

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

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	1	Modified uvulopalatopharyngoplasty and radiofrequency-in-saline tongue for the management of snoring
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2	‘Objective: The modified uvulopalatopharyngoplasty and radiofrequency-in-saline tongue’
<b>Introduction</b>				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4	‘Snoring is a common patient (and partner) complaint, caused by upper airway’
Objectives	3	State specific objectives, including any prespecified hypotheses	5	‘The purpose of this study...’
<b>Methods</b>				
Study design	4	Present key elements of study design early in the paper	6-8	
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6	single centre in New South Wales between 2008 and 2020.
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	6-7	The patient population included consecutive adult patients with primary complaint snoring, and an AHI ≤ 15, who underwent modUPPP and radiofrequency-in-saline tongue performed with a standardised approach <sup>[17]</sup> at a single centre in New South Wales between 2008 and 2020.

		(b) <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed <i>Case-control study</i> —For matched studies, give matching criteria and the number of controls per case	6-7	resulting in 68 with full data
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7	the ‘Snoring Severity Scale’ (SSS) (20) was collected in patients both before and after surgery as a part of regular patient care (3 months post-operatively).
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	7	The primary outcome measure was change in SSS.
Bias	9	Describe any efforts to address potential sources of bias	-	
Study size	10	Explain how the study size was arrived at	6	The patient population included consecutive adult patients with primary complaint snoring, and an AHI $\leq$ 15, who underwent modUPPP and radiofrequency-in-saline tongue performed with a standardised approach <sup>[17]</sup> at a single centre in New South Wales between 2008 and 2020.

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Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why		
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	7	The primary outcome measure was change in SSS.
		(b) Describe any methods used to examine subgroups and interactions	-	
		(c) Explain how missing data were addressed	7	Exclusion criteria were:  Incomplete follow-up . If there was no record of completion of the SSS questionnaire
		(d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed <i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy	7	Exclusion criteria were:  Incomplete follow-up
		(e) Describe any sensitivity analyses	-	
<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	8	A total of 97 consecutive patients presenting
		(b) Give reasons for non-participation at each stage	8-9	of which 10 were lost to follow-up, resulting in 68 with full data.
		(c) Consider use of a flow diagram	-	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	9	The mean age of participants (n = 68) was 37.3 ± 11.5 years
		(b) Indicate number of participants with missing data for each variable of interest	9	Table 1 provides a summary of pre- and post-operative patient demographics.
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	9	Despite missing data on post-operative BMI (n=44) there was no significant difference

Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time	9	The mean age of participants (n = 68)
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure		
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures		
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	The snoring severity scale reduced from a mean value of 7.0 ± 1.6 to 1.9 ± 2.3 post-operatively
		(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	-	

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Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	-	
<b>Discussion</b>				
Key results	18	Summarise key results with reference to study objectives	10	Multilevel surgery is effective in decreasing AHI in patients with habitual snoring
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	11	Limitations of this study include,
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	12	The results of this study indicate that modUPPP with radiofrequency-in-saline tongue is an effective treatment modality with a low complication rate
Generalisability	21	Discuss the generalisability (external validity) of the study results	11	Secondly the use of SSS to determine treatment effect
<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	23	There are no conflicts of interest to report

\*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).