

Spagnolo M, Greco A, et al. Association of trial characteristics with simultaneous publication and its impact on citations and mentions: a cross-sectional study. *Rev Esp Cardiol.* 2023

SUPPLEMENTARY DATA

Table 1 of the supplementary data. Checklist of items that should be included in reports of cross-sectional studies (STROBE Statement)

	Item No.	Recommendation	Heading (subheading)
<i>Title and abstract</i>	1	a) Indicate the study’s design with a commonly used term in the title or the abstract	Title
		b) Provide in the abstract an informative and balanced summary of what was done and what was found	Abstract (methods, Results)
<i>Introduction</i>			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Introduction
Objectives	3	State specific objectives, including any prespecified hypotheses	Introduction
<i>Methods</i>			
Study design	4	Present key elements of study design early in the paper	Methods (study eligibility)
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Methods (study eligibility)
Participants	6	a) Give the eligibility criteria, and the sources and methods of selection of participants	Methods (study eligibility)
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Methods (data collection and outcomes)
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Methods (data collection and outcomes)
Bias	9	Describe any efforts to address potential sources of bias	Methods (statistical analysis)
Study size	10	Explain how the study size was arrived at	Methods (study eligibility)
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Methods (statistical analysis)

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Statistical methods	12	a) Describe all statistical methods, including those used to control for confounding	Methods (statistical analysis)
		b) Describe any methods used to examine subgroups and interactions	Methods (statistical analysis)
		c) Explain how missing data were addressed	Methods (statistical analysis)
		d) If applicable, describe analytical methods taking account of sampling strategy	NA
		e) Describe any sensitivity analyses	NA
<i>Results</i>			
Participants	13*	a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Results (study population)
		b) Give reasons for nonparticipation at each stage	Results (study population)
		c) Consider use of a flow diagram	Results (study population)
Descriptive data	14*	a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Results (study population)
		b) Indicate number of participants with missing data for each variable of interest	Results (study population)
Outcome data	15*	Report numbers of outcome events or summary measures	Results
Main results	16	a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Results (impact of simultaneous publication)
		b) Report category boundaries when continuous variables were categorized	Results (impact of simultaneous publication)
		c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Results (predictors of simultaneous publication)
<i>Discussion</i>			

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Key results	18	Summarise key results with reference to study objectives	Discussion
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Limitations
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Discussion
Generalisability	21	Discuss the generalisability (external validity) of the study results	Conclusions
<i>Other information</i>			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Funding

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Table 2 of the supplementary data. Additional baseline characteristics of randomized trials presented at major cardiovascular congresses with simultaneous or nonsimultaneous publication

	Simultaneous (n = 233)	Nonsimultaneous (n = 245)	P
Presentation characteristics			
<i>Year</i>			.513
2015	33/233 (14.2)	32/245 (13.1)	
2016	37/233 (15.9)	26/245 (10.6)	
2017	27/233 (11.6)	33/245 (13.5)	
2018	48/233 (20.6)	50/245 (20.4)	
2019	27/233 (11.6)	40/245 (16.3)	
2020	30/233 (12.9)	28/245 (11.4)	
2021	31/233 (13.3)	36/245 (14.7)	
Study characteristics			
<i>Prespecified FU extension^a</i>	29/232 (12.5)	22/245 (9.0)	.273
<i>Superiority analysis if NI met</i>	14/233 (6.0)	1/245 (0.4)	<.001
<i>Noninferiority analysis if EQ met</i>	0/233 (0-0)	1/245 (0.4)	1.000
<i>Equivalence design</i>	2/233 (0.9)	2/245 (0.8)	1.000
<i>Trialist university affiliated</i>	228/233 (97.9)	239/245 (97.6)	1.000
<i>Study intervention purpose</i>			
Treatment	166/233 (71.2)	159/245 (64.9)	.165
Prevention	67/233 (28.7)	86/245 (35.1)	.279
<i>Study funding</i>			
Institution	78/233 (33.5)	99/245 (40.4)	.140
Industry and institution	24/233 (10.3)	31/245 (12.7)	.508
No funding	8/233 (3.4)	5/245 (2.0)	.513
<i>Adverse results</i>	5/233 (2.1)	6/245 (2.4)	1.000
Publication details			
<i>Ahead of print publication</i>	233/233 (100.0)	143/245 (59.1)	<.001
<i>Time to in press publication^b</i>	223/233; 47.5 [27-101]	137/245; 53 [25-131]	.519
<i>Concurrent accompanying</i>	61/144 (42.3)	84/127 (66.1)	.027

EQ, equivalence; FU, follow-up; NI, noninferiority.

