

Supplementary Materials: Hemogram-Derived Ratios in the Prognosis of Acute Diverticulitis

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

	Item No	Recommendation	Page No.	Relevant text from manuscripts
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	1	Abstract
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	1	Abstract
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	2	Introduction: paragraph 3,4,5
Objectives	3	State specific objectives, including any prespecified hypotheses	2	Introduction: paragraph: 6
Methods				
Study design	4	Present key elements of study design early in the paper	3	Methods: section 2.1
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	3-4	Methods: section 2.1 and 2.3
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up 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	3-4	Methods: section 2.1
		(b) Cohort study—For matched studies, give matching criteria and number of		

		exposed and unexposed <i>Case-control study</i> —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	3	Methods: section 2.2 and 2.3
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	3	Methods: section 2.2 and 2.3
Bias	9	Describe any efforts to address potential sources of bias		
Study size	10	Explain how the study size was arrived at	3	Methods: section 2.3
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	3	Methods: section 2.3
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	3-4	Methods: section 2.4
		(b) Describe any methods used to examine subgroups and interactions	3-4	Methods: section 2.4, lines 167-173
		(c) Explain how missing data were addressed		Not applicable
		(d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed <i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy		Not applicable
		(e) Describe any sensitivity analyses		Not applicable
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	4	Results: section 3.1, paragraph 1
		(b) Give reasons for non-participation at each stage		Not applicable
		(c) Consider use of a flow diagram		Not applicable
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and	4-5	Results: section

		information on exposures and potential confounders		3.1, paragraph 1, Table 1
		(b) Indicate number of participants with missing data for each variable of interest		Table 2, Table 3
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)		Not applicable
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time		
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure		
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures	9-12	Results: section 3.3, paragraphs 3,4,5 Table 4,5,6 Figure 1,2,3
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, Table 5, Table 6.
		(b) Report category boundaries when continuous variables were categorized		Lines 259-262.
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period		Not applicable
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	6-7	Results: section 3.3 paragraph 2 Table 2, 3
Discussion				
Key results	18	Summarise key results with reference to study objectives	12-13	Discussion: paragraph 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	14	Discussion paragraph 9
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	16	Discussion paragraph 12
Generalisability	21	Discuss the generalisability (external validity) of the study results		Discussion paragraph 6

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	16	Funding section

*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.