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

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|  | Item No. | Recommendation | Page  No. | Relevant text from manuscript |
| **Title and abstract** | 1 | (*a*) Indicate the study’s design with a commonly used term in the title or the abstract | 1 | A retrospective record review was conducted among LTBI patients registered in the Sabah State Health Department's LTBIS 401A registry. |
| (*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 | 3 |  |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | 3 | Hence, this study was designed to determine the proportion and factors associated with incomplete LTBI preventive treatment in Sabah, Malaysia with the ultimate goal of providing guidance to policymakers on LTBI management. |
| Methods | | | |  |
| Study design | 4 | Present key elements of study design early in the paper | 4 | The study used a retrospective record review with a cohort design. |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | 4, 5 | Study design and location Study population  Research tool |
| 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 | 4 | Study population |
| (*b*)*Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed  *Case-control study*—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 | 5 | Data analyses |
| 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 | 5 | Research tools  Data analyses |
| Bias | 9 | Describe any efforts to address potential sources of bias | 7,8 | However, there are a few limitations that should be acknowledged. Firstly, secondary data was subjected to missing data. The 188 missing ethnicity data exemplified this. Additionally, the study was limited by the number and type of variables in the LTBIS 401A registry, which meant that certain associated factors, such as educational level, socioeconomic status, and lifestyle factors, were not included in the analysis. |
| Study size | 10 | Explain how the study size was arrived at | 4 | Using a single proportion formula with proportion of incomplete preventive treatment of 28% (KawatsuUchimura & Ohkado, 2017) and the precision set at 3%, the required sample size for the study was 957 after considering 10% incomplete data. |

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| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | 5 | Data analyses |
| Statistical methods | 12 | (*a*) Describe all statistical methods, including those used to control for confounding | 5 | Data analyses |
| (*b*) Describe any methods used to examine subgroups and interactions |  |  |
| (*c*) Explain how missing data were addressed |  |  |
| (*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed  *Case-control study*—If applicable, explain how matching of cases and controls was addressed  *Cross-sectional study*—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 | 6 | Results |
| (b) Give reasons for non-participation at each stage |  |  |
| (c) Consider use of a flow diagram |  |  |
| Descriptive data | 14\* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | Table 1 | Characteristics and Comparison of Characteristics Between Incomplete and Completed Preventive Treatment among LTBI patients in Sabah |
| (b) Indicate number of participants with missing data for each variable of interest | 6 | 21 cases had missing data that could not be further verified and were excluded from the study. As a result, the study included 895 patients. |
| (c) *Cohort study*—Summarise follow-up time (eg, average and total amount) |  | Not applicable |
| Outcome data | 15\* | *Cohort study*—Report numbers of outcome events or summary measures over time | 6 | Results  Table 1-3 |
| *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 |  |  |
| 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 | 6 | Results  Table 1-3 |
| (*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 |  |  |

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| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses |  | Not applicable |
| Discussion | | | | |
| Key results | 18 | Summarise key results with reference to study objectives | 6 | Discussion |
| 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 | 7, 8 | Discussion |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | 8 | Conclusions |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | 7, 8 | Discussion |
| 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 |  | Mentioned in the online submission form |

\*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.