



			limitations
Study size	10	Explain how the study size was arrived at	Not applicable as the study was only a retrospective analysis
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Methods – Categorisation of Outcomes and variables considered subsections
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (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	Methods – Statistical analyses And risk score construction Methods – Statistical analyses And risk score construction Addressed as a limitation Methods – Statistical analyses And risk score construction Section not applicable
<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) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	Results (paragraph 1) and Table 1 Section not applicable Section not applicable
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	Table 1 and Supplementary Table 1 Section not applicable Section not applicable
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	Section not applicable
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) Report category boundaries when continuous	Table 1 and Results section (paragraphs 1-6) Results section (paragraphs 1-6)

		variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	Figure 1 and Table 2
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Results – Multivariable analysis & model creation and construction & calculation of risk score subsections, Figure 2 and Tables 2 & 3
<b>Discussion</b>			
Key results	18	Summarise key results with reference to study objectives	Discussion (paragraphs 1 - 11)
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 (paragraph 7)
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Discussion (paragraph 12)
Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion (paragraph 12)
<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	No funding available

\*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](http://www.strobe-statement.org).