<u>Materials Design Analysis Reporting (MDAR)</u> Checklist for Authors

The MDAR framework establishes a minimum set of requirements in transparent reporting applicable to studies in the life sciences (see Statement of Task: doi:10.31222/osf.io/9sm4x.). The MDAR checklist is a tool for authors, editors and others seeking to adopt the MDAR framework for transparent reporting in manuscripts and other outputs. Please refer to the MDAR Elaboration Document for additional context for the MDAR framework.

Materials

Antibodies	Yes	(indicate where provided: section/paragraph)	n/a
For commercial reagents, provide supplier			n/a
name, catalogue number and RRID, if			

Cell materials	Yes	(indicate where provided: section/paragraph)	n/a
Cell lines: Provide species information,			n/a
strain. Provide accession number in			
repository OR supplier name, catalog			
number, clone number, OR RRID			
Primary cultures: Provide species, strain,			n/a
sex of origin, genetic modification status.			

Experimental animals	Yes	(indicate where provided: section/paragraph)	n/a
Laboratory animals: Provide species, strain, sex, age, genetic modification status. Provide accession number in repository OR supplier name, catalog number, clone number, OR RRID			n/a
Animal observed in or captured from the field: Provide species, sex and age where possible			n/a
Model organisms: Provide Accession number in repository (where relevant) OR			n/a

Plants and microbes	Yes	(indicate where provided: section/paragraph)	n/a
Plants: provide species and strain, unique accession number if available, and source (including location for collected wild specimens)			n/a
Microbes: provide species and strain, unique accession number if available, and source			n/a

Human research participants	Yes (indicate where provided: section/paragraph)	n/a
Identify authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.	Main manuscript, page 9, Methods section, paragraph 1. This study is approved by the ethics committee of the First Affiliated Hospital of Guangzhou Medical University, as well as the National Health Commission, Department of Science and Technology of Guangdong Province, where we received the observational patient data. The study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). This study was approved by the ethics committee of the First Affiliated Hospital of Guangzhou Medical University (NO.: 2020-92). As this is a retrospective observational study, the patient's informed consent was waived.	
Provide statement confirming informed consent obtained from study participants.		n/a
Report on age and sex for all study participants.	Main manuscript, page 12, Results section, paragraph 4.	

Design

Study protocol	Yes (indicate where provided: section/paragraph)	n/a
For clinical trials, provide the trial registration		n/a
number OR cite DOI in manuscript.		

Laboratory protocol	Yes	(indicate where provided: section/paragraph)	n/a
Provide DOI or other citation details if detailed step-			n/a
by-step protocols are available.			

Experimental study design (statistics details)	Yes (indicate where provided: section/paragraph)	n/a
State whether and how the following have been		
done, or if they were not carried out.		
Sample size determination		n/a
Randomisation		n/an
Blinding		n/a
Inclusion/exclusion criteria	Main manuscript, page 4, Methods section, paragraph 1.	

Sample definition and in-laboratory replication	Yes (indicate where provided: section/paragraph)	n/a
State number of times the experiment was replicated in laboratory		n/a
Define whether data describe technical or biological replicates		n/a

Ethics	Yes (indicate where provided: section/paragraph)	n/a
Studies involving human participants: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.	Main manuscript, page 9, Methods section, paragraph 1. This study is approved by the ethics committee of the First Affiliated Hospital of Guangzhou Medical University, as well as the National Health Commission, Department of Science and Technology of Guangdong Province, where we received the observational patient data. The study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). This study was approved by the ethics committee of the First Affiliated Hospital of Guangzhou Medical University (NO.: 2020-92). As this is a retrospective observational study, the patient's informed consent was waived.	
Studies involving experimental animals: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.		n/a
Studies involving specimen and field samples: State if relevant permits obtained, provide details of authority approving study; if none were required, explain why.		n/a

Dual Use Research of Concern (DURC)	Yes (indicate where provided: section/paragraph)	n/a
If study is subject to dual use research of concern,		n/a
state the authority granting approval and reference		
number for the regulatory approval		

Analysis

Attrition	Yes (indicate where provided: section/paragraph)	n/a
State if sample or data point from the analysis is excluded, and whether the criteria for exclusion were determined and specified in advance.	Main manuscript, page 9, Methods section, paragraph 3, 5.	

