

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

	Item No	Recommendation
Title and abstract	1	<p>(a) Indicate the study's design with a commonly used term in the title or the abstract Page 4, Line 18-19.</p> <p>(b) Provide in the abstract an informative and balanced summary of what was done and what was found Page 4-5.</p>
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported Page 6-9.
Objectives	3	State specific objectives, including any prespecified hypotheses Page 9, Line 4-10.
Methods		
Study design	4	Present key elements of study design early in the paper Page 9-11.
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection Page 9-11.
Participants	6	<p>(a) <u>Cohort study</u>—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Page 9-11.</p> <p><i>Case-control study</i>—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 N/A</p> <p><i>Cross-sectional study</i>—Give the eligibility criteria, and the sources and methods of selection of participants N/A</p> <p>(b) <u>Cohort study</u>—For matched studies, give matching criteria and number of exposed and unexposed Data on healthy control group is presented on Page 12, Line 10-16.</p> <p><i>Case-control study</i>—For matched studies, give matching criteria and the number of controls per case N/A</p>
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable Page 10-12. Page 10, Line 5-28. Page 11, Line 28-29; Page 12, Line 1-9.
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 Page 9-13.

Bias	9	Describe any efforts to address potential sources of bias Page 26, Line 9-15.
Study size	10	Explain how the study size was arrived at Page 9, Line 28-29. Page 10, Line 1-4. Page 11, Line 2-3.
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why Page 14, Line 13-29. Page 15, Line 1-23.
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding Page 14, Line 13-29. Page 15, Line 1-23. (b) Describe any methods used to examine subgroups and interactions Page 14, Line 13-29. Page 15, Line 1-23. (c) Explain how missing data were addressed N/A (d) <u>Cohort study</u> —If applicable, explain how loss to follow-up was addressed Page 11, Line 22-23. <i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed N/A (e) Describe any sensitivity analyses Supplementary Table 1. Page 16, Line 6-8.

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 Page 9, Line 28-29. Page 10, Line 1-4. Page 11, Line 2-3.
		(b) Give reasons for non-participation at each stage Lost of follow-up is described on Page 11, Line 22-23. None of the patients opted out purposefully from the cohort study.
		(c) Consider use of a flow diagram N/A
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders Table 1.
		(b) Indicate number of participants with missing data for each variable of interest All the clinical variables and data were available for the analysis (Table 1), in patients with follow-up also. Table 2. contains the numbers of successful serological analyses.

		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount) Table 1. Line 3 and 4.
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time Table 5.
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure N/A
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures N/A
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 Table 4. and Table 5. Fig. 1. and Fig. 2. Page 15-19.
		(b) Report category boundaries when continuous variables were categorized Age at onset was categorized according to the Montreal Classification – Table 5. Footnote. HBI, SES-CD, disease duration Q1-4 – Supplementary Table 2.
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses Page 15-19. Table 1-3. Supplementary Table 1-3.
Discussion		
Key results	18	Summarise key results with reference to study objectives Page 26. Line 17-29. Page 28. Line 21-29. Page 29. Line 1-2.
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 Page 26, Line 9-15.
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence Page 19-26.
Generalisability	21	Discuss the generalisability (external validity) of the study results Page 26, Line 9-15. Page 29. Line 5-8.
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 Page 2. Line 17-23. However, all the Grants mentioned in the Supported by section has been closed by now.

*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.