STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract; Lines 1-2, 45
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found; Lines 36-60
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported; Lines 73-92
Objectives	3	State specific objectives, including any prespecified hypotheses; Lines 93-100
Methods		
Study design	4	Present key elements of study design early in the paper; Methods section, lines 104-191
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection; Lines 104-115
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Lines 113-115
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed; Not applicable. Not matched study
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable; Lines 118-144
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; Lines 118-144
Bias	9	Describe any efforts to address potential sources of bias; Lines 187-191- sensitivity analysis. Lines 152-160 – regression model to adjust for covariate effects
Study size	10	Explain how the study size was arrived at Lines 104-112
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why Lines 118-144
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding; Lines 146-191
		(*b*) Describe any methods used to examine subgroups and interactions; Lines 146-191
		(*c*) Explain how missing data were addressed; Not applicable – all available clinical data captured via registry to best of our knowledge
		(*d*) If applicable, explain how loss to follow-up was addressed; Not applicable – median registry follow up of 2 years
		(*e*) Describe any sensitivity analyses; Lines 187-191
Results		
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 Lines 195-196
		(b) Give reasons for non-participation at each stage; only one stage – not applicable
		(c) Consider use of a flow diagram – too simple, only one stage and easily described in words. Not applicable
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders Lines 196-209

		(b) Indicate number of participants with missing data for each variable of interest; not applicable. As previously published – once enrolled, participant clinical data is mined with quality controls to make sure it is complete
		(c) Summarise follow-up time (eg, average and total amount); Lines 212-214
Outcome data	15*	Report numbers of outcome events or summary measures over time; lines 219-227
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; line 233, Table 3. Covariates were decided upon a priori.
		(*b*) Report category boundaries when continuous variables were categorized; not applicable. We didn't do this
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period; not applicable. We didn't do this
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses; lines 278-309
Discussion		
Key results	18	Summarise key results with reference to study objectives; lines 312-320
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; lines 363-396
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence; lines 399-409
Generalisability	21	Discuss the generalisability (external validity) of the study results; lines 364-373
Other information		
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; this is provided in the disclosures section

*Give information separately for exposed and unexposed groups.

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 http://www.strobe-statement.org.