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Reporting Summary

Nature Research wishes to improve the reproducibility of the work that we publish. This form provides structure for consistency and transparency in reporting. For further information on Nature Research policies, see our <u>Editorial Policies</u> and the <u>Editorial Policy Checklist</u>.

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For	all statistical ar	halyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.			
n/a	Confirmed				
	The exact	\square The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement			
	A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly				
\boxtimes	The statistical test(s) used AND whether they are one- or two-sided Only common tests should be described solely by name; describe more complex techniques in the Methods section.				
	A description of all covariates tested				
\boxtimes	A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons				
	A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals)				
\boxtimes	For null hypothesis testing, the test statistic (e.g. <i>F</i> , <i>t</i> , <i>r</i>) with confidence intervals, effect sizes, degrees of freedom and <i>P</i> value noted Give <i>P</i> values as exact values whenever suitable.				
\times	For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings				
	For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes				
\boxtimes	Estimates of effect sizes (e.g. Cohen's d, Pearson's r), indicating how they were calculated				
	I	Our web collection on <u>statistics for biologists</u> contains articles on many of the points above.			
So	ftware an	d code			
Poli	cy information	about <u>availability of computer code</u>			
Dá	ata collection	NA			
Da	ata analysis	We used MATLAB 2019 to read and prepare features from the electronic health records spreadsheet, and Python to perform all the remaining analysis.			
		g custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors and encourage code deposition in a community repository (e.g. GitHub). See the Nature Research guidelines for submitting code & software for further information.			

Data

Policy information about availability of data

All manuscripts must include a <u>data availability statement</u>. This statement should provide the following information, where applicable:

- Accession codes, unique identifiers, or web links for publicly available datasets
- A list of figures that have associated raw data
- A description of any restrictions on data availability

The data sets generated during and/or analyzed during the current study were shared with the University of Michigan through a non-disclosure agreement (NDA). We are not able to share the data under the terms of this NDA.

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Please select the on	e below that is the best fit for your research. If you are not sure, read the appropriate sections before making your selection.			
Life sciences	Behavioural & social sciences Ecological, evolutionary & environmental sciences			
For a reference copy of th	e document with all sections, see <u>nature.com/documents/nr-reporting-summary-flat.pdf</u>			
lifo scion	cos study dosign			
Life Scien	ces study design			
All studies must disc	lose on these points even when the disclosure is negative.			
Sample size	This is a secondary analysis of the Progesterone for the Treatment of Traumatic Brain Injury III (ProTECT) data set thatincludes adults who experienced a moderate to severe brain injury caused by blunt trauma. The data set includes electronic electronic data for 882 patient. Among the 882 patients, 831 met the inclusion criteria and were followed-up for functional outcome.			
Data exclusions	s were excluded from ProTECT III if they had an initial Glasgow Comma Scale (GCS) of 3, bilateral dilated unresponsive pupils, or were ise determined to have non-survivable injuries.			
Replication	NA			
Randomization	et randomly was split in the training (75%) and test (25%) set. We ensured that the proportion of positive to negative samples remains me in each set by splitting in a stratified fashion using the class labels.			
Blinding	rigators were not blinded to the group allocations during the analysis. This was the secondary analysis of an existing data set and all were available at the time of this study. However, to ensure that the final prognostic model is not affected by the test set, 25% of the data set will be randomly selected and set aside. This test data set will remain untouched until the prognostic model is trained and ed.			
Materials & exp n/a Involved in the Antibodies Eukaryotic of Palaeontolo Animals and Human rese	ChIP-seq ell lines gy and archaeology Other organisms arch participants ChIP-seq Flow cytometry MRI-based neuroimaging			
Clinical data				
Dual use res	earch of concern			
Clinical data				
Policy information a	bout <u>clinical studies</u> comply with the ICMJE <u>guidelines for publication of clinical research</u> and a completed <u>CONSORT checklist</u> must be included with all submissions.			
Clinical trial regist				
Study protocol	Study protocol can be find in the following manuscript: Wright, D. W.et al. Very early administration of progesterone for acute traumatic brain injury. New Engl. J. Medicine 371, 2457–2466 (2014)			
Data collection	The PROTECT III trial was conducted at 49 trauma centers in the United States. Data was collected between April 5, 2010, and October 30, 2013.			
Outcomes	In our study, the long-term functional outcome after Traumatic Brain Injury (TBI) is assessed using the Glasgow Outcome Scale-Extended (GOSE), a global scale for functional outcomes, at 6 months after injury. GOSE 1–4 (death, persistent vegetative state, and severe disability) were regarded as unfavorable outcomes, while GOSE 5-8 (moderate disability, and good recovery) correspond to			

patients with favorable outcomes.