S1. STROBE checklist.

	Item		Line
	No	Recommendation	
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	2, 57
		(b) Provide in the abstract an informative and balanced summary of what	52-82
		was done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation	98-150
		being reported	
Objectives	3	State specific objectives, including any prespecified hypotheses	151-155
Methods			
Study design	4	Present key elements of study design early in the paper	159-187
Setting	5	Describe the setting, locations, and relevant dates, including periods of	198-218
		recruitment, exposure, follow-up, and data collection	
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection	203-204
		of participants	
Variables	7	Clearly define all outcomes, exposures, predictors, potential	190-195
		confounders, and effect modifiers. Give diagnostic criteria, if applicable	
Data sources/	8*	For each variable of interest, give sources of data and details of methods	214-226
measurement		of assessment (measurement). Describe comparability of assessment	166-172
		methods if there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	166-168
Study size	10	Explain how the study size was arrived at	203-209
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If	229-240
		applicable, describe which groupings were chosen and why	
Statistical methods	12	(a) Describe all statistical methods, including those used to control for	229-240
		confounding	
		(b) Describe any methods used to examine subgroups and interactions	229-240
		(c) Explain how missing data were addressed	229-240
		(d) If applicable, describe analytical methods taking account of sampling	
		strategy	
		(e) Describe any sensitivity analyses	229-240
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers	352-354
	15	potentially eligible, examined for eligibility, confirmed eligible, included	332 33 1
		in the study, completing follow-up, and analysed	
		(b) Give reasons for non-participation at each stage	352-354
		(c) Consider use of a flow diagram	Figure 3
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical,	259-270
		social) and information on exposures and potential confounders	20, 210
		(b) Indicate number of participants with missing data for each variable of	277-339
		interest	211-339
Outcome data	15*	Report numbers of outcome events or summary measures	313-347
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 variables were categorized	259-270
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	331-368
Discussion			
Key results	18	Summarise key results with reference to study objectives	446-530
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	531-542
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	531-542
Generalisability	21	Discuss the generalisability (external validity) of the study results	531-542
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	610-611

^{*}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 www.strobe-statement.org.