S1 Table. STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Paragraph numbers in section ^{a)}
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	Title and 2nd paragraph of the abstract
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2-4
Introduction Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	1-3
Objectives	3	State specific objectives, including any prespecified hypotheses	4
Methods Study design	4	Present key elements of study design early in the paper	1
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	1, 2
Participants	6	Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	2-5, Fig. 1
		Case-control study—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	
		Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants	
		(b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed	
		Case-control study—For matched studies, give matching criteria and the number of controls per case	

Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	4-7
Data sources/ measurement	8 ^{a)}	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	4, 5
Bias	9	Describe any efforts to address potential sources of bias	6-8
Study size	10	Explain how the study size was arrived at	Not warranted for an expanded access program
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	9
		(b) Describe any methods used to examine subgroups and interactions	9; Tables 1-4
		(c) Explain how missing data were addressed	9
		(d) Cohort study—If applicable, explain how loss to follow-up was addressed	9
		Case-control study—If applicable, explain how matching of cases and controls was addressed	
		Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy	
		(\underline{e}) Describe any sensitivity analyses	
Results Participants	13 ^{a)}	(a) Report numbers of individuals at each stage of study—e.g., numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Fig. 1
		(b) Give reasons for non-participation at each stage	Fig. 1
		(c) Consider use of a flow diagram	Fig. 1

demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Cohort study—Summarise follow-up time (e.g., average and total amount) Outcome data 15a) Cohort study—Report numbers of outcome events or 3-6; Ta	Table 1 able 1 ables 3, 5, 5; Figs. 2 and 3
for each variable of interest (c) Cohort study—Summarise follow-up time (e.g., average and total amount) Outcome data 15 ^{a)} Cohort study—Report numbers of outcome events or 3-6; Ta	3 ables 3, 5, ; Figs. 2
Outcome data 15 ^{a)} Cohort study—Report numbers of outcome events or 3-6; Ta	ables 3, 5,
,	; Figs. 2
•	
Case-control study—Report numbers in each exposure category, or summary measures of exposure	
Cross-sectional study—Report numbers of outcome events or summary measures	
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	s 5 and 6
• • • • • • • • • • • • • • • • • • • •	Tables 1 nd 4
(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA
subgroups and interactions, and sensitivity and 6	able 3, 4, s; Figs. 2 and 3
Discussion	
	1-3
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	4
Interpretation 20 Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	4, 5

Generalisability 21 Discuss the generalisability (external validity) of the study results

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

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. ^{a)}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.