Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) checklist.

1164_Etamsylate enhances platelet aggregation through G-protein-coupled receptors in patients with macrohematuria following ureteral lithotripsy: a single-center nonrandomized study

Paper Section/ Topic	Item No	Descriptor	Reported? ✓	Reported? Line
Title and Abstract				
Title and Abstract	1	• Information on how unit were allocated to interventions		
		• Structured abstract recommended	12-49	
		• Information on target population or study sample	19-21	
Introduction				
Background	2	• Scientific background and explanation of rationale	141-142	
		• Theories used in designing behavioral interventions	150-153	
Methods				
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)	173-177	
		• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented	169	
		• Recruitment setting	172-173	
		• Settings and locations where the data were collected	166-168	
Interventions	4	• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:		
		○ Content: what was given?	215-221	
		○ Delivery method: how was the content given?	221-220	
		○ Unit of delivery: how were the subjects grouped during delivery?		
		○ Deliverer: who delivered the intervention?		
		○ Setting: where was the intervention delivered?	166-168	
		○ Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?	220-221	
		○ Time span: how long was it intended to take to deliver the intervention to each unit?		
		○ Activities to increase compliance or adherence (e.g., incentives)		
Objectives	5	• Specific objectives and hypotheses	163-165	
Outcomes	6	• Clearly defined primary and secondary outcome measures	217-219	
		• Methods used to collect data and any methods used to enhance the quality of measurements	222-226 228-229 241-243	
		• Information on validated instruments such as psychometric and biometric properties		
Sample Size	7	• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules	248-250	
Assignment Method	8	• Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)	217	
		• Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)		
		• Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)		

TREND Statement Checklist

Blinding (masking)	9	• Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so, statement regarding how the blinding was accomplished and how it was assessed.		
Unit of Analysis	10	• Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)	173-177	
		• If the unit of analysis differs from the unit of assignment, the analytical method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis)		
Statistical Methods	11	• Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data	250-257	
		• Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis		
		• Methods for imputing missing data, if used		
		• Statistical software or programs used	247	
Results				
Participant flow	12	• Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended)		
		○ Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study	172-173	
		○ Assignment: the numbers of participants assigned to a study condition	170	
		○ Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention	217-219	
		○ Follow-up: the number of participants who completed the follow-up or did not complete the follow-up (i.e., lost to follow-up), by study condition		
		○ Analysis: the number of participants included in or excluded from the main analysis, by study condition		
		• Description of protocol deviations from study as planned, along with reasons		
Recruitment	13	• Dates defining the periods of recruitment and follow-up	220-221	
Baseline Data	14	• Baseline demographic and clinical characteristics of participants in each study condition	259-261	
		• Baseline characteristics for each study condition relevant to specific disease prevention research		
		• Baseline comparisons of those lost to follow-up and those retained, overall and by study condition		
		• Comparison between study population at baseline and target population of interest		
Baseline equivalence	15	• Data on study group equivalence at baseline and statistical methods used to control for baseline differences		

TREND Statement Checklist

Numbers analyzed	16	• Number of participants (denominator) included in each analysis for each study condition, particularly when the denominators change for different outcomes; statement of the results in absolute numbers when feasible	217 264-268	
		• Indication of whether the analysis strategy was "intention to treat" or, if not, description of how non-compliers were treated in the analyses		
Outcomes and estimation	17	• For each primary and secondary outcome, a summary of results for each estimation study condition, and the estimated effect size and a confidence interval to indicate the precision	274-280	
		• Inclusion of null and negative findings		
		• Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any	294-307	
Ancillary analyses	18	• Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory	380-396	
Adverse events	19	• Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals)		
DISCUSSION				
Interpretation	20	• Interpretation of the results, taking into account study hypotheses, sources of potential bias, imprecision of measures, multiplicative analyses, and other limitations or weaknesses of the study	404-406	
		• Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations	410-416 421-426	
		• Discussion of the success of and barriers to implementing the intervention, fidelity of implementation	431-440	
		• Discussion of research, programmatic, or policy implications		
Generalizability	21	• Generalizability (external validity) of the trial findings, taking into account the study population, the characteristics of the intervention, length of follow-up, incentives, compliance rates, specific sites/settings involved in the study, and other contextual issues	443-455	
Overall Evidence	22	• General interpretation of the results in the context of current evidence and current theory	455-458	

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