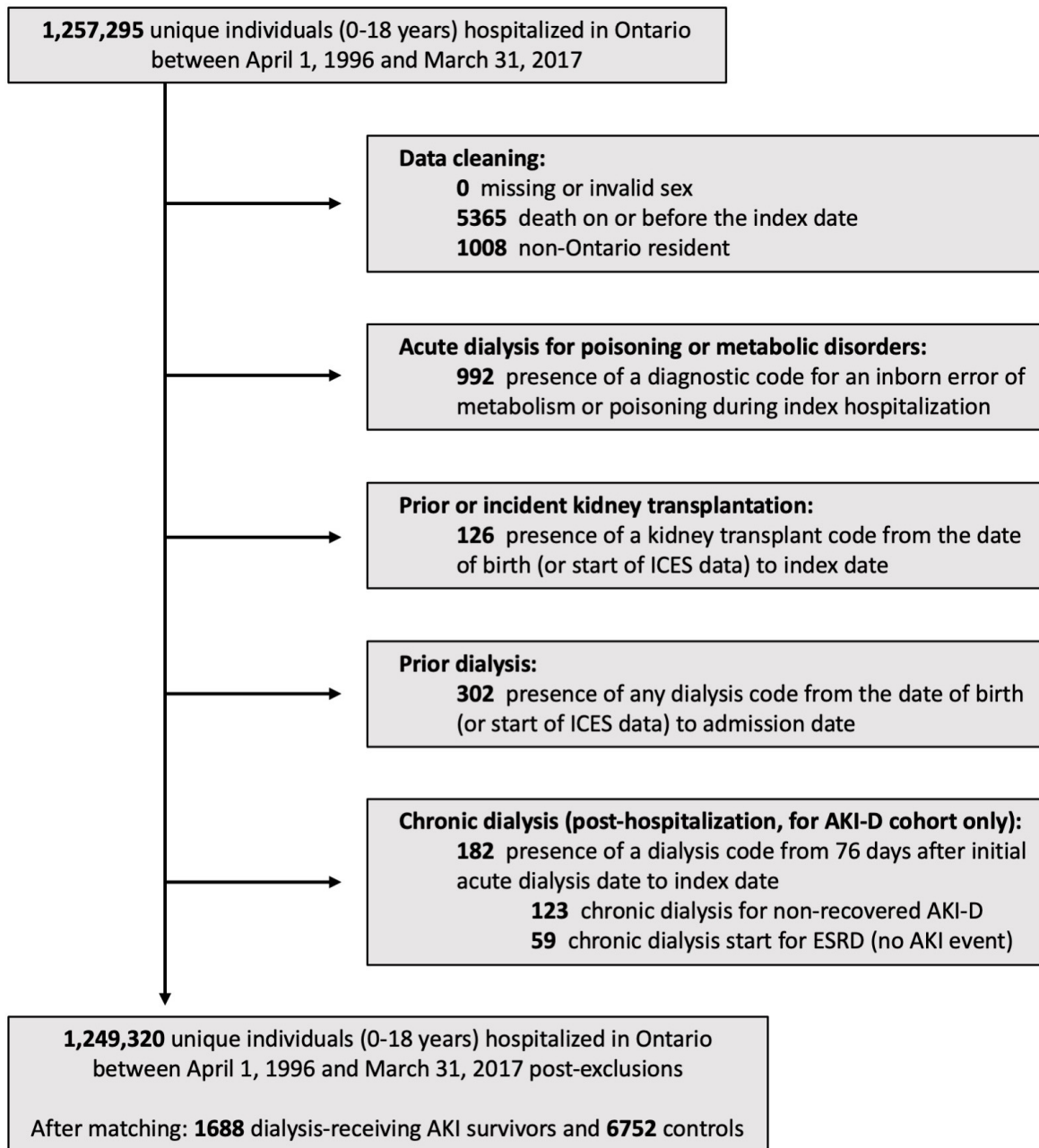


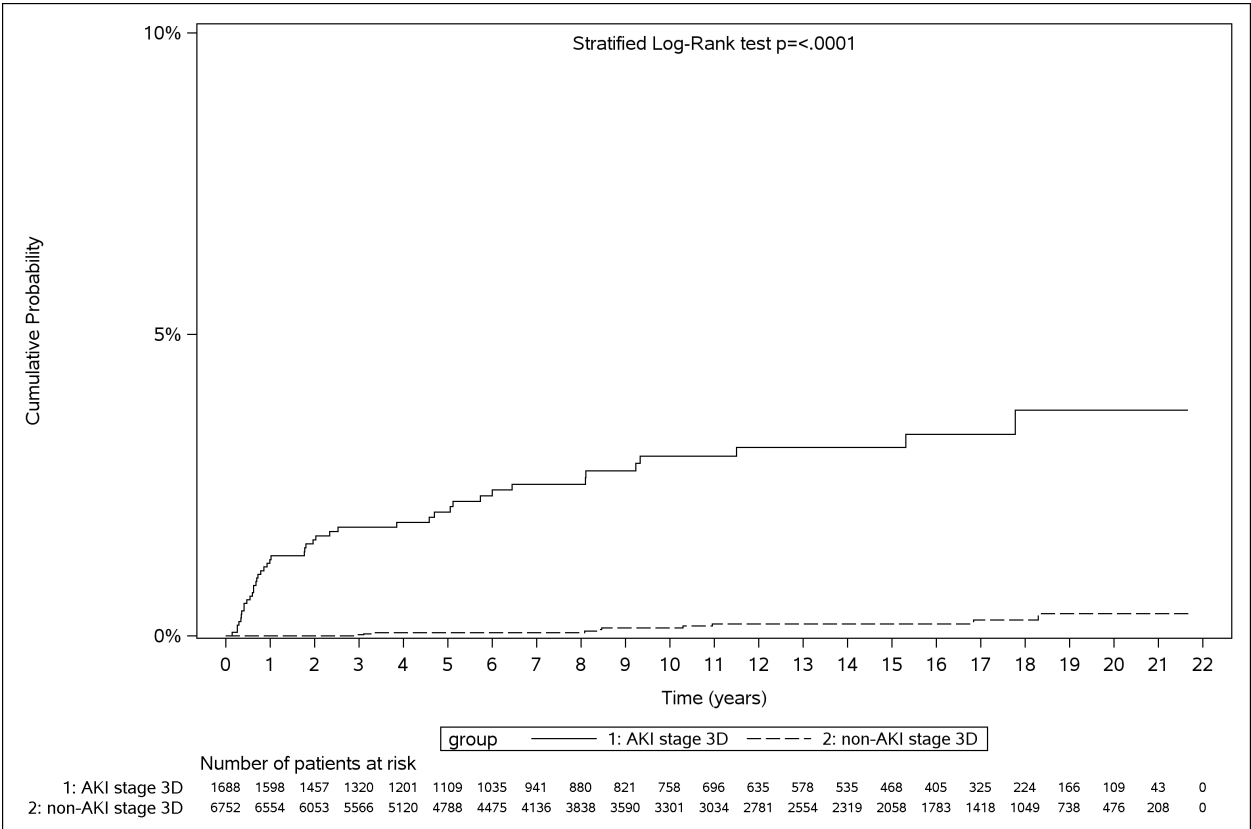
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Supplemental Figure 1. Participant flow diagram

