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

Title and abstract: The study method is explained in the Abstract.

Introduction: The study's subject is introduced, and the objectives are numbered so as to discuss them in order.

Method: This is a longitudinal observational case-control study. The method for choosing controls in relation to cases is explained. The *case group* consists of pediatric and adult patients with a history of persistent or long-term atelectasis who did not improve with standard treatment[13] and who were followed-up for at least two years after the onset of this respiratory complication. Persistent atelectasis was defined as a complete or partial collapse of the lungs that might affect gas exchange[14]. The *control group* consists of patients with cystic fibrosis (CF) who had no previous history of atelectasis and who were recruited from the same hospital from which the cases were included. Patients (with or without atelectasis) were matched 1:1 by sex and age (± 3 years). The criteria that are considered generalized diagnoses or protocols are indicated with references. The study variables to which the criteria refer to were listed. The statistical method and ethics committee approval have been stated.

Results: The results were expressed according to the objectives in terms of the mean (standard deviation) and frequency (percentage). The results have been ordered according to the objectives and their order.

Discussion: The results are discussed in comparison to those of published articles. The study limitations and conclusions are discussed (*The main limitation of this work is that it is a retrospective and observational study*). Based on these conclusions, these ones were reached based on the results. (*We can conclude that a patient with CF and moderate-severe pulmonary obstruction or who has been previously diagnosed with allergic bronchopulmonary aspergillosis could develop pulmonary atelectasis. In addition, once a patient experiences pulmonary atelectasis, their condition worsens, with more exacerbations, creating a life-threatening situation that forces them to join a waiting list for transplantation or other surgery. More studies are needed to determine the role of bronchoscopy as a therapeutic method for resolving atelectasis. Considering all of this information, atelectasis is a pulmonary complication that constitutes a poor prognostic factor in CF*.

	Item No	**Recommendation**
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract: **This has been included in the first page.**
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found: **This has been included in the Abstract.**
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported: **This has been included in pages 1-2.**
Objectives	3	State specific objectives, including any prespecified hypotheses: **This has been included in page 2.**
Methods		

Study design	4	Present key elements of study design early in the paper: **This has been included in pages 2-3.**
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection: **This has been included in pages 3-4.**
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up. *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants.
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed. ***Case-control study (pages 3-4)***
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable. **This has been included in pages 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. **This has been included in pages 3-4.**
Bias	9	Describe any efforts to address potential sources of bias. **The study limitations have been explained in the text (page 11).**
Study size	10	Explain how the study size was arrived at. **This has been included in page 4.**
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why. **This has been included in pages 3-4.**
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding. **This has been included in page 4.**
		(*b*) Describe any methods used to examine subgroups and interactions.
		(*c*) Explain how missing data were addressed.
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy.
		(*e*) Describe any sensitivity analyses

Continued on next page

Results		
Participants	13*	(a) **Report numbers of individuals at each stage of study—e.g., number of potentially eligible participants, number of participants examined for eligibility, number of participants confirmed as eligible, number of participants included in the study, number of participants completing the follow-up, number of participants analysed (page 4).**
		(b) Give reasons for non-participation at each stage.
		(c) Consider use of a flow diagram.
Descriptive data	14*	**(a) Give characteristics of study participants (e.g. ,demographic, clinical, social) and information on exposures and potential confounders (pages 4-6).**
		(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).
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time.
		***Case-control study*—Report numbers in each exposure category or summary measures of exposure (pages 4-6).**
		Cross-sectional study—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 **(pages 4-6).**
		(*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.
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses.
Discussion		
Key results	18	**Summarise key results with reference to study objectives (pages 6-11).**
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 11).**
Interpretation	20	**Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence (pages 10-11).**
Generalisability	21	**Discuss the generalisability (external validity) of the study results (pages 6-11).**
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 11).**

*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.