Data are expressed as n/N (%), or median [interquartile range].

^a Prespecified FU extension is referred to the main analysis for the trial endpoint for a trial.

^b Refers to the time elapsed between ahead of print publication and in press publications.

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Table 3 of the supplementary data. Univariable regression analysis among selected study characteristics and simultaneous publication

	Odds ratio	95%CI	P
Presentation characteristics			
<i>Congress</i>			
ACC (reference)	1.00	0.71-1.40	.999
AHA	0.94	0.56-1.57	.829
ESC	0.96	0.60-1.53	.870
TCT	0.86	0.49-1.49	.608
<i>Day of presentation</i>			
First day (reference)	0.93	0.64-1.34	.706
Last day	0.66	0.39-1.13	.131
Middle days	1.25	0.80-1.95	.327
Main conference room	2.67	1.49-4.94	.001
Year of presentation	0.95	0.87-1.05	.312
COVID-19 period	1.00	0.66-1.51	.989
Study characteristics			
Sample size	0.99	0.99-1.00	.906
<i>Study design</i>			
Superiority	1.00	0.65-1.55	.967
Noninferiority	1.34	0.44-2.04	.168
Equivalence design	1.05	0.12-8.22	.959
Hard primary endpoint	1.79	1.22-2.64	.003
<i>Blinding</i>			
Open label (reference)	0.88	0.70-1.12	.304
Single	1.22	0.67-2.26	.506
Double	1.13	0.76-1.69	.540
Triple blind	4.53	0.66-89.26	.179
Multicenter	2.99	1.47-6.60	.003
Intercontinental trialists	0.82	0.57-1.18	.281
<i>Sponsor role</i>			
Industry funded	1.17	0.78-1.74	.439
Involved in trial design	1.58	1.08-2.30	.017
Involved in trial analysis	1.36	0.90-2.36	.140
<i>Study topic</i>			
Drugs	1.13	0.79-1.62	.484
Devices	1.18	0.80-1.76	.392
<i>Study analysis</i>			
Statistical power >90%	1.44	0.97-2.14	.071
Intention to treat	0.84	0.42-1.65	.616
<i>Study conduct</i>			
Study stopped prematurely	0.77	0.35-1.67	.521
FU, wk	1.00	1.00-1.00	.008
Neutral result	0.64	0.44-0.93	.020
Adverse results	0.87	0.24-2.93	.820

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<i>Trial name adoption</i>	2.65	1.83-3.85	<.001
<i>Established corporate authorship</i>	1.16	0.63-2.15	.624
<i>Prespecified FU extension*</i>	1.44	0.80-2.62	.215
<i>Trialist university affiliated</i>	1.14	0.34-4.02	.825
<i>Study intervention purpose</i>			
Treatment	1.34	0.91-1.98	.138
Prevention	0.79	0.54-1.16	.239
<i>Study funding</i>			
Institution	0.74	0.51-1.08	.117
Industry and institution	0.79	0.45-1.39	.421
No funding	1.71	0.56-5.72	.354
Publication details			
<i>Ahead of print publication</i>	> 99	0.03-∞	.977
<i>Accompanying editorial</i>	1.47	1.02-2.12	.040
<i>Simultaneous accompanying editorial</i>	0.64	0.43-0.95	.027
Publication timing, d			
<i>Registration to publication</i>	0.99	0.99-1.00	.245
<i>Revision</i>	0.95	0.93-0.97	<.001
Journal characteristics			
<i>Journal Q1</i>	41.16	19.39-87.63	<.001

95%CI, 95% confidence interval; ACC, American Congress of Cardiology; AHA, American Heart Association; COVID-19, coronavirus disease 2019; ESC, European Society of Cardiology; FU, follow-up; Q1, first quartile; TCT, transcatheter cardiovascular therapeutics.