Statistics	Yes (indicate where provided: section/paragraph)	n/a	i
Describe statistical tests used and justify choice of	Main manuscript, page 9, Methods section, paragraph 6 -		
tests.	10.		i

Data Availability	Yes (indicate where provided: section/paragraph)	n/a
State whether newly created datasets are available,	Main manuscript, page 9, Methods section, paragraph 1 -	
including protocols for access or restriction on access.	5. Besides, please see in the newly uploaded additional	
	file.	
If data are publicly available, provide accession number in repository or DOI or URL.		n/a
If publicly available data are reused, provide		n/a
accession number in repository or DOI or URL,		
where possible.		

Code Availability	Yes (indicate where provided: section/paragraph)	n/a
For all newly generated code and software essential for replicating the main findings of the study:		
State whether the code or software is available.	Main manuscript, page 9, Methods section, paragraph 10.	
If code is publicly available, provide accession number in repository, or DOI or URL.		n/a

Reporting

Adherence to community standards	Yes (indicate where provided: section/paragraph)	n/a
MDAR framework recommends adoption of discipline-specific guidelines, established and endorsed through community initiatives. Journals have their own policy about requiring specific guidelines and recommendations to complement MDAR.		
State if relevant guidelines (eg., ICMJE, MIBBI, ARRIVE) have been followed, and whether a checklist (eg., CONSORT, PRISMA, ARRIVE) is provided with the manuscript.	ICMJE guidelines were followed, as the journal follows ICMJE recommendations for publication. The STROBE reporting checklist was also provided	

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STROBE Statement—checklist of items that should be included in reports of observational studies

Section/item	Item No	Recommendation	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract		
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found		
Introduction				
Background/ rationale	2	Explain the scientific background and rationale for the investigation being reported		
Objectives	3	State specific objectives, including any prespecified hypotheses		
Methods				
Study design	4	Present key elements of study design early in the paper		
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection		
Participants	6	(a) Cohort study —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Case-control study —Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls Cross-sectional study —Give the eligibility criteria, and the sources and methods of selection of participants		
		(b) Cohort study —For matched studies, give matching criteria and number of exposed and unexposed Case-control study —For matched studies, give matching criteria and the number of controls per case		
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable		
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		
Bias	9	Describe any efforts to address potential sources of bias		
Study size	10	Explain how the study size was arrived at		
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why		

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Statistical	12	(a) Describe all statistical methods, including those used to control for confounding	
methods		(b) Describe any methods used to examine subgroups and interactions	
		(c) Explain how missing data were addressed	
		(d) Cohort study —If applicable, explain how loss to follow-up was addressed Case-control study —If applicable, explain how matching of cases and controls was addressed Cross-sectional study —If applicable, describe analytical methods taking account of sampling strategy	
		(e) Describe any sensitivity analyses	
Results			
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	
		(b) Give reasons for non-participation at each stage	
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	
		(b) Indicate number of participants with missing data for each variable of interest	
		(c) Cohort study —Summarise follow-up time (eg, average and total amount)	
Outcome data	15*	Cohort study — Report numbers of outcome events or summary measures over time	
		Case-control study — Report numbers in each exposure category, or summary measures of exposure	
		Cross-sectional study—Report numbers of outcome events or summary measures	
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	
		(b) Report category boundaries when continuous variables were categorized	
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
Other analyses	17	Report other analyses done - eg analyses of subgroups and interactions, and sensitivity analyses	
Discussion			
Key results	18	Summarise key results with reference to study objectives	
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	

Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	
Generalisability	21	Discuss the generalisability (external validity) of the study results	
Other information			
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	

^{*}Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.