

# Reporting checklist for protocol of a clinical trial.

Based on the SPIRIT guidelines.

## Instructions to authors

Complete this checklist by entering the page numbers from your manuscript where readers will find each of the items listed below.

Your article 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 write "n/a" and provide a short explanation.

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In your methods section, say 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

		Reporting Item	Page Number
<b>Administrative information</b>			
Title	<a href="#">#1</a>	Descriptive title identifying the study design, population, interventions, and, if applicable, trial acronym	01
Trial registration	<a href="#">#2a</a>	Trial identifier and registry name. If not yet registered, name of intended registry	03, 07
Trial registration: data set	<a href="#">#2b</a>	All items from the World Health Organization Trial Registration Data Set	Supplement file
Protocol version	<a href="#">#3</a>	Date and version identifier	02
Funding	<a href="#">#4</a>	Sources and types of financial, material, and other support	02

Roles and responsibilities: contributorship	<a href="#">#5a</a>	Names, affiliations, and roles of protocol contributors	01,02
Roles and responsibilities: sponsor contact information	<a href="#">#5b</a>	Name and contact information for the trial sponsor	01, 02
Roles and responsibilities: sponsor and funder	<a href="#">#5c</a>	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	02
Roles and responsibilities: committees	<a href="#">#5d</a>	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)	01,02
<b>Introduction</b>			
Background and rationale	<a href="#">#6a</a>	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	05-7
Background and rationale: choice of comparators	<a href="#">#6b</a>	Explanation for choice of comparators	05-7
Objectives	<a href="#">#7</a>	Specific objectives or hypotheses	07
Trial design	<a href="#">#8</a>	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)	07
<b>Methods: Participants,</b>			

## interventions, and outcomes

Study setting	<a href="#">#9</a>	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	07
Eligibility criteria	<a href="#">#10</a>	Inclusion and exclusion criteria for participants. If applicable, eligibility criteria for study centres and individuals who will perform the interventions (eg, surgeons, psychotherapists)	07-8
Interventions: description	<a href="#">#11a</a>	Interventions for each group with sufficient detail to allow replication, including how and when they will be administered	09-10
Interventions: modifications	<a href="#">#11b</a>	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)	14
Interventions: adherence	<a href="#">#11c</a>	Strategies to improve adherence to intervention protocols, and any procedures for monitoring adherence (eg, drug tablet return; laboratory tests)	09
Interventions: concomitant care	<a href="#">#11d</a>	Relevant concomitant care and interventions that are permitted or prohibited during the trial	09
Outcomes	<a href="#">#12</a>	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	10-12
Participant timeline	<a href="#">#13</a>	Time schedule of enrolment, interventions (including any run-ins and washouts), assessments, and visits for participants. A schematic diagram is highly recommended (see Figure)	13

Sample size	<a href="#">#14</a>	Estimated number of participants needed to achieve study objectives and how it was determined, including clinical and statistical assumptions supporting any sample size calculations	15,16
Recruitment	<a href="#">#15</a>	Strategies for achieving adequate participant enrolment to reach target sample size	08

**Methods:****Assignment of interventions (for controlled trials)**

Allocation: sequence generation	<a href="#">#16a</a>	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	09
Allocation concealment mechanism	<a href="#">#16b</a>	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	09
Allocation: implementation	<a href="#">#16c</a>	Who will generate the allocation sequence, who will enrol participants, and who will assign participants to interventions	09
Blinding (masking)	<a href="#">#17a</a>	Who will be blinded after assignment to interventions (eg, trial participants, care providers, outcome assessors, data analysts), and how	09
Blinding (masking): emergency unblinding	<a href="#">#17b</a>	If blinded, circumstances under which unblinding is permissible, and procedure for revealing a participant's allocated intervention during the trial	NA

