

Supplemental Table 2: Similarities in the results reported by Amin and Amir (2011) and Amin (2014)

	Amin and Amr 2011	Amin and Amr 2011	Amin 2014	Amin 2014	Amin 2014
	Gabapentin	Paracetamol	Gabapentin	Dexamethasone only	Dexamethasone and Gabapentin
Number	35	35	40 (text) / 30 (table)	40 (text) / 30 (table)	40 (text) / 30 (table)
Age (mean)	5.3±1.08	4.8±1.24	5.3±1.08	4.8±1.24	5.1±1.1
Weight (mean)	16.4±1.93	16.1±1.71	16.4±1.93	16.1±1.71	17.3±1.64
Duration anaesthesia (mean)	32±6.16	32.75±6.58	32±6.16	32.75±6.58	33.5±7.51
Pethidine consumption (mean)	8±10.05	16.25±11.57	8±10.05*(text) / 8.97±6.49 (table)	16.25±11.57	5.31±4.45*(text) / 5.8±5.75 (table)
Time to first analgesic (mean)	7.95±2.06	5.85±1.87	7.95±2.06	5.85±1.87	14.5±3.54
Pain score scale	VAS		FLACC		
@2 hrs (mean)	0.98±0.73	1.7±0.86	0.90±1.73	1.03±0.85	0.63±0.70
@4 hrs (mean)	1.55±1.19	3.55±0.95	1.37±1.85	2.17±0.59	0.97±0.85
@6 hrs (mean)	4.05±1.61	5.20±0.89	2.2±0.80	30.13±0.68	1.10±0.84
@8 hrs (mean)	4.3±0.27	5.90±0.79	4.3±0.27	5.90±0.79	2.4±0.62
@12 hrs (mean)	5.3±0.83	5.56±1.08	5.40±0.84	5.85±1.08	4.54±1.52
@24 hrs (mean)	4.45±0.9	4.30±0.65	4.45±0.90	4.30±0.65	4.9±0.71

Comparison of the results of the two papers raises concern, as illustrated below where the red text indicates identical mean and standard error values between the gabapentin groups for both papers, purple text for between the comparator groups, and blue illustrates errors.

It is highly implausible that the demographics for the included individuals in two randomized controlled clinical trials would be identical. Of even greater concern, it is also highly implausible

that the primary outcomes presented in both papers would also be identical (to the value of the second decimal point of standard error), particularly in trials where the comparator has varied.

There is no rational explanation for these results other than fabrication of trial data. The trial reports describe an entirely different population of children being eligible for the 2011 vs 2014 studies, including different patient numbers, different exclusion criteria, different surgical detail (including 4 different surgeons in the 2011 study, and only 1 surgeon in the 2014 study), different methods of post-operative care and different methods of assessing the study outcome pain (visual analogue scale vs FLACC scale). This implies the included populations differed, as would be expected in prospective, blinded randomized controlled trials. With the exception of the highlighted numerical errors in the 2014 study, the results in the table match the abstract and full text, which suggest the intended tables are appended to the manuscripts.

These papers are being used to inform evidence. Based on citation values from Google Scholar and ResearchGate, the first paper, Amin, Amr ¹ has been cited seven times in total – although notably not by the author Amin in his second paper (for which Amr is no longer an author) even though it compares the same intervention in the same demographic for the same condition. The second paper ² has had a total of ten citation – three of those already citing the first article ³⁻⁵, along with seven further references. These included: one letter ⁶, one clinical guidelines ⁷, one observational study discussion ⁸, five randomized controlled trial discussions ^{4,9-12}, two narrative reviews ^{13,14}, two systematic reviews not regarding the interventions ^{15,16}, one relevant systematic review regarding the use of gabapentin for perioperative analgesia ⁵ and one relevant meta-analysis regarding the efficacy of gabapentin/pregabalin in improving pain after tonsillectomy ³. No

concerns have previously been raised by any of the publications. The pertinent systematic review and the meta-analysis both included each of the Amin papers, and provided positive review, with the systematic review judging the 2011 and 2014 papers to have a score of 2 and 4 respectively on scale of 2 to +5⁵, while the relevant meta-analysis considered them both to be at a low risk of bias.

It is important to establish whether the citing reviews' conclusions remain valid, and to subsequently correct or retract these articles as appropriate.

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