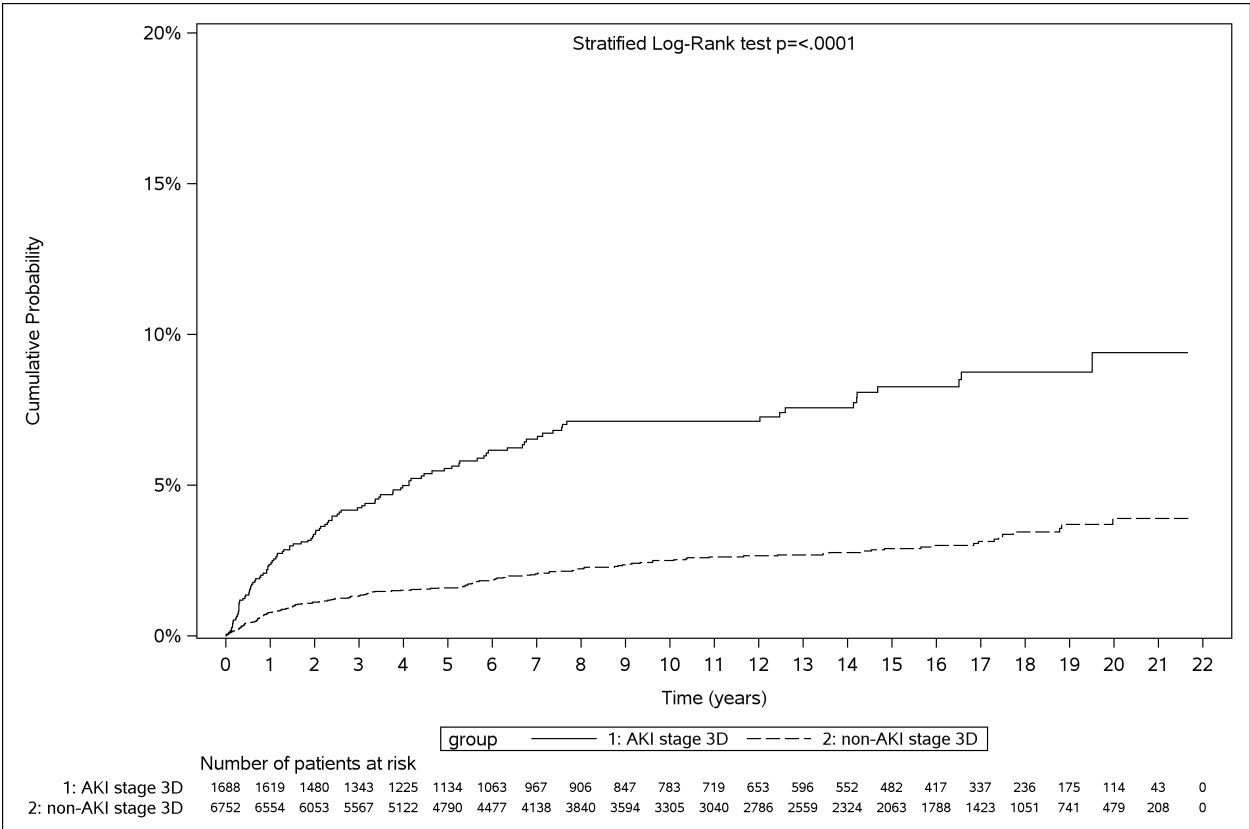


Supplemental Figure 2. Cumulative probability of kidney failure among dialysis-receiving AKI survivors vs. comparators



Abbreviations: AKI stage 3D (acute kidney injury requiring dialysis)

Supplemental Figure 3. Cumulative probability of all-cause mortality among dialysis-receiving AKI survivors vs. comparators



Abbreviations: AKI stage 3D (acute kidney injury requiring dialysis)

Appendix 1: Administrative codes used for cohort selection, baseline characteristics and outcomes

