

## S1 Appendix

**Strengthening the Reporting of Observational studies in Epidemiology (STROBE) checklist** of items that should be included in reports of *cohort studies*

	<b>Item No</b>	<b>Recommendation</b>
<b>Title and abstract</b>	1	(a) Indicate the study's design with a commonly used term in the title or the abstract ( <b>p. 1</b> ) (b) Provide in the abstract an informative and balanced summary of what was done and what was found ( <b>p. 2</b> )
<b>Introduction</b>		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported ( <b>p. 3</b> )
Objectives	3	State specific objectives, including any prespecified hypotheses ( <b>p. 3</b> )
<b>Methods</b>		
Study design	4	Present key elements of study design early in the paper ( <b>p. 3</b> )
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection ( <b>pp. 3-4</b> )
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up ( <b>p. 4</b> ) (b) For matched studies, give matching criteria and number of exposed and unexposed ( <b>not applicable</b> )
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable ( <b>pp. 4-5</b> )
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 ( <b>pp. 4-5</b> )
Bias	9	Describe any efforts to address potential sources of bias ( <b>pp.4- 5</b> )
Study size	10	Explain how the study size was arrived at ( <b>p. 6</b> )
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why ( <b>p. 6</b> )
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding ( <b>pp. 6-7</b> ) (b) Describe any methods used to examine subgroups and interactions ( <b>not applicable</b> ) (c) Explain how missing data were addressed ( <b>not applicable</b> ) (d) If applicable, explain how loss to follow-up was addressed ( <b>not applicable</b> ) (e) Describe any sensitivity analyses ( <b>not applicable</b> )
<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 ( <b>p. 7</b> ) (b) Give reasons for non-participation at each stage ( <b>not applicable</b> ) (c) Consider use of a flow diagram ( <b>not applicable</b> )

Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders ( <b>p. 7, Table 1</b> ) <hr/> (b) Indicate number of participants with missing data for each variable of interest ( <b>not applicable</b> ) <hr/> (c) Summarise follow-up time (eg, average and total amount) ( <b>not applicable</b> )
Outcome data	15*	Report numbers of outcome events or summary measures over time ( <b>Table 1, Table 2, Table 3</b> )
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 ( <b>p. 11, p. 13</b> ) <hr/> (b) Report category boundaries when continuous variables were categorized ( <b>Table 2, Table 3</b> ) <hr/> (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period ( <b>not applicable</b> )
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses ( <b>not applicable</b> )
<b>Discussion</b>		
Key results	18	Summarise key results with reference to study objectives ( <b>pp. 13-14</b> )
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 ( <b>pp. 14-15</b> )
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence ( <b>pp. 13-15</b> )
Generalisability	21	Discuss the generalisability (external validity) of the study results ( <b>p. 14</b> )
<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 ( <b>see separate funding statement</b> )

\*Information given separately for exposed and unexposed groups.

Note that page numbers refer to the Microsoft Word version of the revised manuscript.

**Table A. Clinical course of patients with an embolic event occurring after echocardiography.**

Patient # (age and sex)	Echocardiography		Embolic Event	Management	Vital status at hospital discharge
	Days after admission performed	Vegetation description			
1 (42M)	0	Single 9 mm vegetation on prosthetic aortic valve	1 non-stroke EE occurring 21 days after echocardiography	Antibiotic therapy + aortic valve replacement 19 days after echocardiography	Dead
2 (46M)	1	Single 6 mm vegetation on native mitral valve	1 stroke occurring 1 day after echocardiography	Antibiotic therapy	Alive
3 (51M)	2	None	1 stroke occurring 4 days after echocardiography	Antibiotic therapy	Alive
4 (67M)	15	Single 17 mm vegetation on native aortic valve	2 strokes occurring 20 days before and 22 days after echocardiography	Antibiotic therapy	Alive
5 (86M)	2	None	1 stroke occurring 26 days after echocardiography	Antibiotic therapy	Alive
6 (79F)	10	Single 5 mm vegetation prosthetic mitral valve	1 stroke occurring 4 days after echocardiography	Antibiotic therapy	Dead
7 (42M)	1	Single 15 mm vegetation on native aortic valve	2 strokes occurring 1 day before and 11 days after echocardiography	Antibiotic therapy	Alive
8 (44M)	0	Single 20 mm vegetation on native mitral valve	1 non-stroke EE and 1 stroke occurring 2 and 17 days after echocardiography respectively	Antibiotic therapy + mitral valve replacement 1 day after echocardiography	Alive
9 (86F)	1	None	1 stroke occurring 2 days after echocardiography	Antibiotic therapy	Alive
10 (41M)	0	Single 16 mm vegetation on native mitral valve	1 stroke occurring 2 days after echocardiography	Antibiotic therapy + mitral valve replacement 5 days after echocardiography	Alive
11 (75F)	1	Single 6 mm vegetation on native mitral valve	1 stroke occurring 2 days after echocardiography	Antibiotic therapy	Alive

