



# OF SURGERY TO QUIT SMOKING

  
TOBACCO

**SMOKING CESSATION  
BEFORE SURGERY  
REDUCES RISKS AND  
COMPLICATIONS**

Smoking is a major risk factor prior to any surgical procedure.

Smoking increases the risk of respiratory, cardiocirculatory and surgical wound healing complications.

It is widely demonstrated that smoking cessation prior to surgery decreases surgical complications and provides short- and long-term health benefits.

Considering these benefits, it would be advisable to try to quit smoking before surgical intervention.

**THIS IS A POSSIBLE PROCESS**



### REASONS TO QUIT SMOKING BEFORE SURGERY

- Improved surgical wound healing process, reduced risk of infection.
- Decrease the risk of respiratory and cardiocirculatory complications.
- To avoid lengthening the days of hospital admission due to complications.

### REASONS FOR LONG-TERM SMOKING CESSATION

- The risk of developing a smoking-related disease is greatly reduced.
- People who quit smoking live longer than those who continue to smoke.
- Increasing respiratory capacity and physical resistance.
- Improve the ability to distinguish tastes and smells.
- Obtain significant cost savings.
- Regaining freedom from tobacco dependence.
- Achieving a smoke-free environment and respect the rights of non-smokers.

«TAKE ADVANTAGE AND ACTIVATE!»



**QUITTOBACCO**  
TOBACCO-FREE SURGERY

**IF YOU DECIDE TO STOP SMOKING BEFORE SURGERY IT WILL IMPROVE YOUR ENTIRE SURGICAL PROCESS AND YOUR OVERALL HEALTH**



# Reporting checklist for protocol of a clinical trial.

Based on the SPIRIT guidelines.

## Instructions to authors

Complete this checklist by entering the page numbers from your manuscript where readers will find each of the items listed below.

Your article may not currently address all the items on the checklist. Please modify your text to include the missing information. If you are certain that an item does not apply, please write "n/a" and provide a short explanation.

Upload your completed checklist as an extra file when you submit to a journal.

In your methods section, say that you used the SPIRIT reporting guidelines, and cite them as:

Chan A-W, Tetzlaff JM, Gøtzsche PC, Altman DG, Mann H, Berlin J, Dickersin K, Hróbjartsson A, Schulz KF, Parulekar WR, Krleža-Jerić K, Laupacis A, Moher D. SPIRIT 2013 Explanation and Elaboration: Guidance for protocols of clinical trials. *BMJ*. 2013;346:e7586

		Reporting Item	Page Number
<b>Administrative information</b>			
Title	<a href="#">#1</a>	Descriptive title identifying the study design, population, interventions, and, if applicable, trial acronym	1
Trial registration	<a href="#">#2a</a>	Trial identifier and registry name. If not yet registered, name of intended registry	3,10
Trial registration: data set	<a href="#">#2b</a>	All items from the World Health Organization Trial Registration Data Set	10
Protocol version	<a href="#">#3</a>	Date and version identifier	10
Funding	<a href="#">#4</a>	Sources and types of financial, material, and other support	11
Roles and responsibilities: contributorship	<a href="#">#5a</a>	Names, affiliations, and roles of protocol contributors	1,2,12

Roles and responsibilities: sponsor contact information	<a href="#">#5b</a>	Name and contact information for the trial sponsor	n/a
Roles and responsibilities: sponsor and funder	<a href="#">#5c</a>	Role of study sponsor and funders, if any, in study design; collection, management, analysis, and interpretation of data; writing of the report; and the decision to submit the report for publication, including whether they will have ultimate authority over any of these activities	n/a
Roles and responsibilities: committees	<a href="#">#5d</a>	Composition, roles, and responsibilities of the coordinating centre, steering committee, endpoint adjudication committee, data management team, and other individuals or groups overseeing the trial, if applicable (see Item 21a for data monitoring committee)	n/a

