Supplemental Material S1. 2010 checklist of information to include when reporting a randomised trial (Schulz, Altman, & Moher, 2010).

Section/Topic	Item #	Checklist item	Reported on page #
Title and abstract			
	1a	Identification as a randomised trial in the title	N/R
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts (see Hopewell, Clarke, Moher, Wager, Middleton, Altman, Schulz, & CONSORT Group, 2008a; Hopewell, Clarke, Moher, Wager, Middleton, Altman, Schulz, & CONSORT Group, 2008b)	91
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	91-94
	2b	Specific objectives or hypotheses	94
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	94
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	N/A
Participants	4a	Eligibility criteria for participants	94
	4b	Settings and locations where the data were collected	96
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Supplemental Material S3, Supplemental Material S4
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	95 (Figure 1); 97-100
	6b	Any changes to trial outcomes after the trial commenced, with reasons	N/A
Sample size	7a	How sample size was determined	N/R
	7b	When applicable, explanation of any interim analyses and stopping guidelines	N/A
Randomisation:			

Sequence generation	8a	Method used to generate the random allocation sequence	95
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	95
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	95
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	95
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	95-96
	11b	If relevant, description of the similarity of interventions	96-97
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	97-100
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	N/A
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	Supplemental Material S2
	13b	For each group, losses and exclusions after randomisation, together with reasons	97
Recruitment	14a	Dates defining the periods of recruitment and follow-up	N/R
	14b	Why the trial ended or was stopped	96
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	96 (Table 1)
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	97
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)	97-100
	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	100
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms (see Ioannidis, Evans, Gøtzsche, O'Neill, Altman, Schulz, Moher, & CONSORT Group, 2004)	N/A

Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	102
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	102
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	100-101
Other information			
Registration	23	Registration number and name of trial registry	N/A
Protocol	24	Where the full trial protocol can be accessed, if available	N/A
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	102

Notes. N/R = not reported. N/A = not applicable.

References

Hopewell, S., Clarke, M., Moher, D., Wager, E., Middleton, P., Altman, D. G., Schulz, K. F., & CONSORT Group. (2008a). CONSORT for reporting randomised trials in journal and conference abstracts. *Lancet, 371*, 281–283. https://doi.org/10.1016/S0140-6736(07)61835-2

Hopewell, S., Clarke, M., Moher, D., Wager, E., Middleton, P., Altman, D. G., Schulz, K. F., & CONSORT Group. (2008b). CONSORT for reporting randomized controlled trials in journal and conference abstracts: Explanation and elaboration. *PLoS Med., 5,* e20. https://doi.org/10.1371/journal.pmed.0050020

Ioannidis, J. P., Evans, S. J., Gøtzsche, P. C., O'Neill, R. T., Altman, D. G., Schulz, K., Moher, D., & CONSORT Group (2004). Better reporting of harms in randomized trials: An extension of the CONSORT statement. *Annals of Internal Medicine, 141*, 781-788. https://doi.org/10.7326/0003-4819-141-10-200411160-00009.

Schulz, K. F., Altman, D. G., & Moher, D. (2010). CONSORT 2010 statement: Updated guidelines for reporting parallel group randomised trials. *BMJ, 340*, c332. https://doi.org/10.1136/bmj.c332