**Data Extraction Guidelines**

**\*USE ALL AVAILABLE INFORMATION (INCLUDING PROTOCOLS OR COMPANION ARTICLES REFERENCED IN THE PUBLICATION, AND RECORD OF TRIAL REGISTRATION) TO COMPLETE DATA EXTRACTION, RISK OF BIAS, AND CONSORT ASSESSMENTS.**

 - We will include a MAXIMUM OF THREE sources per trial:

1. The trial identified as part of our sample;
2. The trial register, if available; and
3. EITHER the published protocol or methods document, if cited in our original study (first choice) OR the sentinel trial in the case of multiple publications, if cited in our original study (second choice).

|  |  |  |
| --- | --- | --- |
| **Field** | **Response** | **Comments** |
| *Study design* |
| What was the design of the RCT? | □Parallel□Crossover□Factorial□Split body□Cluster□Other (specify): | **Parallel**: A trial that compares two groups of people concurrently, one of which receives the **intervention** of interest and one of which is a **control group**. Some parallel trials have more than two **comparison groups** and some compare different interventions without including a non-intervention control group. (Also called **independent group design.**)**Crossover**: A type of **clinical trial** comparing two or more **interventions** in which the **participants**, upon completion of the course of one treatment, are switched to another. For example, for a comparison of treatments A and B, the participants are randomly allocated to receive them in either the order A, B or the order B, A.  Particularly appropriate for study of treatment options for relatively stable health problems. The time during which the first **intervention** is taken is known as the first period, with the second intervention being taken during the second period. **Factorial**: A trial design used to assess the individual contribution of **treatments** given in combination, as well as any interactive effect they may have. Most trials only consider a single factor, where an **intervention** is compared with one or more alternatives, or a **placebo**. In a trial using a 2x2 factorial design, **participants** are allocated to one of four possible combinations. For example in a 2x2 factorial RCT of nicotine replacement and counselling, participants would be allocated to: nicotine replacement alone, counselling alone, both, or neither. In this way it is possible to test the independent effect of each intervention on smoking cessation and the combined effect of (interaction between) the two interventions. This type of study is usually carried out in circumstances where no **interaction** is likely.**Split** **body**: A trial in which separate body parts within each participant (e.g., eyes) were randomized to receive or not receive an intervention.**Cluster**: A trial in which pre-existing groups of participants (e.g., schools, villages) are randomly selected to receive or not receive an intervention. |
| *Intervention* |  |  |
| What was the nature of the intervention? | □Drug□Vaccine□Rehabilitation or psychosocial□Prevention or screening□Surgery or radiotherapy□Communication, organizational, or educational□Alternative therapeutic□Device□Other (specify): | *(Wood BMJ 2008)* |
| *Trial conduct* |  |  |
| Was the study multicentre? | □Yes□No□Unclear |  |
| Was the study multinational? | □Yes□No | The term “multinational” pertains to the countries from which patients were enrolled; not to the authors’ affiliations. |
| Where were participants recruited from? | □Established market economy□Transitional country□Developing country | Select all that apply.**Established market economy:** United States, Canada, Australia, New Zealand, Israel, Japan, Western European countries**Transitional country:** Eastern European countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Hungary, Kosovo, Latvia, Lithuania, FYR Macedonia, Montenegro, Poland, Romania, Serbia, Turkey**Developing country:** All others*(Panagiotou BMJ 2013; International Monetary Fund* <http://www.imf.org/external/pubs/ft/weo/2013/02/weodata/groups.htm>*)* |
| What primary diagnostic category was involved in the study? | □Infectious and parasitic diseases□Neoplasms□Blood, blood forming organs, and immune mechanism□Endocrine, nutritional, and metabolic diseases□Mental and behavioural disorders□Nervous system□Eye and adnexa□Ear and mastoid process□Circulatory system□Respiratory system□Digestive system□Skin and subcutaneous tissue□Musculoskeletal system and connective tissue□Genitourinary system□Pregnancy, childbirth, and the puerperium□Conditions originating in the perinatal period□Congenital malformations, deformations, and chromosomal abnormalities□Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified□Injury, poisoning, and consequences of external causes□External causes of morbidity and mortality□Factors influencing health status and contact with health services□Oral health□Other (specify): | Select the primary diagnostic category of the study using the ICD-10 classification system.*(ICD-10 Version:2010* <http://apps.who.int/classifications/icd10/browse/2010/en>*)* |
| Who funded the study? | □Government□Academic or research institute□Private□Pharmaceutical□Industry for device□No external funding□Other (specify): | Select all that apply.\*Canadian Institutes of Health Research and National Institutes of Health are considered government funding.\*If a foundation is listed as a source of funding, report as “Private.”\*Include all UN agencies under “Other.”*(Klassen Arch Pediatr Adolesc Med 2002)* |
| *Sample size* |  |  |
| How many participants were randomized? |  | Total study n. |
| *Data Monitoring Committee and Follow-up* |
| Was the presence of a Data Monitoring Committee reported? | □Yes□No□Unclear | May be referred to as a Data Monitoring Committee (DMC), Data Monitoring Safety Board (DSMB), or Data Monitoring Board (DMB). |