## Introduction

Background and rationale	<a href="#">#6a</a>	Description of research question and justification for undertaking the trial, including summary of relevant studies (published and unpublished) examining benefits and harms for each intervention	4,5
Background and rationale: choice of comparators	<a href="#">#6b</a>	Explanation for choice of comparators	4,5
Objectives	<a href="#">#7</a>	Specific objectives or hypotheses	5
Trial design	<a href="#">#8</a>	Description of trial design including type of trial (eg, parallel group, crossover, factorial, single group), allocation ratio, and framework (eg, superiority, equivalence, non-inferiority, exploratory)	5

## Methods: Participants, interventions, and outcomes

Study setting	<a href="#">#9</a>	Description of study settings (eg, community clinic, academic hospital) and list of countries where data will	6
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		be collected. Reference to where list of study sites can be obtained	
Eligibility criteria	<a href="#">#10</a>	Inclusion and exclusion criteria for participants. If applicable, eligibility criteria for study centres and individuals who will perform the interventions (eg, surgeons, psychotherapists)	6
Interventions: description	<a href="#">#11a</a>	Interventions for each group with sufficient detail to allow replication, including how and when they will be administered	7,8,9
Interventions: modifications	<a href="#">#11b</a>	Criteria for discontinuing or modifying allocated interventions for a given trial participant (eg, drug dose change in response to harms, participant request, or improving / worsening disease)	n/a
Interventions: adherence	<a href="#">#11c</a>	Strategies to improve adherence to intervention protocols, and any procedures for monitoring adherence (eg, drug tablet return; laboratory tests)	11
Interventions: concomitant care	<a href="#">#11d</a>	Relevant concomitant care and interventions that are permitted or prohibited during the trial	n/a
Outcomes	<a href="#">#12</a>	Primary, secondary, and other outcomes, including the specific measurement variable (eg, systolic blood pressure), analysis metric (eg, change from baseline, final value, time to event), method of aggregation (eg, median, proportion), and time point for each outcome. Explanation of the clinical relevance of chosen efficacy and harm outcomes is strongly recommended	7,8,9
Participant timeline	<a href="#">#13</a>	Time schedule of enrolment, interventions (including any run-ins and washouts), assessments, and visits for participants. A schematic diagram is highly recommended (see Figure)	8, Figure 1
Sample size	<a href="#">#14</a>	Estimated number of participants needed to achieve study objectives and how it was determined, including clinical and statistical assumptions supporting any sample size calculations	6
Recruitment	<a href="#">#15</a>	Strategies for achieving adequate participant enrolment to reach target sample size	11

**Methods:  
Assignment of  
interventions (for  
controlled trials)**

Allocation: sequence generation      [#16a](#)      Method of generating the allocation sequence (eg, computer-generated random numbers), and list of any factors for stratification. To reduce predictability of a random sequence, details of any planned restriction (eg, blocking) should be provided in a separate document that is unavailable to those who enrol participants or assign interventions      6

Allocation concealment mechanism      [#16b](#)      Mechanism of implementing the allocation sequence (eg, central telephone; sequentially numbered, opaque, sealed envelopes), describing any steps to conceal the sequence until interventions are assigned      6

Allocation: implementation      [#16c](#)      Who will generate the allocation sequence, who will enrol participants, and who will assign participants to interventions      8

Blinding (masking)      [#17a](#)      Who will be blinded after assignment to interventions (eg, trial participants, care providers, outcome assessors, data analysts), and how      6

Blinding (masking): emergency unblinding      [#17b](#)      If blinded, circumstances under which unblinding is permissible, and procedure for revealing a participant's allocated intervention during the trial      n/a

