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	Line 4	Title
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	Line 46-47	Abstract
Introduction				
Background/ rationale	2	Explain the scientific background and rationale for the investigation being reported	Line 103-117	Introduction
Objectives	3	State specific objectives, including any prespecified hypotheses	Line 119	Introduction
Methods				
Study design	4	Present key elements of study design early in the paper	Line 120-122	Introduction
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Line 125-131	Methods
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 	Line 126-131, 153-165	Methods
		(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	Line 166-174	Methods
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Line 153-165	Methods
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	Line 153-174	Methods
Bias	9	Describe any efforts to address potential sources of bias	Line 166	Methods
Study size	10	Explain how the study size was arrived at	Line 128	Methods
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Line 176-177	Methods

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	Line 177-183	Methods
	(b) Describe any methods used to examine subgroups and interactions	N/A no subgroup analsysis	
	(c) Explain how missing data were addressed	N/A no missing data	
	(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 no lost to follow-up	
	(e) Describe any sensitivity analyses	Line 183	Methods
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	Figure 1	Results
	(b) Give reasons for non-participation at each stage	Line 186-188	Results
	(c) Consider use of a flow diagram	Figure 1	Results
14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Table 1	Results
	(b) Indicate number of participants with missing data for each variable of interest	Line 204	Results
	(c) Cohort study —Summarise follow-up time (eg, average and total amount)	Line 203	Results
15*	Cohort study – Report numbers of outcome events or summary measures over time	Line 204-207	Results
	Case-control study – Report numbers in each exposure category, or summary measures of exposure	N/A	
	Cross-sectional study – Report numbers of outcome events or summary measures	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	Table 2, Line 213-216	Results
	(b) Report category boundaries when continuous variables were categorized	Table 1, Table 2	Results
	(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A no risk estimate	
17	Report other analyses done-eg analyses of subgroups and interactions, and sensitivity analyses	Table 4, Table 5	Results
18	Summarise key results with reference to study objectives	Line 243-246	Discussion
19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Line 279	Discussion
	13* 14* 15* 16 17 18	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 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 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 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—Report numbers of outcome events or summary measures over time Case-control study—Report numbers of outcome events or summary measures 16 (a) 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 numbers and relative risk into absolute risk for a meaningful time period 17 Report other analyses done—e analyses of subgroups and interactions, and sensitivity analyses	10 Describe any methods used to examine subgroups and interactions N/A no subgroup analysis (b) Describe any methods used to examine subgroups and interactions N/A no missing data N/A no missing data (d) Cohort study—If applicable, explain how loss to follow-up was addressed N/A no lost to follow-up N/A no lost to follow-up (d) Cohort study—If applicable, explain how matching of cases and controls was addressed N/A no lost to follow-up N/A no lost to follow-up (e) Describe any sensitivity analyses Line 183 Line 183 13* (a) Report numbers of individuals at each stage of study—eq numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed Figure 1 14* (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders Table 1 (b) Indicate number of participants with missing data for each variable of interest Line 204 Line 204 (c) Cohort study—Report numbers of outcome events or summary measures or exposure N/A N/A 15* Cohort study—Report numbers of outcome events or summary measures of exposure N/A 16 (a) Give unadjusted estimates and, if applicable, confounder-adjusted for and why they were included Table 2, Line 213-216 17 Report categ

Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Line 224-257	Discussion			
Generalisability	21	Discuss the generalisability (external validity) of the study results	Line 258-267	Discussion			
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	NA	NA			

*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.