Section/item	ltem 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	Page 1/Li ne 3-4	Title
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	Page 2/Li ne 35-53	Abstract/P1-4
Introduction				
Background/ rationale	2	Explain the scientific background and rationale for the investigation being reported	Page 2/Line 59-66	Introduction/P1
Objectives	3	State specific objectives, including any prespecified hypotheses	Page 2-3/Li ne 67-80	Introduction/P2
Methods			·	·
Study design	4	Present key elements of study design early in the paper	Page 3-4/Line95-109	Methods/P 2-3
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Page 3/Line 84–94	Methods/ P 1
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 	Page 3-4/Li ne95-109	Methods/P 2-3
		(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	n/a	n/a
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	n/a	n/a
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	Page 4/Li ne 110-125	MethodsP 4
Bias	9	Describe any efforts to address potential sources of bias	n/a	n/a
Study size	10	Explain how the study size was arrived at	Page 3-4/Li ne 84-109	Methods/P 1-3
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	n/a	n/a

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

12	(a) Describe all statistical methods, including those used to control for confounding	Page 4/Li ne 126-131	Methods /P 5
	(b) Describe any methods used to examine subgroups and interactions	n/a	n/a
	(c) Explain how missing data were addressed	n/a	n/a
	(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	n/a	n/a
	(e) Describe any sensitivity analyses	n/a	n/a
			·
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	Page 6/Li ne 170-180	Surgery Outcome/P1
	(b) Give reasons for non-participation at each stage	n/a	n/a
	(c) Consider use of a flow diagram	n/a	n/a
14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	n/a	n/a
	(b) Indicate number of participants with missing data for each variable of interest	n/a	n/a
	(c) Cohort study —Summarise follow-up time (eg, average and total amount)	Page 6/Li ne 170	Surgery outcome/P1
15*	Cohort study – Report numbers of outcome events or summary measures over time	Page 6/Li ne 170–180	Surgery Outcome/P1
	Case-control study – Report numbers in each exposure category, or summary measures of exposure	n/a	n/a
	Cross-sectional study – Report numbers of outcome events or summary measures	n/a	n/a
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	Page 6/Li ne 183–189	ADL assessment /P 1
	(b) Report category boundaries when continuous variables were categorized	n/a	n/a
	(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	n/a	n/a
17	Report other analyses done-eg analyses of subgroups and interactions, and sensitivity analyses	Page 15/Li ne 382	Table 3
18	Summarise key results with reference to study objectives	Page 6-10/Li ne 192-306	Di scussi on/P 1–8
19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Page 10/Li ne 312-316	Conclusion
	13* 14* 15* 16 17 18	13* (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (c) Explain how missing data were addressed (d) Cohort study—If applicable, explain how matching of cases and controls was addressed Case-control study—If applicable, explain how matching of cases and controls was addressed (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 (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) 15* Cohort study—Report numbers of outcome events or summary measures over time Case-control study—Report numbers of outcome events or summary measures (c) Give unadjusted estimates and, if applicable, confounder-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 16 Report tategory boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period <td>(b) Describe any methods used to examine subgroups and interactions n/a (c) Explain how missing data were addressed n/a (d) Cohort study—If applicable, explain how loss to follow-up was addressed n/a (d) Cohort study—If applicable, explain how loss to follow-up was addressed n/a (e) Explain how missing data were addressed n/a (f) Cohort study—If applicable, explain how matching of cases and controls was addressed n/a (f) Cohort study—If applicable, explain how matching of cases and controls was addressed n/a (g) Bescribe any sensitivity analyses n/a (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confieting follow-up, and analysed n/a (c) Consider use of a flow diagram n/a n/a (f) Give reasons for non-participation at each stage n/a n/a (g) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders n/a n/a (f) Cohort study—Report numbers of outcome events or summary measures of exposure n/a n/a (f) Cohort study—Report numbers of outcome events or summary measures of exposure n/a n/a (g) Report category boundaries when continuous variables were categorized n/a n/a</td>	(b) Describe any methods used to examine subgroups and interactions n/a (c) Explain how missing data were addressed n/a (d) Cohort study—If applicable, explain how loss to follow-up was addressed n/a (d) Cohort study—If applicable, explain how loss to follow-up was addressed n/a (e) Explain how missing data were addressed n/a (f) Cohort study—If applicable, explain how matching of cases and controls was addressed n/a (f) Cohort study—If applicable, explain how matching of cases and controls was addressed n/a (g) Bescribe any sensitivity analyses n/a (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confieting follow-up, and analysed n/a (c) Consider use of a flow diagram n/a n/a (f) Give reasons for non-participation at each stage n/a n/a (g) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders n/a n/a (f) Cohort study—Report numbers of outcome events or summary measures of exposure n/a n/a (f) Cohort study—Report numbers of outcome events or summary measures of exposure n/a n/a (g) Report category boundaries when continuous variables were categorized n/a n/a

Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Page 10/Li ne 309-312	Concl usi on				
Generalisability	21	Discuss the generalisability (external validity) of the study results	Page 9-10/Li ne 294-306	Di scussi on/P 8				
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	n/a	n/a				

*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.

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*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.