Variable	Databases/Codes
Exposure	CIHI-DAD
AKI requiring dialysis Children – at least one acute dialysis or access code billed between admission and discharge date Neonates – at least one acute dialysis code billed between admission and discharge date [exclude access codes] These codes were also used to define the end stage renal disease (dialysis) exclusion – presence of any code during lookback period	Hemodialysis – acute dialysis OHIP: R849, G323, G325 CCP: 5195 CCI: 1PZ21HQBR Continuous renal replacement therapy (CRRT) – acute dialysis OHIP: G082, G083, G085, G090, G091, G092, G093, G095, G294, G295 CCI: 1PZ21HQBS Hemodialysis/CRRT – access OHIP: G324, G336, G327, G099, R848, G312 Peritoneal dialysis – acute dialysis OHIP: G330, G331 CCP: 6698 CCI: 1PZ21HPD4 Peritoneal dialysis – access OHIP: R852, R853 CCI: 1OT53DATS, 1OT53HATS, 1OT53LATS
Exclusion criteria	CIHI-DAD, OHIP (unless otherwise specified)
End-stage renal disease (ESRD) - chronic dialysis	OHIP: R849, G323, G325, G326, G860, G862, G865, G863, G866, G330, G331, G333, G861, G082, G083, G085, G090, G091, G092, G093, G094, G095, G096, G294, G295, G864, H540, H740

Presence of any code between 76 days after the initial dialysis date and 104 days post-discharge	CCP: 5195, 6698 CCI: 1PZ21
End-stage renal disease (ESRD) - Kidney transplant Presence of any code during lookback period and up to 104 days post-discharge	OHIP: S434, S435 CCI: 1PC85 CORR treatment code: 171 CORR organ code: 10, 11, 12, 18, 19 (kidney)
Inborn error of metabolism or poisoning Presence of any code during hospitalization	Organic acidemia / Maple-syrup-urine disease ICD-9: 2703 ICD-10: E710, E711, E712 Urea cycle defect ICD-9: 2706 ICD-10: E722 Salicylate poisoning ICD-9: 9651, E8503 ICD-10: T390 Toxic alcohol poisoning ICD-9: 9801, 9802, 9808 ICD-10: T511, T512, T518
Baseline characteristics Presence of any code (unless otherwise specified)	CIHI-DAD, OHIP (unless otherwise specified)

Hypertension	ICD-9: 401, 402, 403, 404, 405 ICD-10: I10, I11, I12, I13, I15 OHIP: 401, 402, 403
Chronic kidney disease	ICD-9: 585, 586, 403, 404, 2504, 5838 ICD-10: N18, N19, I12, I13, E102, E112, E132, E142, N08 OHIP: 403, 585
Malignancy	ICD-9: V10, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 170, 171, 172, 173, 174, 175, 176, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 1950, 1951, 1952, 1953, 1954, 1955, 1958, 196, 197, 198, 1990, 1991, 2000, 2001, 2002, 2008, 2010, 2011, 2012, 2014, 2015, 2016, 2017, 2019, 2020, 2026, 2028, 2029, 203, 204, 205, 206, 207, 208, 230, 231, 232, 233, 234 ICD-10: 80003, 80006, 80013, 80023, 80033, 80043, 80102, 80103, 80106, 80113, 80123, 80203, 80213, 80223, C00, C01, C02, C03, C04, C05, C06, C07, C08, C09, C10, C11, C12, C13, C14, C15, C16, C17, C18, C19, C20, C21, C22, C23, C24, C25, C26, C30, C31, C32, C33, C34, C37, C38, C39, C40, C41, C43, C44, C45, C46, C47, C48, C49, C50, C51, C52, C53, C54, C55, C56, C57, C58, C60, C61, C62, C63, C64, C65, C66, C67, C68, C69, C70, C71, C72, C73, C74, C75, C76, C77, C78, C79, C80, C81, C82, C83, C84, C85, C86, C8800, C8808, C90, C91, C92, C93, C94, C95, C96, C97, D00, D01, D02, D03, D04, D05, D06, D07, D09, Z850, Z851, Z852, Z853, Z854, Z855, Z856, Z857, Z858, Z859, 80303, 80313, 80323, 80333, 80343, 80413, 80423, 80433, 80443, 80453, 80502, 80503, 80513, 80523, 80702, 80703, 80706, 80713, 80723, 80733, 80743, 80753, 80762, 80763, 80772, 80802, 80812, 80823, 80903, 80913, 80923, 80933, 80943, 80953, 81103, 81202, 81203, 81213, 81223, 81233, 81243, 81303, 81402, 81403, 81406, 81413, 81423, 81433, 81443, 81453, 81473, 81503, 81513, 81523, 81533, 81543, 81553, 81603, 81613, 81623, 81703, 81713, 81803, 81903, 82003, 82013, 82102, 82103, 82113, 82203, 82213, 82303, 82313, 82403, 82413, 82433, 82443, 82453, 82463, 82473, 82503, 82513, 82603, 82612, 82613, 82623, 82632, 82633, 82703, 82803, 82813, 82903, 83003, 83103, 83123, 83143, 83153, 83203, 83223, 83233, 83303, 83313, 83323, 83403, 83503, 83703, 83803, 83813, 83903, 84003, 84013,