| If yes, who were the members? | □Physician□Nurse□Allied health specialist□Statistician□Clinical trial methodologist□Clinical pharmacologist□Bioethicist□Public health practitioner□Consumer/community advocate□Other (specify):□Not reported□N/A | Select all that apply. |
| Were any interim analyses reported? | □Yes, planned a priori□Yes, not planned a priori□Yes, unclear when planned□No |  |
| What responsibilities were reported for the Data Monitoring Committee? | □Dose adjustment□Adjustment to enrollment□Study termination□Review/approve protocol□Review/make recommendations regarding quality of study conduct□Release interim data□Review safety data□Review/approve manuscripts or presentations□Other (specify):□Not reported□N/A | Select all that apply. |
| Were stopping rules reported? | □Yes□No□Unclear |  |
| Was the trial stopped early? | □Yes□No□Not reported |  |
| If yes, what was the reason for early stopping? | □Benefit□Harm□Futility□Funding□Recruitment□Unclear□N/A | **Benefit:** stopped because of benefit seen in intervention group**Harm:** stopped because of harm seen in intervention group**Futility:** stopped because enrolling enough patients to show difference would not be feasible or no difference found in interim analysis**Funding:** select if funding was for a specific time frame, not if funding inadequate to enroll the higher than anticipated number of participants required (that would be futility)**Recruitment:** stopped because of lower than anticipated recruitment |
| *Outcomes and conclusions* |
| Which category best describes the type of primary outcome measured? | □Behavioural□Biomarker□Pain□Physiological□Psychological□Techniques/training□Quality of life□Other (specify):□N/A | **Behavioural:** e.g. attitudes, eating behaviours**Biomarker:** NIH definition: A characteristic that is objectively measured and evaluated as an indicator of normal biologic processes, pathogenic processes, or pharmacologic responses to a therapeutic intervention. E.g. blood glucose, urine cultures.**Pain:** e.g. pain relief, pain prevention**Physiological:** adapted from NIH definition: A characteristic or variable that reflects how a patient feels, functions, or survives. E.g. disease progression, mortality**Psychological:** e.g. depression assessment scores, neuropsychological test performance**Techniques/training:** method of intubation, effectiveness of a focus group**Quality of life:** e.g. SF-36, patient satisfaction |
| Did the authors report planning to collect data on adverse effects/events or side effects? | □Yes□No | Examples: “Infants were closely monitored for adverse events […]. Adverse events were reported to the study Data and Safety Monitoring Board.” and “Secondary outcomes were […] the frequency of adverse side effects in each medication group.” |
| Was a method for collecting data on adverse effects stated? | □Yes□No | Examples: “All complications were recorded until the patients were discharged” and “Child health workers were asked to report any problems, including neonatal seizures, local skin burns, […]”. |
| Were any harms reported? | □Yes□No |  |
| If yes, which harms were reported? | □Severe harms□Any harm (not individually described)□Organ system-level harms□Specific harms□N/A | Select all that apply.Rely on the authors’ terminology. For example, “severe harms” will capture general phrases like those listed below (major adverse events, etc.); however, if there is a severe harm that is clearly specified, check “specific harms” instead. Using this framework, we can capture what the authors reported, rather than having to make judgments.If mortality is listed as an outcome (e.g., survival study in oncology), do not count as a harm – this will be captured below.**Severe harms *(could pertain to specific or organ system-level harms)*:** may use terms such as “severe adverse events,” “major adverse events,” “severe nephrotoxiticy,” etc. A “serious adverse event” is an undesirable experience associated with the use of a medical product in a patient that results in a patient outcome that is: death, life-threatening, hospitalization (initial or prolonged), disability or permanent damage, congenital anomaly/birth defect, required intervention to prevent permanent impairment or damage (devices), or other serious important medical events. *(U.S. Food and Drug Administration* <http://www.fda.gov/safety/medwatch/howtoreport/ucm053087.htm>*)***Any harm:** may include terms such as “side effects,” “any adverse event,” “total adverse events,” “overall adverse events”**Organ system-level harms *(in general, without further report of individual adverse events in those organ systems)*:** e.g. cardiovascular adverse events; gastrointestinal adverse events; bone and joint pain; systemic allergic reactions (anaphylaxis, asthma, rhinitis, or urticaria); local allergic reactions (large or delayed wheals at injection site)**Specific harms:** e.g., headache, nausea, vomiting, diarrhea, drowsiness, fatigue, dizziness, tremor, neutropenia |
| Were any harm-related endpoints reported? | □Discontinuations due to adverse effects□Any discontinuations (unexplained withdrawals)□Mortality□N/A | Select all that apply.**Discontinuations due to adverse effects:** explicitly stated (examples of terminology: “withdrawals due to harms,” “adverse events requiring discontinuation of study drug,” “hematologic adverse events requiring discontinuation of study drug,” “patient withdrawal due to adverse events”)**Any discontinuations (unexplained withdrawals):** reasons for discontinuations not explicitly stated (e.g., could be due to adverse events or lack of efficacy)**Mortality:** deaths from any cause, e.g., could be due to disease progression, lack of efficacy, or adverse events |
| Were harms or harm-related endpoints reported by group? | □Yes□No□General statement | Select all that apply (relevant if harms are NOT reported by group, but a general statement is provided).Use “general statement” for statements such as “No adverse events were reported,” the where breakdown by group is not specified. |