SPIRIT 2025 Checklist — 34 items for randomised trial protocols

Trial protocols · All trial designs. Twelve items contain lettered sub-items — confirm each sub-item, not just the heading. Item 18's schedule diagram (enrolment, interventions, assessments) is strongly recommended.

Use this as a pre-submission check: confirm each item is addressed somewhere in your protocol. The two items reviewers and statisticians check first are outcomes (16 — variable, metric, aggregation, time point for every outcome) and sample size (19 — every assumption stated and sourced).

ADMINISTRATIVE INFORMATION

- ☐ 1 **Title & structured summary** *(sub-items a–b)* — Title identifying the trial design, population, interventions, and protocol status; structured summary including the WHO Trial Registration Data Set items.
- ☐ 2 **Protocol version** — Version identifier and date — so everyone can tell which version was approved, and what changed since.
- ☐ 3 **Roles & responsibilities** *(sub-items a–d)* — Protocol contributors with roles; sponsor name and contact; sponsor/funder role in design, conduct, analysis, and reporting authority; composition and responsibilities of the steering, endpoint-adjudication, data-management, and other oversight groups.

OPEN SCIENCE (NEW IN 2025)

- ☐ 4 **Trial registration** — Registry name, identifying number with URL, and date of registration.
- ☐ 5 **Protocol & SAP access** — Where the full protocol and the statistical analysis plan can be accessed.
- ☐ 6 **Data sharing** — Plans for access to de-identified participant data, the data dictionary, statistical code, and other materials — what, where, when, under what conditions.
- ☐ 7 **Funding & conflicts of interest** *(sub-items a–b)* — Sources of funding and other support; financial and other conflicts of interest of principal investigators and the steering committee.
- ☐ 8 **Dissemination policy** — Plans for communicating results to participants, healthcare professionals, the public, and other relevant groups — including authorship and any professional-writer policy.

INTRODUCTION

- ☐ 9 **Background & rationale** *(sub-items a–b)* — Scientific background with a summary of relevant studies examining benefits AND harms; rationale for the choice of comparator.
- ☐ 10 **Objectives** — Specific objectives relating to benefits and harms.

METHODS — INVOLVEMENT & DESIGN

- ☐ 11 **Patient & public involvement** — Details or plans for involving patients and the public in the design, conduct, and reporting of the trial (new in 2025).
- ☐ 12 **Trial design** — Design type (parallel, crossover, factorial), allocation ratio, and framework (superiority, equivalence, non-inferiority, exploratory).

METHODS — PARTICIPANTS, INTERVENTIONS, OUTCOMES

- ☐ 13 **Trial setting** — Settings and locations where the trial will run — countries, sites, care level.
- ☐ 14 **Eligibility criteria** *(sub-items a–b)* — Inclusion/exclusion criteria for participants; eligibility criteria for sites and intervention providers where applicable.

- [ ] 15 **Intervention & comparator** *(sub-items a–d)* — Each intervention described in replicable detail — how, when, by whom, with access to any manual; criteria for discontinuing or modifying; adherence strategies and monitoring; permitted and prohibited concomitant care.
- [ ] 16 **Outcomes** — Primary and secondary outcomes, each with the specific measurement variable, analysis metric, method of aggregation, and time point.
- [ ] 17 **Harms** — How harms are defined and assessed — systematically or non-systematically.
- [ ] 18 **Participant timeline** — Time schedule of enrolment, interventions, and assessments — a schematic diagram is strongly recommended (the SPIRIT figure).
- [ ] 19 **Sample size** — How the sample size was determined, with ALL assumptions supporting the calculation and where each came from.
- [ ] 20 **Recruitment** — Strategies for achieving adequate enrolment.

METHODS — ASSIGNMENT OF INTERVENTIONS

- [ ] 21 **Sequence generation** *(sub-items a–b)* — Who generates the allocation sequence and by what method; type of randomisation and stratification factors, with block details kept in a separate secure document.
- [ ] 22 **Allocation concealment** — The mechanism (central randomisation; sequentially numbered, opaque, sealed containers) and the steps concealing the sequence until assignment.
- [ ] 23 **Implementation** — Who enrols participants, who assigns them, and what access those people have to the sequence.
- [ ] 24 **Blinding** *(sub-items a–c)* — Who will be blinded after assignment; how blinding is achieved, including similarity of interventions; circumstances and procedure for unblinding.

METHODS — DATA COLLECTION, MANAGEMENT, ANALYSIS

- [ ] 25 **Data collection methods** *(sub-items a–b)* — Assessment and collection plans, data-quality processes, instruments with known reliability/validity, and form access; retention and follow-up plans including outcome data from participants who discontinue.
- [ ] 26 **Data management** — Plans for entry, coding, security, and storage, with reference to detailed procedures; access to the trial dataset.
- [ ] 27 **Statistical methods** *(sub-items a–d)* — Methods for comparing groups on primary/secondary outcomes and harms; definition of analysis populations; handling of missing data; pre-specified subgroup and sensitivity analyses.

METHODS — MONITORING

- [ ] 28 **Data monitoring committee** *(sub-items a–b)* — Composition, role, reporting structure, and independence — or why a DMC is not needed; interim analyses and stopping guidelines, including who sees interim results and who decides.
- [ ] 29 **Trial monitoring** — Frequency and procedures for monitoring trial conduct — or a statement that there is none, and why (replaces the 2013 auditing item).

ETHICS & OTHER CONSIDERATIONS

- [ ] 30 **Research ethics approval** — Plans for seeking research ethics committee / institutional review board approval.
- [ ] 31 **Protocol amendments** — Plans for communicating important modifications to investigators, ethics committees, registries, and regulators.
- [ ] 32 **Consent or assent** *(sub-items a–b)* — Who obtains informed consent or assent, and how; provisions for ancillary studies using participant data or biological specimens.
- [ ] 33 **Confidentiality** — How personal information is collected, shared, and maintained to protect confidentiality.

☐ 34 **Ancillary & post-trial care** — Provisions for ancillary and post-trial care, and compensation for those harmed by participation.

SPIRIT AND ITS NEIGHBOURS — WHICH CHECKLIST APPLIES

Checklist	Use it for	Notes
SPIRIT 2025	Randomised trial protocols.	The 34-item checklist on this page — the current version (updates SPIRIT 2013's 33 items).
CONSORT 2025	Reports of completed randomised trials.	The other half of the pair, harmonised with SPIRIT 2025: protocol first, report later.
PRISMA-P	Systematic review protocols.	A protocol for a systematic review is PRISMA-P territory, not SPIRIT.
SPIRIT 2013	Superseded.	Replaced by SPIRIT 2025; use 2025 for any new protocol unless a journal explicitly says otherwise.

SPIRIT (Standard Protocol Items: Recommendations for Interventional Trials) is maintained alongside CONSORT at consort-spirit.org and listed by the EQUATOR Network. Item text here is paraphrased for explanation; for the full official wording and the rationale behind each item, see the SPIRIT 2025 statement (Chan et al., BMJ 2025;389:e081477 — co-published in JAMA, The Lancet, Nature Medicine, and PLOS Medicine) and the SPIRIT 2025 Explanation & Elaboration (Hróbjartsson et al., BMJ 2025;389:e081660). Annotated reference by PeerReviewAI — peerreviewai.org/guides/spirit-checklist.