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	2/28-38	Background; Methods
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2-3/39-50	Results; Conclusion
Introduction				
Background/ rationale	2	Explain the scientific background and rationale for the investigation being reported	3-4/54-80	Introduction
Objectives	3	State specific objectives, including any prespecified hypotheses	4/80-82	Introduction
Methods				
Study design	4	Present key elements of study design early in the paper	4/85-87	Study population and data collection
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	5/98-108	Study population and data collection
Participants	6	(a) <i>Cohort study</i> —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up <i>Case-control study</i> —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 <i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants	4-5/85-93	Study population and data collection
		(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	4-5/85-93	Study population and data collection

ces of data and details of methods of assessment		and data collection
ty of assessment methods if there is more than one group	6/110-122	Echocardiographic analysis
ial sources of bias	6/124-129	Quantification of LV myocardial work
l at	5/94-97	Study population and data collection
re handled in the analyses. If applicable, describe which	5/98-103; 6-7/124-144	Study population and data collection; Quantification of LV myocardial work
cluding those used to control for confounding	7/146-149	Statistical analysis
mine subgroups and interactions	7/149-151 8/156-170	Statistical analysis
ressed	N/A(no missing data)	N/A(no missing data)
n how loss to follow-up was addressed lain how matching of cases and controls was addressed lescribe analytical methods taking account of sampling strategy	7-8/151-155	Statistical analysis
	N/A(No sensitivity studies)	N/A(No sensitivity studies)

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	8/175-177, Figure 1	Patients characteristics
		(b) Give reasons for non-participation at each stage	N/A(No subjects dropped out)	N/A(No subjects dropped out)
		(c) Consider use of a flow diagram	Figure 1	Figure
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	8/178-185	Patients characteristics
		(b) Indicate number of participants with missing data for each variable of interest	N/A(no missing data)	N/A(no missing data)
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	N/A(case-control study)	N/A(case-control study)
Outcome data	15*	Cohort study—Report numbers of outcome events or summary measures over time	N/A(case-control study)	N/A(case-control study)
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	8-9/178-185	Patients characteristics
		Cross-sectional study—Report numbers of outcome events or summary measures	N/A(case-control study)	N/A(case-control study)
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	9-11/187-226	Clinical data and standard echocardiographic parameters; Myocardial work analysis; Associations between disease characteristics and

				myocardial work indices
		(b) Report category boundaries when continuous variables were categorized	9-10/194-210	Myocardial work analysis
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	10-11/212-226	Associations between disease characteristics and myocardial work indices
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	10/207-210	Reproducibility of myocardial work analysis
Discussion	<u> </u>			
Key results	18	Summarise key results with reference to study objectives	11/228-238	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	14/291-298	Discussion
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	11-14/239-290	Discussion
Generalisability	21	Discuss the generalisability (external validity) of the study results	N/A(no external validation)	N/A(no external validation)
Other information	1			
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	15/324-326	Funding
		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.

Article information: https://dx.doi.org/10.21037/qims-22-817
*As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.