

concealment mechanism		describing any steps taken to conceal the sequence until interventions were assigned	Study protocol
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Study protocol
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Method section, Study protocol
	11b	If relevant, description of the similarity of interventions	N/A
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Method section, Study protocol
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Method section, Study protocol
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Result section
	13b	For each group, losses and exclusions after randomisation, together with reasons	Result section
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Result section
	14b	Why the trial ended or was stopped	N/A
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Result section
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Result section
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Method section Result section
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	N/A
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Method section Result section
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	Result section
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Result section
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Discussion
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Result section Discussion

Other information

Registration	23	Registration number and name of trial registry
Protocol	24	Where the full trial protocol can be accessed, if available
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders

Method section

Protocol S1

Acknowledge-
ment section

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.