

## APPENDICES

### Appendix 1: Comparative chart including 23 related surveys of reporting of funding information in trials

Survey	Eligibility criteria	Number of trials	Year of trial publication	Characteristics of funding statement assessed in the survey	Main findings
Als-Nielsen 2003 [19]	RCTs included in eligible meta-analyses in Cochrane reviews	370	1971 - 2000	- Source of funding	Funding was not reported in 29%. 39% were funded by for-profit organisations.
Etter 2007 [25]	RCTs on nicotine replacement therapy in Cochrane review	90	1979 - 2003	- Source of funding	54% received pharmaceutical company support. 46% showed no evidence of pharmaceutical company support.
Mugambi 2013 [5]	RCTs on infant formula supplementation of symbiotics, probiotics, or prebiotics	67	1980 - 2012	- Source of funding	60% were funded by food industry. 24% did not specify their source of funding.
Rochon 1994 [34]	Manufacturer-associated RCTs of NSAIDs listed in MEDLINE	52	1987 - 1990	- Grant support - Pharmaceutical authorship - Provision of supplies - Published in a pharmaceutical sponsored journal supplement	19% reported grant support. 36.5% reported pharmaceutical authorship. 13.5% reported that manufacturer supplied drug. 31% were published in a pharmaceutical sponsored journal supplement.
Momeni 2008 [29]	Trials published in 4 major plastic surgery journals	346	1990 - 2005	- Source of funding	20% reported on financial support, of which 60% were supported by industrial sponsorship.

Yaphe 2001 [39]	RCTs of drugs or food products published in 5 medical journals	314	1992 - 1994	- Source of funding - Pharmaceutical authorship - Provision of supplies	68% received pharmaceutical industry support. 33% received support as manpower (authorship or statistical help). 21% received support as supply of drugs.
Peppercorn 2007 [31]	Breast cancer clinical trials published in 10 medical journals	140	1993, 1998, 2003	- Source of funding - Pharmaceutical authorship	48% were categorised as pharmaceutical studies. 26% reported pharmaceutical industry authorship.
Bero 2007 [20]	Reports of RCTs comparing statin drugs	192	1995 - 2005	- Source of funding - Role of funder	39% had no disclosure or no funding. 49% disclosed funding from industry, of which 21% disclosed the role of the sponsor.
Djulbegovic 2000 [24]	RCTs for multiple myeloma	130	1996 - 1998	- Source of funding	26% reported funding solely or in part by commercial organisations.
Clifford 2002 [23]	RCTs published in 5 high impact factor general medical journals	100	1999 - 2000	- Source of funding	94% were funded, of which 66% were funded in whole or in part by industry. 6% did not disclose their source of funding.
Bhandari 2004 [21]	RCTs published in 8 surgical and 5 medical journals	332	1999 - 2001	- Source of funding	44% had no reported funding. 37% reported funding by industry.
Tuech 2005 [36]	Phase III cancer RCTs published in 12 journals	655	1999 - 2003	- Source of funding - Role of funder	35% were industry-sponsored, of which 18% reported the role of the study sponsor. 21% did not disclose funding and only 1 trial disclosed no financial support.
Shah 2005 [35]	Articles published in the Spine journal	34	2000 - 2003	- Source of funding	23% were industry funded.
Tungaraza 2007 [37]	Original papers on psychiatric drug treatment published in two journals	132	2000 - 2004	- Source of funding - Pharmaceutical authorship	85% were industry-funded. 40% were industry-authored studies.

Ridker 2006 [33]	Cardiovascular medicine RCTs published in 3 medical journals	349	2000 - 2005	- Source of funding	31% were financed by not-for-profit organisations, 44% by for-profit manufacturers, and 19% by both. 6% noted no source of funding.
Voineskos 2016 [38]	Surgical RCTs	173	2000 - 2013	- Source of funding	58% did not acknowledge a source of funding. 14% reported funding from for-profit sources. 10% explicitly reported ‘no funding received’.
Montogom -ery 2004 [30]	RCTs on second generation antipsychotics for the management of schizophrenia	86	2002	- Source of funding	84% were industry-funded. 16% were non-industry-funded.
Perlis 2005 [32]	RCTs published in one of the four dermatology journals with the highest science citation impact factor scores and total citations	179	2002	- Source of funding	57% reported receiving at least some industry support. 26% had no information about funding.
Khan 2012 [27]	RCTs of drug therapy for rheumatoid arthritis	103	2002 – 2003 2006 - 2007	- Source of funding	62% had complete or partial industry funding. 19% had an unspecified funding source.
Hodgson 2014 [26]	RCTs in chronic wound care	167	2004 - 2011	- Source of funding	35% were reported as having been commercially funded. 26% either did not report the source of funding or the status of funding source was unclear.
Bridoux 2014 [22]	Surgical trials published in 10 surgery journals with impact factor >2	657	2005 - 2010	- Source of funding - Role of funder	47% disclosed funding. Of those, 39% reported funding from industry or mixed funding, of which 35% reported the role of study sponsor.

Lundh 2012 [28]	RCTs published in The Lancet and fully funded by a drug or device company	69	2008 - 2009	- Role of funder	Sponsor had a role in: Review and verification of information (71%) Entry of data into the study database (75%) Data storage (64%) Data analysis (58%) Coordinating writing of the manuscript (35%) Medical writing assistance (54%) Protocol writing (99%) Co-authorship (81%) Publication of results through co-authorship or approval/review of the paper (93%)
Current survey	RCTs published in any of the 119 Core Clinical Journals, not restricted to a specific clinical domain	200	2015	- Source of funding - Amount - Provision of supplies - Role of funder	89% included a funding statement, of which 96% reported being funded.  Of the funded trials (N=171): - 100% specified the source; - 40% received funding from private-for-profit sources; - 1% reported the amount of funding; - 21% of pharmacological/surgical trials (N=139) reported information on supplies. - 50% reported on the roles of funders (26% as involved and 24% as not involved).