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	<p>98673, 98683, 98703, 98803, 98903, 98913, 98923, 98933, 98943, 99003, 99103, 99303, 99313, 99323, 99403, 99413</p> <p>OHIP: 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 170, 171, 172, 173, 174, 175, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 230, 231, 232, 233, 234</p>
Chronic liver disease	<p>ICD-9: 4560, 4561, 4562, 0702, 0703, 0704, 0705, 0706, 0707, 0708, 5722, 5723, 5724, 5728, 573, 7824, 2750, 2751, 7891, 7895, 571, V026</p> <p>ICD-10: B18, B19, I85, R17, R18, R160, R162, B942, Z225, E831, E830, K70, K713, K714, K715, K717, K721, K729, K73, K74, K753, K754, K758, K759, K76, K77</p> <p>OHIP: 571, 573, 070, Z551, Z554</p>
<p>Diabetes mellitus</p> <p>Defined as 4 OHIP diagnostic codes claims or 1 OHIP fee code claim within 2 years</p>	<p>OHIP diagnostic code: 248, 250</p> <p>OHIP fee code: K030, K029, K045, K046, G500, G514, G520, Q040</p>
Sepsis	<p>ICD-9: 0031, 0362, 038</p> <p>ICD-10: A021, A392, A393, A394, A400, A401, A402, A408, A409, A410, A411, A412, A403, A414, A4159, A413, A4150, A4151, A4152, A4158, A4180, A4188, A427, A419</p>
Shock	<p>ICD-9: 9584, 9980, 9954, 78550, 78551, 78552, 78559, 9950, 9956, 9995</p> <p>ICD-10: R570, R571, R578, R579, T882, T782, T780, T805, T811, R572, T794</p>
Cardiac surgery	<p>OHIP: R712, R715, R716, R717, R718, R720, R721, R722, R723, R724, R725, R726, R728, R729, R735, R736, R737, R754, R756, R757, R758, R759, R762, R768, R770, R771, R772, R774, R781, R830, R841, R857, R876, R921, R922, R923, R925, R926, R927, R928, R929, R930, E646, E647, E650, E651, E652, E656, E658, E660, E661, E670, E671, E682, R700,</p>

