SPIRIT | CONSORT CHILDREN & ADOLESCENTS
Reporting Guidelines for Child Health Trials

SPIRIT-C 2026

Item 9a.2: Background and rationale - Extrapolation

Describe the potential for extrapolation from other paediatric populations or adult data, or why extrapolation is not considered appropriate

Administrative information	1a.1	Title and structured summary
Open science	6.1	Data sharing
Introduction	9a.1	Background and rationale *Prevalence/incidence*
	9a.2	Background and rationale *Extrapolation*
	9a.3	Background and rationale *Research question or aim*
Methods	13.1	Trial setting
	14a.1	Eligibility criteria
	15a.1	Intervention and comparator *Dose/formulation*
	15a.2	Intervention and comparator *Adaptations*
	15a.3	Intervention and comparator *Intervention delivery*
	16.1	Outcomes
	17.1	Harms *Mitigation measures*
	17.2	Harms *Efforts to reduce risk*
	20.1	Recruitment *Impact of trial participation*
	20.2	Recruitment *Recognition for trial participation*
Ethics	32a.1	Consent or assent
	34.1	Ancillary and post-trial care

Key elements for reporting this item:

- Whether the disease, interventions, and outcomes in the eligible age groups of children/adolescents are comparable to those in adults or other paediatric populations
- From which data extrapolation is done and for what trial design element extrapolated data are used
- If extrapolation is done for the initial dose, method of establishment
- Whether extrapolation is being done for efficacy and pharmacokinetic/pharmacodynamics, effectiveness, and/or harms data
- Statistical approach to trial modelling and simulation
- Reason why extrapolation is or is not considered appropriate.

Examples:

"The design of the DOUBLE PRO-TECT Alport trial is based on observational data from the European Alport Therapy Registry (NCT02378805). This multicentre, observational, retrospective, and in parts prospective, registry in participants living with [Alport syndrome] AS showed a less pronounced long-term response to [sodium-glucose co-transporter 2] SGLT2 inhibitors in terms of a decrease in [urinary albumin:creatinine ratio] UACR than the DAPA-CKD trial[reference] . . . While the data did not allow recommendation of SGLT2 inhibitors in patients living with AS with early stages of [chronic kidney disease] CKD (stages 1 or 2) and in children[reference], it did provide the rationale that early initiation of SGLT2 inhibitors in young patients with AS may be beneficial . . . The treatment intervention in the DOUBLE PRO-TECT Alport trial mimics the intervention scheme of the DAPA-CKD and EMPA-KIDNEY[reference] trials with the same dosing of dapagliflozin/placebo 10 mg by mouth once a day. This similarity is important, because it allows later extrapolation of the results from the DOUBLE PRO-TECT Alport trial to the results from the larger DAPA-CKD and EMPA-KIDNEY trials."

Gross O, Boeckhaus J, Weber LT, et al; study group of the German Society of Pediatric Nephrology. Protocol and rationale for a randomized controlled SGLT2 inhibitor trial in paediatric and young adult populations with chronic kidney disease: DOUBLE PRO-TECT Alport. Nephrol Dial Transplant 2025;40:679-87. doi:10.1093/ndt/gfae180.

See the E&E for more examples.

Statement (co-published in *The BMJ, JAMA Pediatrics, and The Lancet Child and Adolescent Health*): Baba A, Smith M, Potter BK, et al. SPIRIT-Children and Adolescents (SPIRIT-C) 2026 Extension Statement: Enhancing the Reporting and Usefulness of Paediatric Randomised Trial Protocols. BMJ 2026;392:e085062. doi: 10.1136/bmj-2025-085062

Explanation and Elaboration: Baba A, Smith M, Potter BK, et al. SPIRIT-C 2026 explanation and elaboration: recommendations for enhancing the reporting and impact of paediatric randomised trials. BMJ 2026;392:e085064. doi: 10.1136/bmj-2025-085064