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Table 4 of the supplementary data. Univariate linear regression for number of citations, number of mentions and simultaneous publication

Variable	R ²	95%CI	P
Total citations	240.35	145.41-335.28	<.001
1-year citations	47.24	27.31-67.16	<.001
2-year citations	90.43	41.40-139.46	<.001
Total mentions	-600.68	-1793.32-591.93	.322
1-month mentions	140.96	94.04-187.87	<.001

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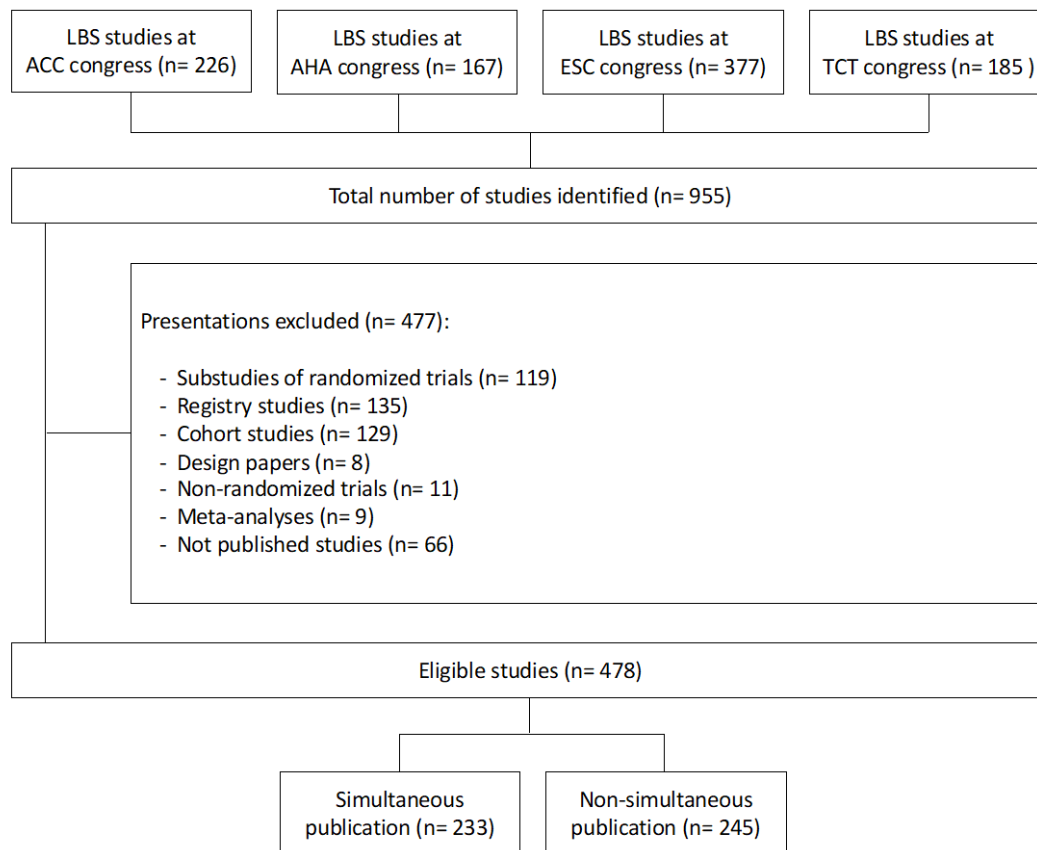
Table 5 of the supplementary data. Multivariable linear regression for number of citations and mentions, simultaneous publication and observation lag

Predictors of each outcome	R ²	95%CI	P
<i>Total citations</i>			
Simultaneous	222.89	127.98-317.80	<.001
Observation lag*	0.73	0.24-1.22	.004
<i>1-year citations</i>			
Simultaneous	43.81	23.89-63.73	<.001
Observation lag	0.15	0.05-0.25	.005
<i>Total mentions</i>			
Simultaneous	-606.57	-1809.61-596.47	.322
Observation lag	0.25	-5.97-6.46	.938
<i>1-month mentions</i>			
Simultaneous	132.32	85.42-179.22	<.001
Observation lag	0.36	0.12-0.60	.004

* Defined as time elapsed between study publication and data collection.

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Figure 1 of the supplementary data. Study flow chart.



ACC, American College of Cardiology; AHA, American Heart Association; ESC, European Society of Cardiology; LBS, late breaking science; TCT, transcatheter cardiovascular therapeutics.