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

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|  | **Item****No** | **Recommendation** |
| **Title and abstract** | 1 | 1. Indicate the study’s design with a commonly used term in the title or the abstract

 Please see page 3  |
|  |  | (*b*) Provide in the abstract an informative and balanced summary of what was doneand what was found Please see pages 3-4 |
| **Introduction** |  |  |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported |
|   |  |  Please see page 5 |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses Please see page 6  |
| **Methods** |  |  |
| Study design | 4 | Present key elements of study design early in the paper Please see page 6  |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection Please see page 6  |
| Participants | 6 | *Cross-sectional study*—Give the eligibility criteria, and the sources and methods ofselection of participants Please see page 6  |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable Please see pages 6 and 7  |
| 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 thereis more than one group Please see pages 6 and 7 |
| Bias | 9 | Describe any efforts to address potential sources of bias Please see page 7  |
| Study size | 10 | Explain how the study size was arrived at We included all the patients from the Romanian “IBD Prospect” National Registry database |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable,describe which groupings were chosen and why Depending on the variables' distribution, the data was presented as mean and standard deviation or median and quartile.  |
| Statistical methods | 12 | 1. Describe all statistical methods, including those used to control for confounding

Categorical variables were expressed as frequency and percentage. Continuous variables were expressed as mean plus/minus standard variation for normally distributed continuous data. All data were normally distributed. Groups were compared using χ2 test for categorical variables, and using independent *t* test or Mann-Whitney *U* test for continuous variables (depending on data distribution). Univariate analysis was performed for each recorded data. Variables with *P*< 0.1 in univariate analysis were included in multivariate analysis (logistic regression). Odds ratio (OR) with 95% confidence interval (CI) was calculated for qualitative variables included in the logistic regression. *P* value <0.05 was considered statistically significant. All statistical analyses were performed using SPSS 20.0 software (SPSS Inc., Chicago, IL, USA).. |
|  |  | 1. Describe any methods used to examine subgroups and interactions

We did not examined subgroups and interactions |
|  |  | 1. Explain how missing data were addressed

We had no missing data |
|  |  | *Cross-sectional study*—If applicable, describe analytical methods taking account ofsampling strategy NA |
|  |  | (*e*) Describe any sensitivity analyses |

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| **Results** |  |  |
| Participants | 13\* | 1. 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 analyzed

 Please see pages 7-8 |
|  |  | (b) Give reasons for non-participation at each stage- NA |
|  |  | (c) Consider use of a flow diagram |
| Descriptivedata | 14\* | (a) Give characteristics of study participants (eg demographic, clinical, social) and informationon exposures and potential confounders Please see page 8 |
|  |  | (b) Indicate number of participants with missing data for each variable of interest- NA |
|  |  | (c) *Cohort study*—Summarise follow-up time (eg, average and total amount) |
| Outcome data | 15\* | *Cohort study*—Report numbers of outcome events or summary measures over time |
|  |  | *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- please see pages 8-9 |
| 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 – Please see pages 8-9 and Tables 1-2 |
|  |  | (*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-Please see 1-2 |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivityanalyses |
| **Discussion** |  |  |
| Key results | 18 | Summarise key results with reference to study objectives Please see page 9 |
| 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 Please see page 11 |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence Please see pages 9-11 |
| 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 basedNo funding was required for the performance and writing of this study. |

\*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/,](http://www.plosmedicine.org/) Annals of Internal Medicine at [http://www.annals.org/,](http://www.annals.org/) and Epidemiology at [http://www.epidem.com/).](http://www.epidem.com/%29) Information on the STROBE Initiative is available at [www.strobe-statement.org.](http://www.strobe-statement.org/)