CONSORT 2010 checklist of information to include when reporting a pilot or feasibility trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a pilot or feasibility randomised trial in the title	3
	1b	Structured summary of pilot trial design, methods, results, and conclusions (for specific guidance see CONSORT abstract extension for pilot trials)	3-4
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale for future definitive trial, and reasons for randomised pilot trial	5-11
	2b	Specific objectives or research questions for pilot trial	11
Methods			
Trial design	3a	Description of pilot trial design (such as parallel, factorial) including allocation ratio	11 , 13
	3b	Important changes to methods after pilot trial commencement (such as eligibility criteria), with reasons	NA
Participants	4a	Eligibility criteria for participants	12
	4b	Settings and locations where the data were collected	11-12
	4c	How participants were identified and consented	13-14
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	14-16
Outcomes	6a	Completely defined prespecified assessments or measurements to address each pilot trial objective specified in 2b, including how and when they were assessed	16-17 , Table 2
	6b	Any changes to pilot trial assessments or measurements after the pilot trial commenced, with reasons	NA
	6c	If applicable, prespecified criteria used to judge whether, or how, to proceed with future definitive trial	NA
Sample size	7a	Rationale for numbers in the pilot trial	12
	7b	When applicable, explanation of any interim analyses and stopping guidelines	NA
Randomisation:			13-14
Sequence generation	8a	Method used to generate the random allocation sequence	13-14
	8b	Type of randomisation(s); details of any restriction (such as blocking and block size)	13-14
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	13-14

Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	13-14
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	14
	11b	If relevant, description of the similarity of interventions	NA
Statistical methods	12	Methods used to address each pilot trial objective whether qualitative or quantitative	18-19
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were approached and/or assessed for eligibility, randomly assigned, received intended treatment, and were assessed for each objective	NA
	13b	For each group, losses and exclusions after randomisation, together with reasons	NA
Recruitment	14a	Dates defining the periods of recruitment and follow-up	NA
	14b	Why the pilot trial ended or was stopped	NA
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	NA
Numbers analysed	16	For each objective, number of participants (denominator) included in each analysis. If relevant, these numbers should be by randomised group	NA
Outcomes and estimation	17	For each objective, results including expressions of uncertainty (such as 95% confidence interval) for any estimates. If relevant, these results should be by randomised group	NA
Ancillary analyses	18	Results of any other analyses performed that could be used to inform the future definitive trial	NA
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	NA
	19a	If relevant, other important unintended consequences	NA
Discussion			
Limitations	20	Pilot trial limitations, addressing sources of potential bias and remaining uncertainty about feasibility	21
Generalisability	21	Generalisability (applicability) of pilot trial methods and findings to future definitive trial and other studies	19-21
Interpretation	22	Interpretation consistent with pilot trial objectives and findings, balancing potential benefits and harms, and considering other relevant evidence	19-21
	22a	Implications for progression from pilot to future definitive trial, including any proposed amendments	19-21
Other information			
Registration	23	Registration number for pilot trial and name of trial registry	ClinicalTrials.gov NCT05885984
Protocol	24	Where the pilot trial protocol can be accessed, if available	NA
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	This work was

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			authority over any of these activities.
	26	Ethical approval or approval by research review committee, confirmed with reference number	The ethical approval has been obtained from the Joint Chinese University of Hong Kong-New Territories East Cluster Clinical Research Ethics Committee (CREC Ref. No.: 2023.030) and the Medical Ethics Committee of Xiangya Hospital Central South University (No. 202305336).

*We strongly recommend reading this statement in conjunction with the CONSORT 2010, extension to randomised pilot and feasibility trials, 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.