**STROBE-MR checklist of recommended items to address in reports of Mendelian randomization studies**12

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| **Item No.** | **Section** | **Checklist item** | **Page No.** | **Relevant text from manuscript** |
| 1 | **TITLE and ABSTRACT** | Indicate Mendelian randomization (MR) as the study’s design in the title and/or the abstract if that is a main purpose of the study | 2 | Lines 1-46 |
|  | **INTRODUCTION** |  |  |  |
| 2 | **Background** | Explain the scientific background and rationale for the reported study. What is the exposure? Is a potential causal relationship between exposure and outcome plausible? Justify why MR is a helpful method to address the study question | 3 | Lines 47-79 |
| 3 | **Objectives** | State specific objectives clearly, including pre-specified causal hypotheses (if any). State that MR is a method that, under specific assumptions, intends to estimate causal effects | 3 | Line 65-79 |
|  | **METHODS** |  | 3-5 | Line 81-135 |
| 4 | **Study design and data sources** | Present key elements of the study design early in the article. Consider including a table listing sources of data for all phases of the study. For each data source contributing to the analysis, describe the following: | 3-4 | Line 81-98 |
|  | a) | Setting: Describe the study design and the underlying population, if possible. Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection, when available. | 3-4 | Line 81-98 |
|  | b) | Participants: Give the eligibility criteria, and the sources and methods of selection of participants. Report the sample size, and whether any power or sample size calculations were carried out prior to the main analysis | 3-5 | Line 81-135 |
|  | c) | Describe measurement, quality control and selection of genetic variants | 3-5 | Line 81-135 |
|  | d) | For each exposure, outcome, and other relevant variables, describe methods of assessment and diagnostic criteria for diseases | 3-4 | Line 81-98 |
|  | e) | Provide details of ethics committee approval and participant informed consent, if relevant | 3-4 | Line 81-98 |
| 5 | **Assumptions** | Explicitly state the three core IV assumptions for the main analysis (relevance, independence and exclusion restriction) as well assumptions for any additional or sensitivity analysis | 4-5 | Figure1, Lines 100-135 |
| 6 | **Statistical methods: main analysis** | Describe statistical methods and statistics used | 4-5 | Lines 100-135 |
|  | a) | Describe how quantitative variables were handled in the analyses (i.e., scale, units, model) | 4-5 | Lines 100-135 |
|  | b) | Describe how genetic variants were handled in the analyses and, if applicable, how their weights were selected | 4-5 | Lines 100-135 |
|  | c) | Describe the MR estimator (e.g. two-stage least squares, Wald ratio) and related statistics. Detail the included covariates and, in case of two-sample MR, whether the same covariate set was used for adjustment in the two samples | 4-5 | Lines 100-135 |
|  | d) | Explain how missing data were addressed | 4-5 | Lines 100-135 |
|  | e) | If applicable, indicate how multiple testing was addressed | 4-5 | Lines 100-135 |
| 7 | **Assessment of assumptions** | Describe any methods or prior knowledge used to assess the assumptions or justify their validity | 4-5 | Lines 100-135 |
| 8 | **Sensitivity analyses and additional analyses** | Describe any sensitivity analyses or additional analyses performed (e.g. comparison of effect estimates from different approaches, independent replication, bias analytic techniques, validation of instruments, simulations) | 4-5 | Lines 100-135 |
| 9 | **Software and pre-registration** |  | 4-5 | Lines 100-135 |
|  | a) | Name statistical software and package(s), including version and settings used | 4-5 | Lines 100-135 |
|  | b) | State whether the study protocol and details were pre-registered (as well as when and where) | 4-5 | Lines 100-135 |
|  | **RESULTS** |  |  |  |
| 10 | **Descriptive data** |  |  | Not applicable, as we used summary statistics from previously published genome-wide association studies. We cite these accordingly. Furthermore, there is no sample overlap between the exposure and outcome studies. |
|  | a) | Report the numbers of individuals at each stage of included studies and reasons for exclusion. Consider use of a flow diagram |  | Not applicable, as we used summary statistics from previously published genome-wide association studies. We cite these accordingly. Furthermore, there is no sample overlap between the exposure and outcome studies. |
|  | b) | Report summary statistics for phenotypic exposure(s), outcome(s), and other relevant variables (e.g. means, SDs, proportions) |  | Not applicable, as we used summary statistics from previously published genome-wide association studies. We cite these accordingly. Furthermore, there is no sample overlap between the exposure and outcome studies. |