	<p>R706, R709, R710, R711, R713, R714, R727, R730, R733, R734, R738, R741, R742, R743, R746, R747, R748, R749, R755, R769, R773, R863, R920, R924, Z759, Z743, Z780, R701, R702, R703, R704, R763, R762, R715, R716, R717, R718, Z465, Z466, R870, R874</p> <p>CCP: 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 4811, 4812, 4813, 4814, 4815, 4816, 4817, 4819, 482, 483, 489, 5024, 5034, 495</p> <p>CCI: 1IJ76, 1KA76, 1HN87, 1HN80, 1HR80, 1HJ76, 1HN71, 1HR71, 1LC84, 1IF83, 1HT89, 1HV80, 1HU80, 1HT80, 1HS80, 1HP78, 1HP76, 1HZ80, 1HW78, 1HW79, 1HP71, 1HZ34, 1HZ87, 1HP87, 1HZ37, 1HJ82, 1HP82, 1HP80, 1HP83, 1LD84, 1IN84, 1HZ85</p>
Extracorporeal membrane oxygenation	<p>OHIP: Z788</p> <p>CCP: 5161</p> <p>CCI: 1LZ37, 1LZ38</p>
Mechanical ventilation	<p>OHIP: G557, G558, G559, G405, G406, G407</p> <p>CCP: 1362</p> <p>CCI: IGZ31</p>
Stem cell transplant	<p>OHIP: Z426</p> <p>CCP: 530</p> <p>CCI: 1LZ19, 1WY19</p>
Non-renal solid organ transplant	<p>OHIP: S294, S266, S295, M155, M156, R870, R874, S197</p> <p>CCP: 6759, 624, 455, 495, 456</p> <p>CCI: 1OA85, 1GR85, 1GT85, 1HZ85, 1HY85</p> <p>CORR treatment code: 171</p> <p>CORR organ code:</p> <p>20, 21, 22, 23, 29 (liver)</p> <p>40, 41, 42, 48, 43, 49 (lung)</p> <p>30 (heart)</p>

	90, 99 (multiple)
Hemolytic-uremic syndrome	ICD-9: 2831 ICD-10: D593
PICU admission (OHIP code prior to Apr 2002, OHIP and SCU code after Apr 2002)	SCU variable: 70 OHIP: C101, G400, G401, G402, G405, G406, G407, G557, G558, G559
PMCA classification	Pediatric Medical Complexity Algorithm Version 3.0 ¹ CIHI-DAD, least conservative approach (as recommended for use with hospital discharge data) ²
Primary outcomes	CIHI-DAD, OHIP (unless otherwise specified)
End-stage renal disease (ESRD) - chronic dialysis Presence of 2 codes separated by at least 90 days, but less than 150 days apart	OHIP: R849, G323, G325, G326, G860, G862, G865, G863, G866, G330, G331, G333, G861, G082, G083, G085, G090, G091, G092, G093, G094, G095, G096, G294, G295, G864, H540, H740 CCP: 5195, 6698 CCI: 1PZ21
End-stage renal disease (ESRD) - Kidney transplant Presence of any code during follow-up	OHIP: S434, S435 CCI: 1PC85 CORR treatment code: 171 CORR organ code: 10, 11, 12, 18, 19 (kidney)
All-cause mortality	Death date captured in RPDB

Secondary outcomes	CIHI-DAD, OHIP (unless otherwise specified)
<p><i>De novo</i> CKD</p> <p>Among patients without pre-existing CKD. Defined as the presence of any code during follow-up</p>	<p>ICD-9: 585, 586, 403, 404, 2504, 5838 ICD-10: N18, N19, I12, I13, E102, E112, E132, E142, N08 OHIP: 403, 585</p>
<p><i>De novo</i> hypertension</p> <p>Among patients without pre-existing hypertension. Defined as a hospitalization claim or 2 outpatient claims within two years</p>	<p>ICD-9: 401, 402, 403, 404, 405 ICD-10: I10, I11, I12, I13, I15 OHIP: 401, 402, 403</p>
<p>Acute kidney injury</p> <p>Presence of any code during hospitalization or emergency department visit during follow-up</p>	<p>ICD-9: 584, 580, 6343, 6353, 6363, 6379, 6383, 6393, 6693 ICD-10: N17, N00, N01, O084, O904 OHIP: 584, 580</p>

Abbreviations:

CIHI – Canadian Institutes of Health Information

DAD – Discharge Abstract Database

ICD-9 – International Classification of Diseases, 9th Revision; ICD-10 – 10th Revision

OHIP – Ontario Health Insurance Plan

CCP – Canadian Classification of Diagnostic, Therapeutic, and Surgical Procedures

CCI – Canadian Classification of Health Interventions

CORR – Canadian Organ Replacement Register

SCU – Special Care Unit

Descriptions of included databases:DAD – Discharge Abstract Database

CIHI-DAD captures administrative, clinical and demographic data from all hospital discharges in Ontario (including deaths, transfers and discharges). Data is received directly from all acute care facilities and reporting is mandatory in Ontario. Data quality is assessed on a continuous basis and discharge abstract data completion is >99%.³

OHIP – Ontario Health Insurance Plan

OHIP Claims Database captures administrative, clinical and demographic data attached to all physician billings in Ontario for publicly-funded services. Accurate information is required for physician compensation. Therefore, data completion rates are very high.