RCT: randomised controlled trial

References of studies included in Table 1  
(in order of appearance in the manuscript)

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## **Appendix 2:** Search strategy

We searched Ovid Medline (In-Process & Other Non-Indexed Citations and Ovid MEDLINE) in September 2015 using the MEDLINE (Ovid interface) search strategy for randomized controlled trials (Filter obtained from the Cochrane Handbook, under the Cochrane Highly Sensitive Search Strategy for identifying randomized trials in MEDLINE: sensitivity- and precision-maximizing version (2008 revision):

1. randomized controlled trial.pt.
2. controlled clinical trial.pt.
3. randomized.ab.
4. placebo.ab.
5. clinical trials as topic.sh.
6. randomly.ab.
7. trial.ti.
8. 1 or 2 or 3 or 4 or 5 or 6 or 7
9. exp animals/ not humans.sh.
10. 8 not 9
11. limit 10 to ("core clinical journals (aim)" and yr="2015")

### **Appendix 3:** Types of funding sources

Internal funding	author is the “Chair of –”; intramural fund; provided by institution, university, hospital affiliation, academic affiliation
External funding:	
1. <i>Government</i>	national, regional (province, county), or governmental body, organisation, or association
2. <i>Private-for-profit</i>	drug/device industry or private company
3. <i>Private not-for-profit with evidence of support by private-for-profit that is a health industry</i>	foundation or organisation that receives funding from a drug industry, as stated in information provided online
4. <i>Private not-for-profit with evidence of support by private-for-profit that is not a health industry</i>	foundation or philanthropy that was founded by billionaires or that receives funding from a private industry that is not known to produce drugs/devices, as stated in information provided online
5. <i>Private not-for-profit with no evidence of support by private-for-profit</i>	foundation or organisation that is not known to receive funding from any governmental or private company, as stated in information provided online

**Appendix 4:** Process followed to verify whether a private not-for-profit organisation was supported by a private-for-profit entity

- 1- We searched for the official website of the funding source reported in the trial using an online search engine (e.g., Google).
- 2- We searched for relevant information in the following sections: About Us, Who we are, Supporters, Donors, Partners, Partnerships, Sponsors, Financial support, Financial statements, Finances, Financials.
- 3- If no relevant information was obtained from the official website, we searched the organisation on Wikipedia, LinkedIn profiles and Facebook.

PS: We did not contact funding sources to obtain any additional information.

## **Appendix 5:** Details of the multivariable logistic regression analyses

### Analysis 1

#### Dependent variable (categorical)

- Reporting being funded (funded vs. not funded/not reported); all trials (N=200)

#### Independent variables

1. Type of intervention (categorical, pharmacologic vs. non-pharmacologic)
2. Paper is the first one reporting on the findings of the trial (categorical, yes vs. no)
3. Conflict of interest disclosure (COI present vs. COI absent/not reported)  
*We did not include this variable in the final model since we found it to be highly correlated with the dependent variable.*
4. Level of risk of bias associated with allocation concealment (categorical, low risk vs. high risk/unclear)
5. Journal impact factor (continuous)
6. Number of trial sites (continuous)
7. Classification of the country of the institution to which the first author is affiliated (categorical, high-income vs. middle or low-income)
8. Journal requirement for reporting on the role of funder (categorical, yes vs. no)

## Analysis 2

Dependent variable (categorical)

- Explicit reporting of the role of funder (reported vs. not reported); trials that reported being funded (N=171)

Independent variables

In addition to the eight independent variables listed in analysis 1, we also included the following variable:

9. Funding from private-for-profit source(s) as opposed to all other types of funding sources (categorical, yes vs. no)

## Results

	Analysis 1		Analysis 2	
	Adjusted OR (95% CI)	p-value	Adjusted OR (95% CI)	p-value
Type of intervention (pharmacologic as opposed to non-pharmacologic)	0.84 (0.29 – 2.54)	0.758	1.60 (0.71 – 3.63)	0.260
Paper is the first one reporting on the findings of the trial	1.24 (0.21 – 7.30)	0.815	2.67 (0.94 – 7.58)	0.065
Level of risk of bias associated with allocation concealment (low risk as opposed to high risk/unclear)	0.62 (0.16 – 2.40)	0.489	0.47 (0.19 – 1.16)	0.100
Journal impact factor	1.44 (1.09 – 1.90)	0.011 *	1.07 (1.04 – 1.10)	<0.0001 *
Number of trial sites	1.25 (0.97 – 1.62)	0.082	0.99 (0.99 – 1.00)	0.299
Classification of the country of the institution to which the first author is affiliated (high-income as opposed to middle or low-income)	0.09 (0.02 – 0.37)	0.001 *	2.85 (0.44 – 18.23)	0.270
Journal requirement for reporting on the role of funder	1.04 (0.36 – 3.03)	0.947	3.76 (1.64 – 8.62)	0.002 *
Funding from private-for-profit source(s) (as opposed to all other types of funding sources)	N/A	N/A	5.7 (2.37 – 13.85)	<0.0001 *

OR = odds ratio; CI = confidence interval

\* p-values for statistically significant associations.

**Appendix 6:** Instrument for reporting of funding information

Please see the PDF supplementary file (does not include tracked changes).