|  | c) | If the data sources include meta-analyses of previous studies, provide the assessments of heterogeneity across these studies |  | Not applicable, as we used summary statistics from previously published genome-wide association studies. We cite these accordingly. Furthermore, there is no sample overlap between the exposure and outcome studies. |
|  | d) | For two-sample MR:  i.  Provide justification of the similarity of the genetic variant-exposure associations between the exposure and outcome samples  ii.  Provide information on the number of individuals who overlap between the exposure and outcome studies |  | Not applicable, as we used summary statistics from previously published genome-wide association studies. We cite these accordingly. Furthermore, there is no sample overlap between the exposure and outcome studies. |
| 11 | **Main results** |  |  |  |
|  | a) | Report the associations between genetic variant and exposure, and between genetic variant and outcome, preferably on an interpretable scale | 5 | Lines 137-174 |
|  | b) | Report MR estimates of the relationship between exposure and outcome, and the measures of uncertainty from the MR analysis, on an interpretable scale, such as odds ratio or relative risk per SD difference | 5 | Lines 137-174 |
|  | c) | If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | 5 | Lines 137-174 |
|  | d) | Consider plots to visualize results (e.g. forest plot, scatterplot of associations between genetic variants and outcome versus between genetic variants and exposure) |  | Figure 2-4 |
| 12 | **Assessment of assumptions** |  |  |  |
|  | a) | Report the assessment of the validity of the assumptions | 5 | Lines 137-174 |
|  | b) | Report any additional statistics (e.g., assessments of heterogeneity across genetic variants, such as *I2*, Q statistic or E-value) | 5 | Lines 137-174 |
| 13 | **Sensitivity analyses and additional analyses** |  |  |  |
|  | a) | Report any sensitivity analyses to assess the robustness of the main results to violations of the assumptions | 5 | Lines 137-174 |
|  | b) | Report results from other sensitivity analyses or additional analyses | 5 | Lines 137-174 |
|  | c) | Report any assessment of direction of causal relationship (e.g., bidirectional MR) | 5 | Lines 137-174 |
|  | d) | When relevant, report and compare with estimates from non-MR analyses | 5 | Lines 137-174 |
|  | e) | Consider additional plots to visualize results (e.g., leave-one-out analyses) | 5 | Lines 137-174 |
|  | **DISCUSSION** |  |  |  |
| 14 | **Key results** | Summarize key results with reference to study objectives | 5-6 | Lines 176-184 |
| 15 | **Limitations** | Discuss limitations of the study, taking into account the validity of the IV assumptions, other sources of potential bias, and imprecision. Discuss both direction and magnitude of any potential bias and any efforts to address them | 7 | Lines 225-237 |
| 16 | **Interpretation** |  | 5-7 | Lines 176-248 |
|  | a) | Meaning: Give a cautious overall interpretation of results in the context of their limitations and in comparison with other studies | 5-7 | Lines 176-248 |
|  | b) | Mechanism: Discuss underlying biological mechanisms that could drive a potential causal relationship between the investigated exposure and the outcome, and whether the gene-environment equivalence assumption is reasonable. Use causal language carefully, clarifying that IV estimates may provide causal effects only under certain assumptions | 5-7 | Lines 176-248 |
|  | c) | Clinical relevance: Discuss whether the results have clinical or public policy relevance, and to what extent they inform effect sizes of possible interventions | 5-7 | Lines 176-248 |
| 17 | **Generalizability** | Discuss the generalizability of the study results (a) to other populations, (b) across other exposure periods/timings, and (c) across other levels of exposure | 5-7 | Lines 176-248 |
|  | **OTHER INFORMATION** |  |  |  |
| 18 | **Funding** | Describe sources of funding and the role of funders in the present study and, if applicable, sources of funding for the databases and original study or studies on which the present study is based |  | As described in the submission system |
| 19 | **Data and data sharing** | Provide the data used to perform all analyses or report where and how the data can be accessed, and reference these sources in the article. Provide the statistical code needed to reproduce the results in the article, or report whether the code is publicly accessible and if so, where |  | As described in the submission system |
| 20 | **Conflicts of Interest** | All authors should declare all potential conflicts of interest |  | As described in the submission system |

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1. Skrivankova VW, Richmond RC, Woolf BAR, Yarmolinsky J, Davies NM, Swanson SA, et al. Strengthening the Reporting of Observational Studies in Epidemiology using Mendelian Randomization (STROBE-MR) Statement. JAMA. 2021;under review.

2. Skrivankova VW, Richmond RC, Woolf BAR, Davies NM, Swanson SA, VanderWeele TJ, et al. Strengthening the Reporting of Observational Studies in Epidemiology using Mendelian Randomisation (STROBE-MR): Explanation and Elaboration. BMJ. 2021;375:n2233.