

## Appendix 2

## The RECORD statement – checklist of items, extended from the STROBE statement that should be reported in observational studies using routinely collected health data.

	Item No.	STROBE items	Location in manuscript where items are reported	RECORD items	Location in manuscript where items are reported
<b>Title and abstract</b>					
	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found	a) Study design (observational cohort study) is included in the title  b) Abstract (methods and analysis) contains a summary of what was done. As this is a protocol, what was found is not applicable	RECORD 1.1: The type of data used should be specified in the title or abstract. When possible, the name of the databases used should be included.  RECORD 1.2: If applicable, the geographic region and timeframe within which the study took place should be reported in the title or abstract.  RECORD 1.3: If linkage between databases was conducted for the study, this should be clearly stated in the title or abstract.	Title & abstract  Methods and analysis of Abstract refers to geographic region (South Eastern Victoria) and timeframe within the study (1/1/14 to 31/12/18)  N/A
<b>Introduction</b>					
Background rationale	2	Explain the scientific background and rationale for the investigation being reported	Introduction contains rationale for protocol (explicit reporting of the systematic approach used to classify and select eligible records from the POLAR database will facilitate replication and transparency)		
Objectives	3	State specific objectives, including any prespecified hypotheses	Objectives No prespecified hypotheses reported as this is a protocol		
<b>Methods</b>					
Study Design	4	Present key elements of study design early in the paper	Study design section of Methods (retrospective cohort study)		
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Setting section of Methods includes locations of practices with POLAR database, dates of the study period (exposure and data collection) and follow-up		

Participants	6	<p>(a) <i>Cohort study</i> - Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up</p> <p><i>Case-control study</i> - Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls</p> <p><i>Cross-sectional study</i> - Give the eligibility criteria, and the sources and methods of selection of participants</p> <p>(b) <i>Cohort study</i> - For matched studies, give matching criteria and number of exposed and unexposed</p> <p><i>Case-control study</i> - For matched studies, give matching criteria and the number of controls per case</p>	<p>Eligibility criteria are presented in Table 2.</p> <p>Sources and methods of selection are described in Variables section of Methods.</p> <p>Setting – patient-level follow-up data until 31/12/18 will be included</p> <p>N/A</p>	<p>RECORD 6.1: The methods of study population selection (such as codes or algorithms used to identify subjects) should be listed in detail. If this is not possible, an explanation should be provided.</p> <p>RECORD 6.2: Any validation studies of the codes or algorithms used to select the population should be referenced. If validation was conducted for this study and not published elsewhere, detailed methods and results should be provided.</p> <p>RECORD 6.3: If the study involved linkage of databases, consider use of a flow diagram or other graphical display to demonstrate the data linkage process, including the number of individuals with linked data at each stage.</p>	<p>Variables section of Methods</p> <p>Diagnoses and imaging records within Variables section of Methods</p> <p>N/A</p>
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	Variables section of Methods and Tables 3, 4 & 5	RECORD 7.1: A complete list of codes and algorithms used to classify exposures, outcomes, confounders, and effect modifiers should be provided. If these cannot be reported, an explanation should be provided.	Variables section of Methods and Tables 3, 4 & 5
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	Data source section of Methods		
Bias	9	Describe any efforts to address potential sources of bias	Variables and data cleaning sections of Methods		
Study size	10	Explain how the study size was arrived at	Sample size consideration		
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen, and why	Analyses section of Methods		
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	<p>a) Analyses section of Methods</p> <p>b) N/A</p>		

		(b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) <i>Cohort study</i> - If applicable, explain how loss to follow-up was addressed <i>Case-control study</i> - If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i> - If applicable, describe analytical methods taking account of sampling strategy (e) Describe any sensitivity analyses	c) Approach to dataset creation d) Data access and cleaning – only data after which there has been consistent reporting within a practice will be included e) Analyses – sensitivity analysis to include entire follow-up period (instead of 1 year) for each participant and based on date of most recent diagnosis instead of index diagnosis for participants with multiple body regions affected by an eligible musculoskeletal diagnosis		
Data access and cleaning methods		..		RECORD 12.1: Authors should describe the extent to which the investigators had access to the database population used to create the study population.  RECORD 12.2: Authors should provide information on the data cleaning methods used in the study.	Data access and cleaning methods  Data access and cleaning methods
Linkage		..		RECORD 12.3: State whether the study included person-level, institutional-level, or other data linkage across two or more databases. The methods of linkage and methods of linkage quality evaluation should be provided.	N/A
<b>Results</b>					
Participants	13	(a) Report the numbers of individuals at each stage of the study ( <i>e.g.</i> , numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed) (b) Give reasons for non-participation at each stage. (c) Consider use of a flow diagram	N/A	RECORD 13.1: Describe in detail the selection of the persons included in the study ( <i>i.e.</i> , study population selection) including filtering based on data quality, data availability and linkage. The selection of included persons can be described in the text and/or by means of the study flow diagram.	N/A
Descriptive data	14	(a) Give characteristics of study participants ( <i>e.g.</i> , demographic, clinical, social) and information on	N/A		

		exposures and potential confounders (b) Indicate the number of participants with missing data for each variable of interest (c) <i>Cohort study</i> - summarise follow-up time (e.g., average and total amount)			
Outcome data	15	<i>Cohort study</i> - Report numbers of outcome events or summary measures over time <i>Case-control study</i> - Report numbers in each exposure category, or summary measures of exposure <i>Cross-sectional study</i> - Report numbers of outcome events or summary measures	N/A		
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence interval). Make clear which confounders were adjusted for and why they were included (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	N/A		
Other analyses	17	Report other analyses done—e.g., analyses of subgroups and interactions, and sensitivity analyses	N/A		
<b>Discussion</b>					
Key results	18	Summarise key results with reference to study objectives	N/A		
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	Discussion	RECORD 19.1: Discuss the implications of using data that were not created or collected to answer the specific research question(s). Include discussion of misclassification bias, unmeasured confounding, missing data, and changing eligibility over time, as they pertain to the study being reported.	Discussion

Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	N/A		
Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion – potential representativeness of the POLAR database and generalizability to the wider population is discussed		
<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	Funding statement		
Accessibility of protocol, raw data, and programming code		..		RECORD 22.1: Authors should provide information on how to access any supplemental information such as the study protocol, raw data, or programming code.	Appendix 1 – initial string match terms used to code imaging tests

\*Reference: Benchimol EI, Smeeth L, Guttman A, Harron K, Moher D, Petersen I, Sørensen HT, von Elm E, Langan SM, the RECORD Working Committee. The REporting of studies Conducted using Observational Routinely-collected health Data (RECORD) Statement. *PLoS Medicine* 2015; in press.

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