**Reading list:**

1. Begg C, Cho M, Eastwood S, Horton R, Moher D, Olkin I, Pitkin R, Rennie D, Schulz KF, Simel D, Stroup DF. Improving the Quality of Reporting of Randomized Controlled Trials. The CONSORT Statement. JAMA.1996; 276(8) : 637–639.
2. Rennie D. How to Report Randomized Controlled Trials. The CONSORT Statement. JAMA. 1996; 276(8) : 649.
3. Robert D Herbert. how to estimate treatment effects from reports of clinical trial.Ⅰ: continuous outcomes. Australian Journal of Physiotherapy. 2000; 46: 229-235.
4. Robert D Herbert. how to estimate treatment effects from reports of clinical trial.Ⅱ: dichotomous outcomes. Australian Journal of Physiotherapy. 2000; 46: 309-313.

When I submit the pilot article, the editorial manager provides a tutorial for author, which said that author reporting results of randomized controlled trials should include a complete checklist from the Consolidated Standards of Reporting Trials (CONSORT) statement. The detail of the CONSORT statement, a checklist and a flow diagram, was reported in the first two citations above. The checklist contains 21 items that pertain mainly to the methods, results and discussion. For example, state estimated effect of intervention on primary and secondary outcome measures, including a point estimate and measure of precision. This reminds me that authors of randomized control trial reported the treatment effect size to determine the magnitude of the treatment.

The following two articles reported how to estimate treatment effects of clinical trial when the outcomes are continuous and dichotomous. Like the absolute risk reduction, number need to treat and relative risk reduction are used to obtain the size of a treatment’s effects when the outcomes are dichotomous. These guides can guide us when reporting the effects of our intervention.