Threshold haemoglobin levels and the prognosis of stable coronary disease

STROBE checklist

<table>
<thead>
<tr>
<th>Item No</th>
<th>Recommendation</th>
<th>Where reported.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title and abstract</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>(a) Indicate the study’s design with a commonly used term in the title or the abstract</td>
<td>Abstract: Methods ‘retrospective cohort study’</td>
</tr>
<tr>
<td></td>
<td>(b) Provide in the abstract an informative and balanced summary of what was done and what was found</td>
<td>Abstract</td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Explain the scientific background and rationale for the investigation being reported</td>
<td>Introduction, paragraphs 1-2</td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>State specific objectives, including any prespecified hypotheses</td>
<td>Introduction, paragraph 3.</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Present key elements of study design early in the paper</td>
<td>Introduction paragraph 3, Methods</td>
</tr>
<tr>
<td>5</td>
<td>Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection</td>
<td>Methods: study populations</td>
</tr>
<tr>
<td><strong>Participants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up</td>
<td>Methods, Text S1, diagnostic code lists in Tables S1 and S2</td>
</tr>
<tr>
<td></td>
<td>(b) For matched studies, give matching criteria and number of exposed and unexposed</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable</td>
<td>Methods: risk factor and blood data, comorbidity</td>
</tr>
<tr>
<td><strong>Data sources/measurement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8*</td>
<td>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</td>
<td>Methods: risk factor and blood data, comorbidity, diagnostic codes in Tables S1 and S2</td>
</tr>
<tr>
<td><strong>Bias</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Describe any efforts to address potential sources of bias</td>
<td>Methods: statistical analysis</td>
</tr>
<tr>
<td><strong>Study size</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Explain how the study size was arrived at</td>
<td>Sample size not formally calculated</td>
</tr>
<tr>
<td><strong>Quantitative variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why</td>
<td>Methods: statistical analysis, Text S1</td>
</tr>
<tr>
<td><strong>Statistical methods</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>(a) Describe all statistical methods, including those used to control for confounding</td>
<td>Methods: statistical analysis, Text S1</td>
</tr>
<tr>
<td></td>
<td>(b) Describe any methods used to examine subgroups and interactions</td>
<td>Methods: statistical analysis</td>
</tr>
<tr>
<td></td>
<td>(c) Explain how missing data were addressed</td>
<td>Methods: statistical analysis (patients with missing data were excluded)</td>
</tr>
<tr>
<td></td>
<td>(d) If applicable, explain how loss to follow-up was addressed</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>(e) Describe any sensitivity analyses</td>
<td>Text S1: Subgoup analysis</td>
</tr>
</tbody>
</table>
### Results

#### Participants

<table>
<thead>
<tr>
<th>13*</th>
<th>(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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Text S1, Figure S1</td>
</tr>
<tr>
<td></td>
<td>(b) Give reasons for non-participation at each stage of the study</td>
</tr>
<tr>
<td></td>
<td>Text S1, Figure S1</td>
</tr>
<tr>
<td></td>
<td>(c) Consider use of a flow diagram</td>
</tr>
<tr>
<td></td>
<td>Figure S1</td>
</tr>
</tbody>
</table>

#### Descriptive data

<table>
<thead>
<tr>
<th>14*</th>
<th>(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Table 1, Table S3</td>
</tr>
<tr>
<td></td>
<td>(b) Indicate number of participants with missing data for each variable of interest</td>
</tr>
<tr>
<td></td>
<td>Results: baseline characteristics for each variable of interest</td>
</tr>
<tr>
<td></td>
<td>(c) Summarise follow-up time (eg, average and total amount)</td>
</tr>
<tr>
<td></td>
<td>Abstract, Figure 2, Figure 3</td>
</tr>
</tbody>
</table>

#### Outcome data

<table>
<thead>
<tr>
<th>15*</th>
<th>Report numbers of outcome events or summary measures over time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Results: absolute risks and Kaplan-Meier curves, Figure 2, Table 2</td>
</tr>
</tbody>
</table>

#### Main results

<table>
<thead>
<tr>
<th>16</th>
<th>(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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unadjusted estimates in Tables S6 and S7; adjusted estimates in Tables 2 and S4, and Figure 1</td>
</tr>
<tr>
<td></td>
<td>(b) Report category boundaries when continuous variables were categorized</td>
</tr>
<tr>
<td></td>
<td>Methods: statistical analysis, paragraph 3</td>
</tr>
<tr>
<td></td>
<td>(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period</td>
</tr>
<tr>
<td></td>
<td>Table 2</td>
</tr>
</tbody>
</table>

#### Other analyses

<table>
<thead>
<tr>
<th>17</th>
<th>Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Results: Subgroup analysis, secondary endpoints and mean corpuscular volume, Tables S5, S6 and S7</td>
</tr>
</tbody>
</table>

### Discussion

#### Key results

<table>
<thead>
<tr>
<th>18</th>
<th>Summarise key results with reference to study objectives</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Discussion: summary of main findings</td>
</tr>
</tbody>
</table>

#### Limitations

<table>
<thead>
<tr>
<th>19</th>
<th>Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discussion: limitations</td>
</tr>
</tbody>
</table>

#### Interpretation

<table>
<thead>
<tr>
<th>20</th>
<th>Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence</th>
</tr>
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<tr>
<td></td>
<td>Discussion: clinical and research implications, conclusions</td>
</tr>
</tbody>
</table>

#### Generalisability

<table>
<thead>
<tr>
<th>21</th>
<th>Discuss the generalisability (external validity) of the study results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discussion: clinical and research implications</td>
</tr>
</tbody>
</table>

### Other information

#### Funding

<table>
<thead>
<tr>
<th>22</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This study is based on data from the Full Feature General Practice Research Database obtained under a Medical Research Council license from the UK Medicines and Health Care Professions Council.</td>
</tr>
</tbody>
</table>
Healthcare Products Regulatory Agency (http://www.mrc.ac.uk/).
This study was supported by grants from the UK National Institute for Health Research (RP-PG-0407-10314; http://www.nihr.ac.uk/) and the Wellcome Trust (086091/Z/08/Z; http://www.wellcome.ac.uk/). Aroon Hingorani is supported by a British Heart Foundation Senior Research Fellowship (FS05/125; http://www.bhf.org.uk/). Keith Abrams is partly funded by the UK National Institute for Health Research as a Senior Investigator (NF-SI-0508-10061). The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. The interpretation and conclusions contained in this study are those of the authors alone.

*Give information separately for exposed and unexposed groups.*