CORR – Canadian Organ Replacement Register

CORR is a national transplant registry linked to administrative databases housed at ICES. The database has been previously validated in Ontario (sensitivity 96%, positive predictive value 98%).⁴

RPDB – Registered Persons Database

RPDB is an Ontario provincial database capturing basic demographic and vital status information for all Ontario residents registered under the Ontario Health Insurance Plan (> 99% of the Ontario population).

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1. Simon TD, Haaland W, Hawley K, Lambka K, Mangione-Smith R. Development and Validation of the Pediatric Medical Complexity Algorithm (PMCA) Version 3.0. *Acad Pediatr*. 2018;18:577–580.
2. Simon TD, Cawthon ML, Stanford S, Popalisky J, Lyons D, Woodcox P, Hood M, Chen AY, Mangione-Smith R, for the Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN) Medical Complexity Working Group. Pediatric Medical Complexity Algorithm: A New Method to Stratify Children by Medical Complexity. *PEDIATRICS* [Internet]. 2014 [cited 2018 Aug 17];133:e1647–e1654. Available from: <http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2013-3875>
3. Canadian Institute for Health Information (CIHI). Discharge Abstract Database metadata (DAD) [Internet]. Canadian Institute for Health Information (CIHI); [cited 2020 Mar 10]. Available from: <https://www.cihi.ca/en/discharge-abstract-database-metadata>
4. Lam NN, McArthur E, Kim SJ, Knoll GA. Validation of kidney transplantation using administrative data. *Can J Kidney Health Dis*. 2015;2:20.

Appendix 2: The RECORD statement – checklist of items, extended from the STROBE statement, that should be reported in observational studies using routinely collected health data.

	Item No.	STROBE items	Location in manuscript where items are reported	RECORD items	Location in manuscript where items are reported
Title and abstract					
	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found	Title, page 1 Abstract, page 2	RECORD 1.1: The type of data used should be specified in the title or abstract. When possible, the name of the databases used should be included. RECORD 1.2: If applicable, the geographic region and timeframe within which the study took place should be reported in the title or abstract. RECORD 1.3: If linkage between databases was conducted for the study, this should be clearly stated in the title or abstract.	Abstract, page 2, methods paragraph Abstract, page 2, methods paragraph Not done
Introduction					
Background rationale	2	Explain the scientific background and rationale for the investigation being reported	Introduction, page 3		
Objectives	3	State specific objectives, including any prespecified hypotheses	Introduction, page 3		

Methods					
Study Design	4	Present key elements of study design early in the paper	Methods, page 4-6		
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Methods, page 4		
Participants	6	<p><i>(a) Cohort study</i> - Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up</p> <p><i>Case-control study</i> - 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</p> <p><i>Cross-sectional study</i> - Give the eligibility criteria, and the sources and methods of selection of participants</p> <p><i>(b) Cohort study</i> - For matched studies, give matching criteria and</p>	Methods, page 4-5	<p>RECORD 6.1: The methods of study population selection (such as codes or algorithms used to identify subjects) should be listed in detail. If this is not possible, an explanation should be provided.</p> <p>RECORD 6.2: Any validation studies of the codes or algorithms used to select the population should be referenced. If validation was conducted for this study and not published elsewhere, detailed methods and results should be provided.</p> <p>RECORD 6.3: If the study involved linkage of databases, consider use of a flow diagram or other graphical display to demonstrate the data linkage process, including</p>	<p>Methods, page 4-5</p> <p>Methods, page 4-5 Discussion, page 10 Appendix 1</p> <p>No linkage. Flow diagram in Supplemental Figure 1</p>

