Section in analysis plan	Action/change	Note/comment
Errors in original text of analysis plan		
2.2.2	No analysis of SPPB at 6 months has been undertaken	A 6-month analysis was never envisaged
5.9	GDS-15 baseline value was used as a covariate in models rather than whether or not individuals were on antidepressants	GDS-15 is correctly specified in table 5 of the analysis plan but the text refers to antidepressants. The text is in error; the agreed plan was to use GDS-15
Changes to plan		
5.2.4	We did not use exposure (length of residence in home) in safety analyses	We do not have length of stay in home for residents who did not take part in the OPERA study. Fractures and death outcomes were on all residents. Exposure could potentially be approximated based on size of home and bed occupancy but this will be time-consuming
5.4	SAS was used for a handful of analyses but is not mentioned as a software package that will be used	For ordinal mixed effects models SAS was suitable and the statistician conducting these analyses was more familiar with using SAS in this context
8.5	No sensitivity analysis has been undertaken for the cohort analyses	The difficulty in interpreting such an analysis given the different time points at which individuals entered the study, the small number of individuals who would be added to the analysis, and the possibility of identification/recruitment bias
9.1	Pain and social engagement were converted to three-point scales for analysis	Social engagement had seven categories. Some categories had very low numbers. For ordinal categorical data, the proportional odds assumption is strong and likely to be violated if there are many categories
Analyses not in the HTA report		
2.1.4	No analysis of hospital admissions has been undertaken	Complicated data, not considered a priority for HTA report given other demands
2.2.2	Medication use has not been converted to defined daily doses	Problems with the medications database have meant that this will be far more time-consuming than originally envisaged
3.4	Cause of death data have not yet been examined	Not considered a priority for HTA report
5.8	Clustering (ICC) is not presented by arm in order to ascertain whether or not there is greater clustering in the intervention arm due to physiotherapist clustering effects	Not considered a priority for HTA report
6.4	Detailed reasons for loss to follow-up have not been presented	Not considered a priority given the complicated nature of the data and competing demands on time
9.2	Medians and centiles have not been presented for all outcomes	Not considered a priority for HTA report, given space available
10.5	Kaplan–Meier plots and log-rank tests were not used for mortality data	It was not possible to complete the manipulation of date-of-death data to produce these analyses in time for the submission of the report