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- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All those designated as authors must meet ALL 4 criteria for authorship. Those who do meet ALL 4 criteria will be identified as authors and their names will be printed in the byline of the article.

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1. Primary objective or major hypothesis of study			
2. Justification of sample size			
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22. Reporting of the number of patients at risk over time			
23. Confidence intervals for effect sizes			

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1. All subgroup analyses and covariate inclusions should be motivated prior to the Results section. Hypotheses which were not established prior to initial analyses should be clearly identified.
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3. Treatment regimens should be described well enough for another study to replicate.
4. It should be clear which statistical test is associated with each p value reported.
5. Rarely used statistical techniques should be described.
6. Medians and percentiles (such as quartiles) are preferred over means and standard deviations (or standard errors) when analyzing asymmetric data, especially when nonparametric statistics are calculated.
7. Fractions (eg, 5/10) should accompany percentages.
8. In randomized clinical trials, consider reporting separate analyses with confounding variables included.
9. If sample sizes differ between groups when patients are randomized, reasons should be provided.
10. Report median survival (using Kaplan-Meier) rather than mean survival if any data are censored.
11. Comparing survival functions (eg, with a log rank test) is more efficient than analyzing particular time estimates (eg, 5-year survival).
12. Use appropriate figures. Scatter plots are useful for illustrating important correlations between variables. If subjects are repeated in a figure (eg, over time), an individual's set of points should be joined with line segments. Different symbols should be used when points are stacked on top of each other. Illustrations of regression lines should be overlaid on raw data. Regression lines should not extend beyond the range of the predictor variable.

13. Confidence intervals are more appropriate than standard errors for comparison of groups.
 14. Use appropriate tables. Coefficients and standard errors are useful for interpreting regression predictors. One significant figure beyond the level measured is sufficient for means, standard deviations, standard errors, etc. One decimal place for percentages greater than 1% is sufficient; no decimal places if the sample size is less than 100. Two significant figures for test statistics and p values are sufficient. Means should generally be accompanied by some measure of their uncertainty, such as confidence intervals or standard errors.
 15. Confidence intervals should be reported when possible.
 16. When a statistical hypothesis test is not rejected, the actual p value (eg, 0.07) should be reported (if known) rather than omitted or reported as $p > 0.05$.
 17. Pay close attention to wording. The word "correlation" is generally reserved for computing correlation coefficients. The word "association" is usually preferred. Statistical tests can be nonparametric; data cannot. Studies with negative findings (ie, no difference) may be the result of low statistical power (eg, small sample size), rather than absence of a difference, and this limitation should be made clear. Trends that are not statistically significant should not be identified. A p value is the probability of observing data as extreme, or more extreme, as those reported if the null hypothesis of no difference is true. A p value is not the probability of no real effect, nor is it necessarily related to the clinical importance.
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