## STROBE Checklist

Manuscript title: Epidemiology and Liver Transplantation Burden of Primary Biliary Cholangitis in Canada: A Retrospective Cohort Study Using National Administrative Data

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

Criteria	Item No	Recommendation	Page (Main Document)
Title and abstract	1	(a) Indicate the study's design with a commonly used term in	Pg.1
		the title or the abstract	_
		(b) Provide in the abstract an informative and balanced	Pg.2-3,
		summary of what was done and what was found	line 38-64
Introduction		•	
Background/rationale	2	Explain the scientific background and rationale for the	Pg.4-5,
		investigation being reported	line 75-110
Objectives	3	State specific objectives, including any prespecified	Pg.4-5,
		hypotheses	line 106-110
Methods			
Study design	4	Present key elements of study design early in the paper	Pg.5-8,
			line 111-173
Setting	5	Describe the setting, locations, and relevant dates, including	Pg.5-6,
		periods of recruitment, exposure, follow-up, and data	line 112-139
		collection	
Participants	6	(a) Cohortstudy—Give the eligibility criteria, and the	Pg.5-6,
		sources and methods of selection of participants. Describe	line 112-139
		methods of follow-up	
		Case-control study—Give the eligibility criteria, and the	
		sources and methods of case as certainment 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	
		(b) Cohortstudy—For matched studies, give matching	N/A
		criteria and number of exposed and unexposed	
		Case-control study—For matched studies, give matching	
		criteria and the number of controls per case	
Variables	7	Clearly define all outcomes, exposures, predictors, potential	Pg.6-8,
		confounders, and effect modifiers. Give diagnostic criteria, if	line 140-173
		applicable	
Data sources/	8*	For each variable of interest, give sources of data and details	Pg.5-6,
measurement		of methods of assessment (measurement). Describe	line 112-139
		comparability of assessment methods if there is more than	
		one group	
Bias	9	Describe any efforts to address potential sources of bias	Pg.6,
			line 125-218; Pg.
			6, line 134-139;
			Pg. 7, line 161-162
Study size	10	Explain how the study size was arrived at	Pg.5,
			line 113-16

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Quantitative variab	les 11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were	Pg.6, line 128-132
	10	chosen and why	P. 7.0
Statistical methods	12	(a) Describe all statistical methods, including those used to	Pg.7-8,
		control for confounding	line 156-173
		(b) Describe any methods used to examine subgroups and interactions	N/A
			D <sub>o</sub> (
		(c) Explain how missing data were addressed	Pg.6, line 125-218
		(d) Cohortstudy—If applicable, explain how loss to follow-	Pg.7,
		up was addressed	line 160-161, 166-
		Case-control study—If applicable, explain how matching of	170
		cases and controls was addressed	170
		Cross-sectional study—If applicable, describe analytical	
		methods taking account of sampling strategy	
		(e) Describe any sensitivity analyses	N/A
D. I.		(E) Describe any sensitivity analyses	11/11
Results 1	2*	(a) Don out nymbour of individuals at each store of study	A a manth a Mathada
Participants	3*	(a) Report numbers of individuals at each stage of study—eg	As per the Methods
		numbers potentially eligible, examined for eligibility,	section, all patients in
		confirmed eligible, included in the study, completing follow-	the study databases
		up, and analysed	were included;
			missing data (e.g.,
			MELD score) was
			not imputed; Number
			of censored patients
		4) 6:	are shown in Fig.5
		(b) Give reasons for non-participation at each stage	
D : .: 1	4 th	(c) Consider use of a flow diagram	D 00
	4*	(a) Give characteristics of study participants (eg	Pg.8-9,
data		demographic, clinical, social) and information on exposures	line 188-196
		and potential confounders	CTROPE 11 1
		(b) Indicate number of participants with missing data for each	
		variable of interest	Table 1
		(c) Cohort study—Summarise follow-up time (eg, average	Pg.10,
0		and total amount)	line 218-220
Outcome data 1	5*	Cohort study—Report numbers of outcome events or	Pg.8,
		summary measures over time	line 176-177; Pg. 9
		Consequently by Department 1	line 198-199
		Case-control study—Report numbers in each exposure	N/A
		category, or summary measures of exposure	<u> </u>
		Cross-sectional study—Report numbers of outcome events or	N/A
		summary measures	
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-	STROBE attachment,
		adjusted estimates and their precision (eg, 95% confidence	Table 2

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		interval). Make clear which confounders were adjusted for	
		and why they were included	
		(b) Report category boundaries when continuous variables	Pg.7,
		were categorized	line 151-154
		(c) If relevant, consider translating estimates of relative risk	N/A
		into absolute risk for a meaning ful time period	
Otheranalyses	17	Report other analyses done—eg analyses of subgroups and	N/A
		interactions, and sensitivity analyses	
Discussion			
Key results	18	Summarise key results with reference to study objectives	Pg.10-12,
			Line 222-290
Limitations	19	Discuss limitations of the study, taking into account sources	Pg.12,
		of potential bias or imprecision. Discuss both direction and	Line 273-284
		magnitude of any potential bias	
Interpretation	20	Give a cautious overall interpretation of results considering	Pg.12,
		objectives, limitations, multiplicity of analyses, results from	Line 285-290
		similar studies, and other relevant evidence	
Generalisability	21	Discuss the generalisability (external validity) of the study	Real-world validity:
		results	Pg.11,
			Line 251-261
Other informati	on		
Funding	22	Give the source of funding and the role of the funders for the	Pg.1-2,
		present study and, if applicable, for the original study on	Line 25-28
		which the presentarticle is based	

<sup>\*</sup>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.