

## APPENDIX 1

### **Instructions for Reframing for Reviewers**

*Classification should be based on the characteristics of the **interventions** as opposed to the hypothesis or purpose of the trial that authors have provided. Standard of care can be no treatment, wait and see, a conservative treatment and operative treatment and active treatment, etc.*

A study should be classified as **superiority** if:

- An intervention is being added to the standard of care
- An intervention will replace the standard of care
- I.e. conservative (usual care) vs operative (since operative carries more risks/most costly, operative would need to be shown to be superior to conservative)

A study should be classified as **non-inferiority** if:

- An existing intervention (or parts of) is being taken away (i.e. in-person visit (usual care) being replaced with an eHealth app, inpatient THA (usual care) vs outpatient THA)
- A treatment that is less costly (but may have more adverse events) is compared to the standard of care
- A treatment is expected to be less effective (but may cost less or have fewer side effects) compared to standard of care

A study should be classified as **equivalence** if:

- Two similar treatments for the same disease are compared (i.e. two common elbow surgeries for the same elbow problem, plating vs no plating in clavicle surgery, BMAC vs. PRP, anterior vs. posterior THA) and the intention is to recommend them as interchangeable, offering identical outcomes, risk profiles, etc.

A study should be classified as **equality** if:

- the study is a feasibility study only
- the study endpoints are surrogate outcomes or lab-based outcome (not patient important outcomes)