		number of exposed and unexposed <i>Case-control study</i> - For matched studies, give matching criteria and the number of controls per case		the number of individuals with linked data at each stage.	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	Methods, page 5-6	RECORD 7.1: A complete list of codes and algorithms used to classify exposures, outcomes, confounders, and effect modifiers should be provided. If these cannot be reported, an explanation should be provided.	Appendix 1
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	Methods, page 5		
Bias	9	Describe any efforts to address potential sources of bias	Methods, page 4-7		
Study size	10	Explain how the study size was arrived at	Methods, page 4-6		
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen, and why	Methods, page 6-7		

Statistical methods	12	<p>(a) Describe all statistical methods, including those used to control for confounding</p> <p>(b) Describe any methods used to examine subgroups and interactions</p> <p>(c) Explain how missing data were addressed</p> <p>(d) <i>Cohort study</i> - If applicable, explain how loss to follow-up was addressed</p> <p><i>Case-control study</i> - If applicable, explain how matching of cases and controls was addressed</p> <p><i>Cross-sectional study</i> - If applicable, describe analytical methods taking account of sampling strategy</p> <p>(e) Describe any sensitivity analyses</p>	Methods, page 6-7		
Data access and cleaning methods		..		<p>RECORD 12.1: Authors should describe the extent to which the investigators had access to the database population used to create the study population.</p> <p>RECORD 12.2: Authors should provide information on the data</p>	Methods, page 5

				cleaning methods used in the study.	Methods, page 5
Linkage		..		RECORD 12.3: State whether the study included person-level, institutional-level, or other data linkage across two or more databases. The methods of linkage and methods of linkage quality evaluation should be provided.	No linkage
Results					
Participants	13	(a) Report the numbers of individuals at each stage of the study (<i>e.g.</i> , numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed) (b) Give reasons for non-participation at each stage. (c) Consider use of a flow diagram	Supplemental Figure 1	RECORD 13.1: Describe in detail the selection of the persons included in the study (<i>i.e.</i> , study population selection) including filtering based on data quality, data availability and linkage. The selection of included persons can be described in the text and/or by means of the study flow diagram.	Methods, page 4-5 Supplemental Figure 1
Descriptive data	14	(a) Give characteristics of study participants (<i>e.g.</i> , demographic, clinical, social) and information on exposures and potential confounders (b) Indicate the number of participants with missing	Results, page 7 Table 1		

		data for each variable of interest (c) <i>Cohort study</i> - summarise follow-up time (e.g., average and total amount)			
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	Results, page 7-8 Table 2		
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of	Results, page 7-8 Table 3-5 Figure 1-4 Supplemental Figure 2-3		

		relative risk into absolute risk for a meaningful time period			
Other analyses	17	Report other analyses done—e.g., analyses of subgroups and interactions, and sensitivity analyses	Page 8 Table 6		
Discussion					
Key results	18	Summarise key results with reference to study objectives	Discussion, page 8		
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	Discussion, page 10-11	RECORD 19.1: Discuss the implications of using data that were not created or collected to answer the specific research question(s). Include discussion of misclassification bias, unmeasured confounding, missing data, and changing eligibility over time, as they pertain to the study being reported.	Discussion, page 10-11
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Discussion, page 8-11		
Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion, page 10		
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	Page 12		
Accessibility of protocol, raw data, and programming code		..	Appendix 1	RECORD 22.1: Authors should provide information on how to access any supplemental information such as the study protocol, raw data, or programming code.	Appendix 1

*Reference: Benchimol EI, Smeeth L, Guttman A, Harron K, Moher D, Petersen I, Sørensen HT, von Elm E, Langan SM, the RECORD Working Committee. The REporting of studies Conducted using Observational Routinely-collected health Data (RECORD) Statement. *PLoS Medicine* 2015; in press.

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