Supplemental Methods 2. SIGN Checklist for Cohort studies

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METHODOLOGY CHECKLIST 3: COHORT STUDIES

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Study i	dentification (Include author, title, year of publication, journal title, pages)						
Guideli	Guideline topic: Key Question			Reviewer:			
	completing this checklist, consider: Is the paper really a cohort study? If in doubt, check the study design all	gorithm availa	able from Si	IGN and make			
	 Is the paper really a cohort study? If in doubt, check the study design algorithm available from SIGN and make sure you have the correct checklist. Is the paper relevant to key question? Analyse using PICO (Patient or Population Intervention Comparison 						
	Outcome). IF NO REJECT (give reason below). IF YES complete the checklist						
	n for rejection: 1. Paper not relevant to key question 2. Other reason n note that a retrospective study (ie a database or chart study) ca			·han ⊥			
		illiot be rate	ed migner (.IIdII T.			
	on 1: Internal validity ell conducted cohort study:		Doos #	hie etudy			
III a W	en conducted conort stady.		do it?	his study			
1.1	The study addresses an appropriate and clearly focused question.		Yes □	No □			
			Can't say □				
SELEC	CTION OF SUBJECTS						
1.2	The two groups being studied are selected from source populations that are comparable in all respects other than the factor under investigation.		Yes □	No □			
			Can't say	□ Does not apply □			
1.3	The study indicates how many of the people asked to take part did so, in each of the groups being studied.		Yes □	No □			
				Does not apply □			
1.4	The likelihood that some eligible subjects might have the outcome at the time of enrolment is assessed and taken into account in the analysis.		Yes □	No □			
			Can't say	□ Does not apply □			
1.5	What percentage of individuals or clusters recruited into each arm of dropped out before the study was completed.	f the study					

1.6	Comparison is made between full participants and those lost to follow up, by exposure status.		No □	
	status.	Can't say □	Does not apply □	
ASSES	SSMENT			
1.7	The outcomes are clearly defined.		No □	
1.8	The assessment of outcome is made blind to exposure status. If the study is retrospective this may not be applicable.		No □	
			Does not apply □	
1.9	Where blinding was not possible, there is some recognition that knowledge of	Yes □	No □	
	exposure status could have influenced the assessment of outcome.			
1.10	The method of assessment of exposure is reliable.	Yes □	No □	
1.11	Evidence from other sources is used to demonstrate that the method of outcome	Yes □	No □	
	assessment is valid and reliable.	Can't say □	Does not apply□	
1.12	Exposure level or prognostic factor is assessed more than once.	Yes □	No □	
		Can't say □	Does not apply □	
CONF	OUNDING			
1.13	The main potential confounders are identified and taken into account in the design and analysis.		No □	
STATI	STICAL ANALYSIS			
1.14	Have confidence intervals been provided?	Yes □	No □	
SECTI	ON 2: OVERALL ASSESSMENT OF THE STUDY			
2.1	How well was the study done to minimise the risk of bias or confounding?	High quality (++) 🗆	
			Acceptable (+) □	
			Unacceptable – reject 0	

2.2	Taking into account clinical considerations, your evaluation of the methodology used, and the statistical power of the study, do you think there is clear evidence of an association between exposure and outcome?	Yes □ Can't say □	No □	
2.3	Are the results of this study directly applicable to the patient group targeted in this guideline?	Yes 🗆	No 🗆	
2.4	Notes. Summarise the authors conclusions. Add any comments on your own assessment of the study, and the extent to which it answers your question and mention any areas of uncertainty raised above.			