

Supplemental Files**Table S1: Timing of preprint to journal publication (days)****Table S2: Sensitivity Analysis of Discrepancies in Study Characteristics****Table S3: Sensitivity Analysis of Discrepancies in Outcome Reporting****Table S4: Sensitivity Analysis of Categories of Spin in Preprints and Journal Publications**

Table S1: Timing of preprint to journal publication (days)

	Days from preprint to published, mean (range)
All Studies (n=67)	65.4 (0 - 271)
Subgroup: Preprint posted before submission to journal (n=32)	87.1 (10 - 271)
Subgroup: Preprint posted after submission to journal (n=27)	52.2 (0 - 120)

Table S2: Sensitivity Analysis of Discrepancies in Study Characteristics (n=60) ^a

	No Discrepancies		Discrepancies		
	Reported in Both, No. (%)	Reported in Neither, No. (%)	Reported in Both With Discrepancies, No. (%)	Reported in Preprint Only, No. (%)	Reported in Journal Publication Only, No. (%)
Title	44 (73)	0 (0)	16 (27)	0 (0)	0 (0)
Authors	43 (72)	0 (0)	17 (28)	0 (0)	0 (0)
Disclosed Funding Source	39 (65)	3 (5)	10 (17)	6 (10)	2 (3)
COI Disclosure Statement	45 (75)	1 (2)	9 (15)	4 (7)	1 (2)
Ethics Approval	54 (90)	2 (3)	4 (7)	0 (0)	0 (0)
Location of Study	56 (93)	4 (7)	0 (0)	0 (0)	0 (0)
Number of Participants	54 (90)	0 (0)	6 (10)	0 (0)	0 (0)
Participant Demographics	34 (57)	3 (5)	22 (37)	0 (0)	1 (2)
Tables and Figures	15 (25)	0 (0)	45 (75)	0 (0)	0 (0)
Discussion of Limitations	23 (38)	6 (10)	30 (50)	0 (0)	1 (2)

^a Studies that had a preprint posted on-or-after the date of revision, acceptance, or publication were removed. This removed 1 study. Due to differences in journal reporting of these dates, there was overlap in those studies and no comparison in others. Therefore, we expanded the studies removed to include those with preprints posted 1-7 days before the date of revision, acceptance, or publication, thus removing 7 studies from the sensitivity analysis.

Table S3: Sensitivity Analysis of Discrepancies in Outcome Reporting (n=60) ^a

	Number (%) of studies with at least 1 discrepancy n=60	Number (%) of Outcomes n=242
Outcome in journal publication only	14 (23)	18 (7)
Outcome in preprint only	7 (12)	16 (7)
Outcome measurement	5 (8)	7 (3)
Units of measurement	3 (5)	3 (1)
Timepoint assessment was made	10 (17)	24 (10)
Numerical values reported	23 (38)	49 (20)
Finding of statistical significance	11 (18)	16 (7)
Statistical tests performed	16 (27)	30 (12)
Subgroup analyses conducted	13 (22)	23 (10)
Identifying the outcome as a primary or secondary outcome	1 (2)	3 (1)

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Table S4: Sensitivity Analysis of Categories of Spin in Preprints and Journal Publications (n=60)^a

	Neither, No. (%)	Both, No. (%)	Preprint Only, No. (%)	Journal Publication Only, No. (%)
Inappropriate interpretation given study design	49 (82)	6 (10)	4 (7)	1 (2)
Claiming causality in non-randomized studies	56 (93)	3 (5)	1 (2)	0 (0)
Interpreting a lack of statistical significance as equivalence	59 (98)	0 (0)	0 (0)	1 (2)
Interpreting a lack of statistical significance of harm measures as safety	58 (97)	1 (2)	0 (0)	1 (2)
Claim of any significant difference despite lack of statistical test	60 (100)	0 (0)	0 (0)	0 (0)
Other	54 (90)	2 (3)	4 (7)	0 (0)
Inappropriate extrapolations or recommendations	46 (77)	12 (20)	2 (3)	0 (0)
Suggestion that the treatment or test is more clinically relevant or useful than is justified given the study design.	54 (90)	5 (8)	1 (2)	0 (0)
Recommendations made to population groups / contexts outside of those investigated.	56 (93)	3 (5)	1 (2)	0 (0)
(Observational) Expressing confidence in a treatment or test without suggesting the need for further confirmatory studies	59 (98)	0 (0)	1 (2)	0 (0)
(Observational) Making recommendations without stating an RCT should be done to validate the recommendation	59 (98)	1 (2)	0 (0)	0 (0)
Other	56 (93)	3 (5)	1 (2)	0 (0)
Selective focusing on positive results or more favorable data presentation	48 (80)	7 (12)	2 (3)	3 (5)
Discussing only significant (non-primary) results to distract from non-significant (primary) results	59 (98)	0 (0)	1 (2)	0 (0)
Omitting non-significant results from Abstract/Discussion/Conclusion	58 (97)	1 (2)	0 (0)	1 (2)
Claiming significant effects for non-significant results	60 (100)	0 (0)	0 (0)	0 (0)
Acknowledge statistically nonsignificant results for the primary outcome but emphasize the beneficial effect of treatment	59 (98)	1 (2)	0 (0)	0 (0)

Describing non-significant results as "trending towards significance"	59 (98)	1 (2)	0 (0)	0 (0)
Mentioning adverse events in the abstract/discussion/conclusion but minimizing their potential effect or importance.	58 (97)	1 (2)	1 (2)	0 (0)
Misleading description of study design as one that is more robust	60 (100)	0 (0)	0 (0)	0 (0)
No considerations of the limitations of the study	58 (97)	2 (3)	0 (0)	0 (0)
Use of linguistic spin	59 (98)	0 (0)	0 (0)	1 (2)
Other	55 (92)	1 (2)	2 (3)	2 (3)

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