Supplementary data

Appendix A. Demographic differences between patients included in the trial, and eligible patients who declined to participate or were not asked to participate

	Included patients (n = 80)	(n = 60) Patients not included
Male, n [a]	52	30
Age at surgery, mean (SD)	61 (7)	62 (7)
BMI, mean (SD)	27 (4)	28 (3)
ASA class: 1; 2; 3, n	58 [a]; 13 [b]; 6	27 [a]; 30 [b]; 3

BMI: body mass index;
ASA: American Society of Anaesthesiology classification.
[a] and [b] Significant differences (chi-square test).

Appendix B. Mean difference in patient-reported outcomes within and between treatment groups preoperatively to 12-month follow-up (per-protocol analysis). Values are mean (95% CI) unless otherwise indicated

PROM	Within-group change Preoperatively to 12-month follow-up Lateral approach (n = 37)	Posterior approach (n = 39)	Between-group change (LA minus PA) [a] Preoperatively to 12-month follow-up (n = 77)	p-value	Cohen's d, effect size (ES) 12-month follow-up ES (95% CI)
HOOS-PS	37 (32 to 43)	40 (35 to 45)	–3 (–8 to 2)	0.2	0.4 (–0.1 to 0.8)
HOOS-Pain	47 (41 to 54)	50 (44 to 55)	–3 (–9 to 3)	0.3	0.3 (–0.2 to 0.7)
HOOS-QOL	52 (44 to 61)	58 (52 to 64)	–6 (–15 to 2)	0.1	0.4 (–0.1 to 0.9)
EQ-5D-3L	0.3 (0.2 to 0.3)	0.4 (0.3 to 0.4)	–0.1 (–0.1 to 0.0)	0.07	0.2 (–0.2 to 0.7)
EQ-5D-VAS	25 (17 to 34)	31 (23 to 40)	–5 (–12 to 2)	0.1	0.4 (–0.1 to 0.9)
UCLA Activity Score	1 (0 to 3) [c]	2 (1 to 3) [c]	–0.6 (–1.2 to 0.1)	0.1	– [b]
Limping Score	–1 (–2 to –1) [c]	–2 (–2 to–1) [c]	0.3 (–0.01 to 0.58)	0.02	– [b]

For abbreviations, see Tables 2 and 3

Number needed to treat (NNT) based on the primary outcome HOOS-PS at 12-month follow-up

The number-needed-to-treat (NNT) analysis was based on the HOOS-PS score at 12 months. We dichotomized the data based on a patient-acceptable symptom state (PASS) of > 88 HOOS-PS, as suggested by Paulsen et al. (2014). Thus, 88 HOOS-PS points was the cut point, above which the outcome was considered to be acceptable. NNT was calculated using Graphpad (GraphPad Software Inc., La Jolla, CA).

The 14 patients in the LA group had a mean HOOS-PS score below 88 points, as compared to 12 in the PA group. The absolute risk reduction was 7% (95% CI: −14 to 28) and the NNT was 14 patients. One in every 14 patients would benefit from the treatment with PA compared to LA. However, the 95% confidence interval for the absolute risk reduction extended from a negative number (PA may harm) to a positive number (PA may benefit), so we cannot conclude with 95% certainty that PA is harmful, has no effect, or is helpful, compared to LA.

Appendix C. Number needed to treat (NNT) based on the primary outcome HOOS-PS at 12-month follow-up

Acceptable outcome score for HOOS-PS	Lateral approach	Posterior approach
Yes: HOOS-PS > 88, n	23	27
No: HOOS-PS < 88, n	14	12

Based upon a cut point on 88 HOOS-PS points as the patient-acceptable symptom state (PASS).
HOOS: Hip Disability and Osteoarthritis Outcome Score (scores range from 0 to 100 with higher scores indicating better outcome).