

			Reported on page no.
Allocation concealment mechanism	18	Mechanism used to implement the random allocation sequence (eg, central computer/telephone; sequentially numbered, opaque, sealed containers), describing any steps to conceal the sequence until interventions were assigned	
Implementation	19	Whether the personnel who enrolled and those who assigned participants to the interventions had access to the random allocation sequence	
Blinding	20a	Who was blinded after assignment to interventions (eg, participants, care providers, outcome assessors, data analysts)	
	20b	If blinded, how blinding was achieved and description of the similarity of interventions	
Statistical methods	21a	Statistical methods used to compare groups for primary and secondary outcomes, including harms	
	21b	Definition of who is included in each analysis (eg, all randomised participants), and in which group	
	21c	How missing data were handled in the analysis	
	21d	Methods for any additional analyses (eg, subgroup and sensitivity analyses), distinguishing prespecified from post hoc	
Results			
Participant flow, including flow diagram	22a	For each group, the numbers of participants who were randomly assigned, received intended intervention, and were analysed for the primary outcome	
	22b	For each group, losses and exclusions after randomisation, together with reasons	
Recruitment	23a	Dates defining the periods of recruitment and follow-up for outcomes of benefits and harms	
	23b	If relevant, why the trial ended or was stopped	
Intervention and comparator delivery	24a	Intervention and comparator as they were actually administered (eg, where appropriate, who delivered the intervention/comparator, how participants adhered, whether they were delivered as intended (fidelity))	
	24b	Concomitant care received during the trial for each group	
Baseline data	25	A table showing baseline demographic and clinical characteristics for each group	
Numbers analysed, outcomes and estimation	26	For each primary and secondary outcome, by group: <ul style="list-style-type: none"> the number of participants included in the analysis the number of participants with available data at the outcome time point result for each group, and the estimated effect size and its precision (such as 95% confidence interval) for binary outcomes, presentation of both absolute and relative effect size 	
Harms	27	All harms or unintended events in each group	
Ancillary analyses	28	Any other analyses performed, including subgroup and sensitivity analyses, distinguishing pre-specified from post hoc	
Discussion			
Interpretation	29	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	
Limitations	30	Trial limitations, addressing sources of potential bias, imprecision, generalisability, and, if relevant, multiplicity of analyses	

Citation: Hopewell S, Chan AW, Collins GS, Hróbjartsson A, Moher D, Schulz KF, et al. CONSORT 2025 Statement: updated guideline for reporting randomised trials. BMJ. 2025; 388:e081123. <https://dx.doi.org/10.1136/bmj-2024-081123>

© 2025 Hopewell et al. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

*We strongly recommend reading this statement in conjunction with the CONSORT 2025 Explanation and Elaboration and/or the CONSORT 2025 Expanded Checklist for important clarifications on all the items. We also recommend reading relevant CONSORT extensions. See www.consort-spirit.org.