## 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 | Page 3, Line 43 | Abstract, Paragraph 1 |
| | | (b) Provide in the abstract an informative and balanced summary of what was done and what was found | Page 3-4, Line 41-69 | Abstract, Paragraph 1-4 |
| **Introduction** | | | | |
| Background/ rationale | 2 | Explain the scientific background and rationale for the investigation being reported | Page 4-6, Line 74-110 | Introduction, Paragraph 1-3 |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | Page 6, Line 106-110 | Introduction, Paragraph 3 |
| **Methods** | | | | |
| Study design | 4 | Present key elements of study design early in the paper | Page 6, Line 113-120 | Patients and Method, |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | Page 6, Line 114-115, Line 118-120 | Patients and Method, Paragraph 1 |
| Participants | 6 | (a) ***Cohort study***—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up<br>***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<br>***Cross-sectional study***—Give the eligibility criteria, and the sources and methods of selection of participants | Page 7, Line 121-128 | Patients and Method, Paragraph 2 |
| | | (b) ***Cohort study***—For matched studies, give matching criteria and number of exposed and unexposed<br>***Case-control study***—For matched studies, give matching criteria and the number of controls per case | NA. Our study was not a matched study. | NA. Our study was not a matched study. |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | Page 6, Line 116-118; Page 7, Line 131-133; | Patients and Method, Paragraph 1, 3, 4 |
| 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 7-8, Line 130-163 | Patients and Method, Paragraph 3-5 |
| Bias | 9 | Describe any efforts to address potential sources of bias | Page 9, Line 167-169 | Patients and Method, |
| Study size | 10 | Explain how the study size was arrived at | Page 6, Line 114-118 | Patients and Method, |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | Page 9, Line 173-174 | Patients and Method, Paragraph 7 |

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| Statistical methods | 12 | (a) Describe all statistical methods, including those used to control for confounding | Page 9, Line 171-179 | Patients and Method, |
| | | (b) Describe any methods used to examine subgroups and interactions | NA. Our sample size was | NA. Our sample size was |
| | | (c) Explain how missing data were addressed | NA. We did not have | NA. We did not have |
| | | (d) ***Cohort study***—If applicable, explain how loss to follow-up was addressed<br>***Case-control study***—If applicable, explain how matching of cases and controls was addressed<br>***Cross-sectional study***—If applicable, describe analytical methods taking account of sampling strategy | NA. Sorry, our study did not have a long-term follow,which was one of the limitations of our | NA. Sorry, our study did not have a long-term follow,which was one of the limitations of our |
| | | (e) Describe any sensitivity analyses | NA. Sensitivity analyses | NA. 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 | Page 6, Line 114-118 | Patients and Method, Paragraph 1 |
| | | (b) Give reasons for non-participation at each stage | Page 6, Line 115-117 | Patients and Method, |
| | | (c) Consider use of a flow diagram | Page 6, Line 117-118; | Patients and Method, |
| Descriptive data | 14* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | Page 9-10, Line 182-189 | Result, Paragraph 1 |
| | | (b) Indicate number of participants with missing data for each variable of interest | Page 9, Line 183-184 | Result, Paragraph 1 |
| | | (c) ***Cohort study***—Summarise follow-up time (eg, average and total amount) | NA. Sorry, our study did | NA. Sorry, our study did |
| Outcome data | 15* | ***Cohort study***—Report numbers of outcome events or summary measures over time | Page 10, Line 191-202 | Result, Paragraph 2 |
| | | ***Case-control study***—Report numbers in each exposure category, or summary measures of exposure | NA. Our study was not a | NA. Our study was not a |
| | | ***Cross-sectional study***—Report numbers of outcome events or summary measures | NA. Our study was not a | NA. Our study was not a |
| 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 | Page 10-11, Line 204-208 | Result, Paragraph 3 |
| | | (b) Report category boundaries when continuous variables were categorized | Page 10-11, Line 205-207; | Result, Paragraph 3, Table |
| | | (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | NA. | NA. |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | NA. These analyses were | NA. These analyses were |
| **Discussion** | | | | |
| Key results | 18 | Summarise key results with reference to study objectives | Page 11-13, Line 223-260 | Discussion, Paragraph 2-4 |
| 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 | Page 14, Line 266-278 | Discussion, Paragraph 6 |

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| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | Page 11-13 ,Line 211-265 | Discussion, Paragraph 1-5 |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | Page 14, Line 281-286 | Conclusion, Paragraph 1 |
| **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 | Page 15-16, Line 298-308 | Acknowledgment, Paragraph 2 |

*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.