**Methods: Data  
collection,  
management, and  
analysis**

Data collection plan      [#18a](#)      Plans for assessment and collection of outcome, baseline, and other trial data, including any related processes to promote data quality (eg, duplicate measurements, training of assessors) and a description of study instruments (eg, questionnaires, laboratory tests) along with their reliability and validity, if known. Reference to where data collection forms can be found,      7,9 Table 1

if not in the protocol

Data collection plan: retention	<a href="#">#18b</a>	Plans to promote participant retention and complete follow-up, including list of any outcome data to be collected for participants who discontinue or deviate from intervention protocols	8 telephone follow-ups
Data management	<a href="#">#19</a>	Plans for data entry, coding, security, and storage, including any related processes to promote data quality (eg, double data entry; range checks for data values). Reference to where details of data management procedures can be found, if not in the protocol	9
Statistics: outcomes	<a href="#">#20a</a>	Statistical methods for analysing primary and secondary outcomes. Reference to where other details of the statistical analysis plan can be found, if not in the protocol	9,10
Statistics: additional analyses	<a href="#">#20b</a>	Methods for any additional analyses (eg, subgroup and adjusted analyses)	9
Statistics: analysis population and missing data	<a href="#">#20c</a>	Definition of analysis population relating to protocol non-adherence (eg, as randomised analysis), and any statistical methods to handle missing data (eg, multiple imputation)	10

## Methods: Monitoring

Data monitoring: formal committee	<a href="#">#21a</a>	Composition of data monitoring committee (DMC); summary of its role and reporting structure; statement of whether it is independent from the sponsor and competing interests; and reference to where further details about its charter can be found, if not in the protocol. Alternatively, an explanation of why a DMC is not needed	n/a
Data monitoring: interim analysis	<a href="#">#21b</a>	Description of any interim analyses and stopping guidelines, including who will have access to these interim results and make the final decision to terminate the trial	n/a
Harms	<a href="#">#22</a>	Plans for collecting, assessing, reporting, and managing solicited and spontaneously reported adverse events and other unintended effects of trial interventions or trial	n/a

		conduct	
Auditing	<a href="#">#23</a>	Frequency and procedures for auditing trial conduct, if any, and whether the process will be independent from investigators and the sponsor	n/a
<b>Ethics and dissemination</b>			
Research ethics approval	<a href="#">#24</a>	Plans for seeking research ethics committee / institutional review board (REC / IRB) approval	10
Protocol amendments	<a href="#">#25</a>	Plans for communicating important protocol modifications (eg, changes to eligibility criteria, outcomes, analyses) to relevant parties (eg, investigators, REC / IRBs, trial participants, trial registries, journals, regulators)	n/a
Consent or assent	<a href="#">#26a</a>	Who will obtain informed consent or assent from potential trial participants or authorised surrogates, and how (see Item 32)	8
Consent or assent: ancillary studies	<a href="#">#26b</a>	Additional consent provisions for collection and use of participant data and biological specimens in ancillary studies, if applicable	n/a
Confidentiality	<a href="#">#27</a>	How personal information about potential and enrolled participants will be collected, shared, and maintained in order to protect confidentiality before, during, and after the trial	9
Declaration of interests	<a href="#">#28</a>	Financial and other competing interests for principal investigators for the overall trial and each study site	11
Data access	<a href="#">#29</a>	Statement of who will have access to the final trial dataset, and disclosure of contractual agreements that limit such access for investigators	9
Ancillary and post trial care	<a href="#">#30</a>	Provisions, if any, for ancillary and post-trial care, and for compensation to those who suffer harm from trial participation	n/a
Dissemination policy: trial results	<a href="#">#31a</a>	Plans for investigators and sponsor to communicate trial results to participants, healthcare professionals, the public, and other relevant groups (eg, via publication,	11

reporting in results databases, or other data sharing arrangements), including any publication restrictions

Dissemination policy: [#31b](#) Authorship eligibility guidelines and any intended use of professional writers n/a

Dissemination policy: [#31c](#) Plans, if any, for granting public access to the full protocol, participant-level dataset, and statistical code n/a

## Appendices

Informed consent materials [#32](#) Model consent form and other related documentation given to participants and authorised surrogates 10

Biological specimens [#33](#) Plans for collection, laboratory evaluation, and storage of biological specimens for genetic or molecular analysis in the current trial and for future use in ancillary studies, if applicable n/a

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