



Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	line106-111	method-statistical analysis
		(b) Describe any methods used to examine subgroups and interactions	NA	
		(c) Explain how missing data were addressed	NA	
		(d) <b>Cohort study</b> —If applicable, explain how loss to follow-up was addressed <b>Case-control study</b> —If applicable, explain how matching of cases and controls was addressed <b>Cross-sectional study</b> —If applicable, describe analytical methods taking account of sampling strategy	line90-92	method-population
		(e) Describe any sensitivity analyses	NA	
<b>Results</b>				
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	line115-117	results
		(b) Give reasons for non-participation at each stage	figure 2	figure 2
		(c) Consider use of a flow diagram	figure 2	figure 2
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	line119-131	results-demographic and clinical characteristics
		(b) Indicate number of participants with missing data for each variable of interest	NA	
		(c) <b>Cohort study</b> —Summarise follow-up time (eg, average and total amount)	line159	results-follow-up
Outcome data	15*	<b>Cohort study</b> —Report numbers of outcome events or summary measures over time	line159-163	results-follow-up
		<b>Case-control study</b> —Report numbers in each exposure category, or summary measures of exposure	NA	
		<b>Cross-sectional study</b> —Report numbers of outcome events or summary measures	NA	
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	line119-122	results
		(b) Report category boundaries when continuous variables were categorized	NA	
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA	
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	NA	
<b>Discussion</b>				
Key results	18	Summarise key results with reference to study objectives	line171-186	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	line204-205	discussion

Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	line166-205	discussion
Generalisability	21	Discuss the generalisability (external validity) of the study results	line208-212	conclusion
<b>Other information</b>				
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	line224-227	funding

\*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](http://www.strobe-statement.org).