Appendix 1: Adapted Version of CONSORT for Abstracts statement explanations[1,2]

1. Abstract (if criteria reported in abstract)
2. FulltextOnly (if criteria not reported in abstract but reported in fulltext)
3. NotReported (if criteria not reported in abstract and not reported in fulltext)

Criteria	Explanation
Title: Identification of the study as randomized	Authors should state explicitly in the title that the participants were randomly assigned to their comparison groups. - Title - Criteria reported in title (counts if randomized is in the subtitle) - Abstract - Criteria not reported in title but reported in abstract - FulltextOnly - Criteria not reported in title or abstract but reported in fulltext - NotReported - Criteria not reported in title, abstract, or fulltext"
Trial Design: Description of the trial design	The design of the trial should be described: E.G. parallel group, cluster randomized, crossover, factorial, superiority, equivalence/noninferiority, etc. Note: Trial design needs to be clear. I.E. If it is a superiority trial, should state that design is to test whether one is better. Parallel group does not need to be explicitly stated if it is mentioned that subjects are randomized to different groups. - If authors only state that they are comparing two interventions (not to see whether one is better or to see whether they are equivalent), no credit should be given since they are not clear enough. However, if the sample size calculation shows that superiority is hypothesized, "trial design" would be credited with "full text only."
Participants: Eligibility criteria for participants and the settings	A clear description of BOTH the **trial participants** and **setting in which they were studied** is needed. Participant eligibility criteria may relate to demographics, clinical diagnosis, and comorbid conditions while the trial may be performed in a particular setting (e.g. primary, secondary, or tertiary care).
Interventions: Interventions intended for each group	The essential features of the experimental and comparison interventions should be described. Authors should report details about the interventions (e.g. dose, route of administration, duration of administration, frequency, surgical procedure, or manufacturer of inserted device). - As long as clear and specific what was used
Objective: Specific objective or hypothesis	A clear statement of the specific objective or hypothesis addressed in the trial. If more than one objective is addressed, the main objective (i.e. based on the prespecified primary outcome) should be indicated and only key secondary objectives stated. - If authors only state that they are comparing two interventions (not to see whether one is better or to see whether they are equivalent), no credit should be given since they are not clear enough.
Outcome: Clearly defined primary outcome for this report	Authors should explicitly state the primary outcome for the trial and when it was assessed (e.g., the time frame over which it was measured). - Need to specify "primary outcome/endpoint"
Randomization:	The method for assigning participants to interventions is clearly described.

How participants were allocated to interventions	Note: Need to specify how participants were allocated (just a computer-generated randomization list is not enough) Examples of approaches used to ensure adequate concealment include: centralised (e.g. allocation by a central office) or pharmacy-controlled randomization; sequentially numbered identical containers that are administered serially to participants; on-site computer system combined with allocations kept in a locked, unreadable computer file that investigators can access only after the characteristics of an enrolled participant are entered; and sequentially numbered, opaque sealed envelopes.
Blinding (masking): Participants, caregivers, or outcome assessors blinded to group assignment	It is important that authors describe whether or not participants, those administering the intervention (usually health-care providers), and those assessing the outcome (the data collectors and analysts) were blinded to the group allocation. Authors should report if any form of blinding (such as blinding of data analysts) was used. - If there is no blinding, authors should state "no blinding, no masking, etc." in order to count - Using a placebo counts as participant blinding - Using terms such as "single" or "double" blinding fulfills this criteria Blinding refers to the practice of keeping the trial participants, care providers, data collectors, and sometimes those analysing the data, unaware of which intervention is being administered to which participant, so that they will not be influenced by that knowledge. The term masking is sometimes used instead of blinding.
Numbers randomized: Subjects randomized to each group	The number of participants **randomized** to each intervention group is an essential element of the results of a trial. - Only counts if a number is provided for each group
Recruitment: Trial status	Authors should describe the status of the trial and whether it is still ongoing, closed to recruitment, or closed to follow-up. If the trial has stopped earlier than planned it is important to say why. - Note: If they reach their target sample size, we can assume that the trial is completed (full-text only if target sample size and number studied is only in full-text) - Okay if they provided a date of when data collection ended Possible reasons for early termination include: slow accrual rates, poor data quality, poor adherence, resource deficiencies, unacceptable harms or large benefits, or emerging information that makes the trial irrelevant, unnecessary, or unethical.
Numbers analysed: Participants analysed in each group	Authors should report the number of participants included **in the analysis** for each intervention group. - State numbers analyzed for entire trial or for primary outcome (stating for a secondary outcome only does not count I.E. 10/20 people achieved the secondary outcome is not enough but 10/20 people achieved the primary outcome is enough) - Only counts if a number is provided for each group
Outcome: A result	For the primary outcome, authors should report trial results as a summary of