**Methods: Data collection, management, and analysis**

Data collection plan	<a href="#">#18a</a>	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	14-16
Data collection plan: retention	<a href="#">#18b</a>	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	14-16
Data management	<a href="#">#19</a>	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	14-16
Statistics: outcomes	<a href="#">#20a</a>	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	14-16
Statistics: additional analyses	<a href="#">#20b</a>	Methods for any additional analyses (eg, subgroup and adjusted analyses)	14-16
Statistics: analysis population and missing data	<a href="#">#20c</a>	Definition of analysis population relating to protocol non-adherence (eg, as randomised analysis), and any statistical methods to handle missing data (eg, multiple imputation)	14-16
<b>Methods: Monitoring</b>			
Data monitoring: formal committee	<a href="#">#21a</a>	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	14-16

		protocol. Alternatively, an explanation of why a DMC is not needed	
Data monitoring: interim analysis	<a href="#">#21b</a>	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	14
Harms	<a href="#">#22</a>	Plans for collecting, assessing, reporting, and managing solicited and spontaneously reported adverse events and other unintended effects of trial interventions or trial conduct	14
Auditing	<a href="#">#23</a>	Frequency and procedures for auditing trial conduct, if any, and whether the process will be independent from investigators and the sponsor	14-16
<b>Ethics and dissemination</b>			
Research ethics approval	<a href="#">#24</a>	Plans for seeking research ethics committee / institutional review board (REC / IRB) approval	03, 15-6
Protocol amendments	<a href="#">#25</a>	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)	16
Consent or assent	<a href="#">#26a</a>	Who will obtain informed consent or assent from potential trial participants or authorised surrogates, and how (see Item 32)	08
Consent or assent: ancillary studies	<a href="#">#26b</a>	Additional consent provisions for collection and use of participant data and biological specimens in ancillary studies, if applicable	08
Confidentiality	<a href="#">#27</a>	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	03, 08
Declaration of interests	<a href="#">#28</a>	Financial and other competing interests for principal investigators for the overall trial and each study site	02

Data access	<a href="#">#29</a>	Statement of who will have access to the final trial dataset, and disclosure of contractual agreements that limit such access for investigators	16
Ancillary and post trial care	<a href="#">#30</a>	Provisions, if any, for ancillary and post-trial care, and for compensation to those who suffer harm from trial participation	16
Dissemination policy: trial results	<a href="#">#31a</a>	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	16
Dissemination policy: authorship	<a href="#">#31b</a>	Authorship eligibility guidelines and any intended use of professional writers	16
Dissemination policy: reproducible research	<a href="#">#31c</a>	Plans, if any, for granting public access to the full protocol, participant-level dataset, and statistical code	16
<b>Appendices</b>			
Informed consent materials	<a href="#">#32</a>	Model consent form and other related documentation given to participants and authorised surrogates	08
Biological specimens	<a href="#">#33</a>	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

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**Table A: Items from the World Health Organization Trial Registration Data Set**

<b>Data category</b>	<b>Information</b>
Primary registry and trial identifying number	ACTRN12621001533886
Date of registration in primary registry	10/11/2021
Secondary identifying numbers	Nil
Source(s) of monetary or material support	NHMRC
Primary sponsor	NHMRC
Secondary sponsor	NHMRC
Contact for public queries	RW ( <a href="mailto:rebecca.wyse@health.nsw.gov.au">rebecca.wyse@health.nsw.gov.au</a> )
Contact for scientific queries	RW ( <a href="mailto:rebecca.wyse@health.nsw.gov.au">rebecca.wyse@health.nsw.gov.au</a> )
Public title	The effectiveness and cost-effectiveness of a web-based intervention to support colorectal cancer patients prepare for and recover from surgery: A randomised controlled trial of the RecoverEsupport intervention
Scientific title	A randomised controlled trial of the effectiveness and cost-effectiveness of RecoverEsupport, a web-based intervention to support colorectal cancer patients' preparation for and recovery from surgery
Countries of recruitment	Australia
Health condition(s) or problem(s) studies	Colorectal Cancer
Intervention	Active comparator: RecoverEsupport digital health intervention
	Control comparator: Usual care
Key inclusion and exclusion criteria	Ages eligible for study: adults aged 18 to 80
	Inclusion criteria: planned bowel resection for colorectal cancer; have an expected inpatient stay of at least 3 days; considered to not be high risk (i.e. are not referred to a High Risk clinic); have internet access; and are literate in English
	Exclusion criteria: Patients who are unable to provide independent informed consent; those with advanced disease who have taken daily opiate analgesia for more than 1 month of the prior 12 months; and those who require emergency surgery or insertion of a stent
Study type	Randomised controlled trial
Date of first enrolment	06/07/2022
Target sample size	334
Recruitment status	Recruiting
Primary outcomes	Length of Stay
Key secondary outcomes	Days Alive and Out of Hospital, Quality of life, number of Emergency Department presentations, ERAS behaviours, Health care costs, usability and acceptability of digital intervention



