STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

| | Item No | Recommendation |
|---|---|---|
| **Title and abstract** | 1 | (*a*) Indicate the study's design with a commonly used term in the title or the abstract<br>**Done, abstract** |
| | | (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found<br>**Done** |
| **Introduction** | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported<br>**Done, introduction** |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses<br>**Done, introduction (the prespecified hypotheses was that the increased awareness and intense debate about ACS gender differences, the focus on adherence to treatment guidelines and the shift to a reperfusion strategy that might be more advantageous to women would lead to a diminished gender gap in treatment and outcome between the two studied time periods)** |
| **Methods** | | |
| Study design | 4 | Present key elements of study design early in the paper<br>**Done, methods** |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection<br>**Done, methods** |
| Participants | 6 | (*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up<br>**Done, methods (all consecutive STEMI patients included in RIKSHIA during the two study periods. All patients were followed for at least one year and we have thus complete follow-up as all deaths in Sweden are registered in the Cause of death register which was merged with RIKSHIA)** |
| | | (*b*) For matched studies, give matching criteria and number of exposed and unexposed<br>**Not applicable** |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable<br>**Done, 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<br>**Done, methods** |
| Bias | 9 | Describe any efforts to address potential sources of bias<br>**Done, discussion (more of discussion of potential explanations to the found treatment bias)** |
| Study size | 10 | Explain how the study size was arrived at<br>**Done, methods (all consecutive STEMI patients in the two study periods are included)** |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses.<br>**Done**<br>If applicable, describe which groupings were chosen and why |
| Statistical methods | 12 | (*a*) Describe all statistical methods, including those used to control for confounding<br>**Done, statistics** |

| | | |
|---|---|---|
| | | (*b*) Describe any methods used to examine subgroups and interactions<br>**Not applicable (no subgroups examined)** |
| | | (*c*) Explain how missing data were addressed<br>**Done, statistics** |
| | | (*d*) If applicable, explain how loss to follow-up was addressed<br>**Not applicable (no loss to follow-up, se above)** |
| | | (*e*) Describe any sensitivity analyses<br>**Done, statistics** |
| **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<br>**Done (see above, all STEMI patients included in RIKSHIA during the two time periods were included, no loss to follow-up.)** |
| | | (b) Give reasons for non-participation at each stage |
| | | (c) Consider use of a flow diagram<br>**Not needed** |
| Descriptive data | 14* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders<br>**Done. See table 1.** |
| | | (b) Indicate number of participants with missing data for each variable of interest<br>**Done. See table 1 where data is presented as numbers (percentages). For other variables it is possible to calculate the number of valid cases = the number/(the percentage/100). For variables with more than just a few percent of missing data (symptom-to-door time) the exact number of valid cases is discussed. (see statistics )** |
| | | (c) Summarise follow-up time (eg, average and total amount)<br>**Done. All patients followed for at least 1 year.** |
| Outcome data | 15* | Report numbers of outcome events or summary measures over time<br>**Done. See table 1.** |
| 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<br>**Done. Regarding mortality unadjusted (i.e. crude), age-adjusted and multivariable adjusted odds and hazard ratios are shown in figure 3. Regarding therapies and procedures only multivariable adjusted odds ratios are shown in figure 2 because of lack of space. The table with all data is submitted as a supplementary file.** |
| | | (*b*) Report category boundaries when continuous variables were categorized<br>**Not applicable** |
| | | (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period<br>**Done. Both absolute mortality numbers and odds and hazard ratios are shown.** |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses<br>**Done.** |
| **Discussion** | | |
| Key results | 18 | Summarise key results with reference to study objectives<br>**Done, 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<br>**Done, discussion and limitation** |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence<br>**Done, discussion** |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results<br>**Done, se also cover letter** |
| **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<br>**Not applicable, only funding for the register** |

*Give information separately for exposed and unexposed groups.

**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 http://www.strobe-statement.org.