EE, embolic event; M, male; F, female

**Table B. Patient and pathogen characteristics of patients with or without the primary outcome of an embolic event after echocardiography.**

Characteristic	Total Population (n=116)	Patients with primary outcome (n=11)	Patients without primary outcome (n=105)	Odds Ratio (95% CI)	P value
<b>Demographic characteristics</b>					
Mean age in years (SD)	66 (17)	60 (19)	67 (17)	0.98 (0.95-1.01)	0.23
Men	82 (70.7%)	8 (72.7%)	74 (70.5%)	1.12 (0.28-4.49)	0.88
Direct admission	71 (61.2%)	5 (45.5%)	66 (62.9%)	0.49 (0.14-1.72)	0.27
Definite Duke Criteria	80 (69.0%)	9 (81.8%)	71 (67.6%)	2.16 (0.44-10.52)	0.34
<b>Comorbidities and risk factors</b>					
Coronary artery disease	34 (29.3%)	3 (27.3%)	31 (29.5%)	0.90 (0.22-3.60)	0.88
Coronary artery bypass grafting	15 (12.9%)	0 (0%)	15 (14.3%)	0.40 (0-2.09)	0.20
Prosthetic valve(s)	39 (33.6%)	3 (27.3%)	36 (34.3%)	0.72 (0.18-2.88)	0.64
Unrepaired valve lesion	23 (19.8%)	2 (18.2%)	21 (20.0%)	0.89 (0.18-4.43)	0.89
Intracardiac device	13 (11.2%)	0 (0%)	13 (12.4%)	0.48 (0-2.49)	0.25
Prior infective endocarditis	12 (10.3%)	1 (9.1%)	11 (10.5%)	0.86 (0.10-7.33)	0.89
Intravenous drug use	7 (6.0%)	1 (9.1%)	6 (5.7%)	1.65 (0.18-15.11)	0.66
Intravenous instrumentation <sup>a</sup>	6 (5.2%)	1 (9.1%)	5 (4.8%)	2.00 (0.21-18.85)	0.54
Hypertension	61 (52.6%)	6 (54.6%)	55 (52.4%)	1.09 (0.31-3.80)	0.89
Diabetes mellitus	27 (23.3%)	2 (18.2%)	25 (23.8%)	0.71 (0.14-3.51)	0.68
Cerebrovascular disease	28 (24.1%)	2 (18.2%)	26 (24.8%)	0.68 (0.14-3.33)	0.63
Chronic kidney disease	23 (19.8%)	2 (18.2%)	21 (20.0%)	0.89 (0.18-4.43)	0.89
Liver disease	12 (10.3%)	0 (0%)	12 (11.4%)	0.52 (0-2.75)	0.28
Chronic obstructive pulmonary disease	7 (6.0%)	1 (9.1%)	6 (5.7%)	1.65 (0.18-15.11)	0.66
Malignancy	29 (25.0%)	1 (9.1%)	28 (26.7%)	0.28 (0.03-2.25)	0.23
Immunosuppression	9 (7.8%)	1 (9.1%)	8 (7.6%)	1.21 (0.14-10.71)	0.86
Obesity	7 (6.0%)	1 (9.1%)	6 (5.7%)	1.65 (0.18-15.11)	0.66
<b>Microbiologic etiology</b>					
<i>Staphylococcus aureus</i>	27 (23.3%)	4 (36.4%)	23 (21.9%)	2.04 (0.55-7.57)	0.29
Coagulase-negative staphylococcus	7 (6.0%)	0 (0%)	7 (6.7%)	0.96 (0-5.36)	0.49
<i>Enterococcus</i>	19 (16.4%)	0 (0%)	19 (18.1%)	0.30 (0-1.55)	0.13
Viridans group streptococcus	24 (20.7%)	3 (27.3%)	21 (20.0%)	1.50 (0.37-6.15)	0.57
HACEK group species <sup>b</sup>	2 (1.7%)	0 (0%)	2 (1.9%)	3.98 (0-34.18)	0.82
Other microorganism	32 (27.6%)	3 (27.3%)	29 (27.6%)	0.98 (0.24-3.96)	0.98
Culture-negative	8 (6.9%)	1 (9.1%)	7 (6.7%)	1.40 (0.16-12.56)	0.76

<sup>a</sup> Hemodialysis or central venous catheter

<sup>b</sup> *Haemophilus*, *Aggregatibacter*, *Cardiobacterium*, *Eikenella*, and *Kingella* spp.