to conditions. Funding is limited, so investigators and research staff must support all aspects of both intervention and study implementation, and cannot be blinded. |
| Blinding (masking): emergency unblinding | [#17b](https://www.goodreports.org/reporting-checklists/spirit/info/#17b) | If blinded, circumstances under which unblinding is permissible, and procedure for revealing a participant’s allocated intervention during the trial |  | NA, this study is not blinded (see above) |
| **Methods: Data collection, management, and analysis** |
| Data collection plan | [#18a](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 13-19, lines 325-487 |  |
| Data collection plan: retention | [#18b](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 11, lines 274-277 | NA, no plans to collect outcome data for participants who discontinue |
| Data management | [#19](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 20, lines 494-510 |  |
| Statistics: outcomes | [#20a](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 17-19, lines 428-487 |  |
| Statistics: additional analyses | [#20b](https://www.goodreports.org/reporting-checklists/spirit/info/#20b) | Methods for any additional analyses (eg, subgroup and adjusted analyses) |  | NA. No additional analyses planned beyond what is described in the manuscript. |
| Statistics: analysis population and missing data | [#20c](https://www.goodreports.org/reporting-checklists/spirit/info/#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) | Page 9, line 218-219; missing data: page 19, lines 466-470 |  |
| **Methods: Monitoring** |
| Data monitoring: formal committee | [#21a](https://www.goodreports.org/reporting-checklists/spirit/info/#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 |  | NA. Because of the low-risk and short duration of this intervention there is no formal data monitoring committee |
| Data monitoring: interim analysis | [#21b](https://www.goodreports.org/reporting-checklists/spirit/info/#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. Given that this is a low-risk intervention, there will not be study stopping criteria. Interim analysis of quantitative primary and secondary intervention outcomes is not planned. However, process data and qualitative data (e.g. feedback) data will be reviewed as collected and intervention sessions will be attended and monitored by researchers. Any adverse events, obstacles, challenges or sensitive subjects that arise will be reported to the IRB as required, and also considered by the research team if implementation strategies or materials need adjustment.  |
| Harms | [#22](https://www.goodreports.org/reporting-checklists/spirit/info/#22) | Plans for collecting, assessing, reporting, and managing solicited and spontaneously reported adverse events and other unintended effects of trial interventions or trial conduct | Page 21, lines 522-535 |  |
| Auditing | [#23](https://www.goodreports.org/reporting-checklists/spirit/info/#23) | Frequency and procedures for auditing trial conduct, if any, and whether the process will be independent from investigators and the sponsor |  | NA. Because of the low risk of this intervention, there are no procedures for independent auditing of trial conduct outside of standard IRB audits for studies at the University, in general. However, researchers will audit about 20% of intervention group meetings to measure fidelity (pg 19-20 Treatment fidelity, lines 488-483. |
| **Ethics and dissemination** |
| Research ethics approval | [#24](https://www.goodreports.org/reporting-checklists/spirit/info/#24) | Plans for seeking research ethics committee / institutional review board (REC / IRB) approval | Page 25, lines 623-634 |  |
| Protocol amendments | [#25](https://www.goodreports.org/reporting-checklists/spirit/info/#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) | Pages 19-20, lines488-493; page 25, lines 623-634 |  |
| Consent or assent | [#26a](https://www.goodreports.org/reporting-checklists/spirit/info/#26a) | Who will obtain informed consent or assent from potential trial participants or authorised surrogates, and how (see Item 32) | Page 11, lines 262-263 |  |
| Consent or assent: ancillary studies | [#26b](https://www.goodreports.org/reporting-checklists/spirit/info/#26b) | Additional consent provisions for collection and use of participant data and biological specimens in ancillary studies, if applicable |  | NA. There are no planned ancillary studies. |
| Confidentiality | [#27](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 20, lines 495-510 |  |
| Declaration of interests | [#28](https://www.goodreports.org/reporting-checklists/spirit/info/#28) | Financial and other competing interests for principal investigators for the overall trial and each study site | Page 26, lines 646-647 |  |
| Data access | [#29](https://www.goodreports.org/reporting-checklists/spirit/info/#29) | Statement of who will have access to the final trial dataset, and disclosure of contractual agreements that limit such access for investigators | Page 25, lines 616-622 |  |
| Ancillary and post trial care | [#30](https://www.goodreports.org/reporting-checklists/spirit/info/#30) | Provisions, if any, for ancillary and post-trial care, and for compensation to those who suffer harm from trial participation |  | NA. There will be no ancillary or post trial care associated with this study. Risk of harm associated with this study intervention is minimal. |
| Dissemination policy: trial results | [#31a](https://www.goodreports.org/reporting-checklists/spirit/info/#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 | Page 21-22, lines 536-552 |  |
| Dissemination policy: authorship | [#31b](https://www.goodreports.org/reporting-checklists/spirit/info/#31b) | Authorship eligibility guidelines and any intended use of professional writers | Pages 26-27; lines 668-674 |  |
| Dissemination policy: reproducible research | [#31c](https://www.goodreports.org/reporting-checklists/spirit/info/#31c) | Plans, if any, for granting public access to the full protocol, participant-level dataset, and statistical code | Page 24, lines 616-622 |  |
| **Appendices** |
| Informed consent materials | [#32](https://www.goodreports.org/reporting-checklists/spirit/info/#32) | Model consent form and other related documentation given to participants and authorised surrogates | Page 25, lines 631-632 | No consent form included with manuscript |
| Biological specimens | [#33](https://www.goodreports.org/reporting-checklists/spirit/info/#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. This study does not include collection of biological specimens. |

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](http://www.creativecommons.org/licenses/by-nc-nd/3.0/)” license. This checklist can be completed online using https://www.goodreports.org/, a tool made by the EQUATOR Network in collaboration with Penelope.ai