Supplementary table 1 Criteria used for assessing the completeness of reporting, based on the 2010 CONSORT checklist

Definitions used to assess the completeness of reporting (CONSORT item and number)
Specification of the primary outcome (6a)
Complete: primary/main outcome defined and fully described
Incomplete: outcome present, but not defined as such
Sample size calculation (7a)
Complete: method of power calculation included
Incomplete: planned sample size mentioned but values or methods not reported
Method of generating random allocation sequence (8a)
Complete: specific method of randomisation given (e.g. random number table)
Incomplete: non-specific method given (e.g. "automated randomisation system")
Type of randomisation (8b)
Complete: full details of randomisation given
Incomplete: type of randomisation described but no details given
Mechanism to implement allocation sequence (9)
Complete: both the mechanism used and how the allocation was concealed were present
Incomplete: either the mechanism used or how the allocation was concealed were described
Who generated the allocation sequence (10)
Complete: description of who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions
Incomplete: one or two of these described

Definitions used to assess the completeness of reporting (CONSORT item and number)

Who was blinded (11a)

Complete: blinding status of all groups (participants/investigators/assessors) defined

Incomplete: blinding status of one or more groups described

Absent: stated as "single-blind" or "double-blind" only

NA: open-label study

Description of the similarity of interventions (11b)

Complete: relevant similarities described (appearance/taste/smell/volume/method of administration)

Incomplete: described only as 'identical', 'matching' or 'corresponding' etc.

NA: treatment defined as open label or interventions stated as too dissimilar to blind

Publication of a participant flow diagram (13)

Complete: diagram showed number of patients enrolled, numbers excluded and lost to follow-up, and reasons for exclusion or loss to follow-up

Incomplete: diagram included patient flow and numbers enrolled but was missing some information

Dates defining recruitment and follow-up periods (14a)

Complete: period of study/recruitment and follow-up period fully defined

Incomplete: only one of the above periods defined

Details of trial registration (23)

Complete: registration number stated in text

NA: study conducted before the International Committee of Medical Journal Editors recommendation that clinical trials should be registered at or before the time of first patient enrolment

Access to the study protocol (24)

Complete: protocol number and location/registry stated

For the full list of items on the CONSORT checklist, see: http://www.consort-statement.org/

CONSORT, Consolidated Standards Of Reporting Trials; NA, not applicable.

Supplementary table 2

	Proportion of articles correctly reported				
	≥50%	≥66.6%	≥75%	≥90%	100%
No medical writing support	21.1%	4.9%	1.6%	0	0
Medical writing support	39.1%	18.2%	9.1%	0.9%	0

Supplementary table 3 Time to complete different stages of article processing

Duration, days	**Medical writing support (n=55)**	**No medical writing support (n=64)**
Peer review	87 (55–122)	55 (35.5–86.75)
Responding to reviewers	60 (35–83)	32 (17–58.25)
Editorial acceptance	49 (23–96)	50 (29.75–98.75)
Submission to editorial acceptance	206 (164–264)	162.5 (104.25–217.5)

Data are presented as median (interquartile range).

Supplementary table 4 Time to complete different stages of article processing (industry-funded articles only)

Duration, days	**Medical writing support (n=55)**	**No medical writing support (n=18)**
Peer review	87 (55–122)	50.5 (37.75–74.25)
Responding to reviewers	60 (35–83)	28 (13–67.75)
Editorial acceptance	49 (23–96)	50 (39.5–113.25)
Submission to editorial acceptance	206 (164–264)	161 (103.5–270.25)

Data are presented as median (interquartile range).