for each group, overall effect size, and precision	the outcome in each group (e.g. the number of participants with or without the event, or the mean and standard deviation of measurements), together with the contrast between groups known as the effect size (with uncertainty such as 95% CI). For binary outcomes, the effect size could be the relative risk, relative risk reduction, odds ratio, or risk difference. For survival time data, the measurement could be the hazard ratio or difference in median survival time. For continuous data, the effect measure is usually the difference in means. - For primary outcome only (need all of the following elements) - Continuous: Mean of each group, effect size (difference between groups), 95% CI (some measure of uncertainty for these values) - Binary (# with/without event in each group, effect size, 95% CI - Effect size (comparison between groups) can be difference, ratio, odds, etc. Authors should present confidence intervals for the contrast between groups and as a measure of the precision (uncertainty) of the estimate of the effect. For abstracts not reporting the ''primary'' outcome of the trial (e.g. abstracts focusing on safety data or economic impacts), the secondary nature of the outcomes should be indicated, and, where possible, sufficient details of the primary outcome should be included to allow other findings to be taken in the proper context.
Harms: Important adverse events or side effects	Authors should describe any important adverse (or unexpected) effects of an intervention in the abstract. If no important adverse events have occurred, the authors should state this explicitly.
Conclusions: General interpretation of the results	The conclusions of the trial, consistent with the results reported in the abstract, should be clearly stated along with their clinical application (avoiding over-generalisation). Authors should balance the benefits and harms in their conclusions. Where applicable, authors should also note whether additional studies are required before the results are used in clinical settings.
Trial registration: Registration number and name of trial register	In an abstract reporting a trial, authors should provide details of the trial registration number and name of trial register. - Automatically completed as "notreported" if trial marked as not registered on registration tab OR registration info provided after email to author.
Funding: Source of funding	Authors should report the source of funding for the trial as this is important information for readers assessing a trial. Similarly, authors should report any other sources of support, such as in the preparation of the abstract, presentation, or manuscript. - Funding source needs to be in abstract in order to input "abstract"

1. Hopewell S, Clarke M, Moher D, et al. CONSORT for Reporting Randomized Controlled Trials in Journal and Conference Abstracts: Explanation and Elaboration. von Elm E, ed. *PLoS Med*. 2008;5(1):e20. doi:10.1371/journal.pmed.0050020.
2. Hopewell S, Clarke M, Moher D, et al. CONSORT for reporting randomised trials in journal and conference abstracts. *Lancet*. 2008;371(9609):281-283. doi:10.1016/S0140-6736(07)61835-2.

Appendix 2 – Adherence to *CONSORT for Abstracts* reporting items in RCTs (breakdown by journal in 2016)

Abstract: Proportion of trials with the checklist item reported

Full-text only: Of trials with the checklist item not reported in the abstract, the proportion of trials with the checklist item reported in the manuscript

A=*Anaesthesia* (n=38); B=*Anesthesia & Analgesia* (n=33); C=*Anesthesiology* (n=26); D=*British Journal of Anaesthesia* (n=34); E=*Canadian Journal of Anesthesia* (n=21); F= *European Journal of Anaesthesiology* (n=24)

p-value: Pearson's chi-squared test for differences between journals

	Abstract							**Full-text only**						
	A	**B**	**C**	**D**	**E**	**F**	***p***	**A**	**B**	**C**	**D**	**E**	**F**	***p***
Title	0.35	0.49	0.41	0.53	0.76	0.44	0.005	1	1	1	1	1	1	N/A
Trial Design	0.09	0.20	0.57	0.29	0.24	0.29	<0.001	0.56	0.50	0.39	0.67	0.32	0.60	<0.001
Methods														
Participants	0.20	0.04	0.33	0.41	0.05	0.25	<0.001	0.79	0.50	0.39	0.26	0.73	0.25	<0.001
Interventions	0.42	0.71	0.78	0.71	0.62	0.78	0.001	0.57	0.29	0.22	0.29	0.38	0.22	0.001
Objective	0.07	0.39	0.43	0.30	0.32	0.32	0.001	0.54	0.26	0.47	0.41	0.46	0.29	0.015
Outcome	0.19	0.38	0.49	0.41	0.46	0.29	<0.001	0.58	0.22	0.39	0.21	0.38	0.12	<0.001
Randomization	0.01	0.02	0.02	0.01	0	0.01	0.434	0.81	0.73	0.80	0.77	0.89	0.65	0.011
Blinding (masking)	0.19	0.44	0.49	0.44	0.30	0.40	0.001	0.70	0.46	0.39	0.44	0.65	0.41	<0.001
Results														
Numbers randomized	0.53	0.31	0.29	0.39	0.49	0.37	0.946	0.47	0.47	0.63	0.57	0.46	0.51	0.946
Recruitment	0.05	0.07	0.06	0.09	0.19	0.18	0.005	0.90	0.78	0.90	0.90	0.78	0.63	0.027
Numbers analyzed	0.15	0.14	0.27	0.17	0.24	0.12	0.053	0.85	0.76	0.71	0.83	0.73	0.75	0.053
Outcome	0.10	0.27	0.33	0.16	0.51	0.09	<0.001	0.17	0.16	0.27	0.09	0.14	0.04	0.088
Harms	0.37	0.57	0.51	0.64	0.54	0.60	0.038	0.41	0.30	0.31	0.24	0.16	0.34	0.003
Conclusions	0.72	0.98	1	0.97	0.95	0.97	<0.001	0.23	0.02	0	0.01	0.05	0.01	<0.001
Trial registration	0.01	0.01	0	0.53	0.54	0.35	<0.001	0.25	0.51	0.65	0.14	0.16	0.06	<0.001
Funding	0	0	0	0	0	0	N/A	0.84	0.82	1	0.76	0.81	0.69	<0.001