Niehus et al. – STROBE guidelines [Von Elm et al., 2007]

ltem	Number	Recommendation	Addressed where
Title and abstract	1a	Indicate the study's design	"prospective cohort
		with a commonly used term in	study" (Abstract)
		the title or the abstract	
	1b	Provide in the abstract an	see Abstract
		informative and balanced	
		summary of what was done	
		and what was found	
Introduction			
Background/rationale	2	Explain the scientific	see Introduction
		background and rationale for	
		the investigation being	
		reported	
Objectives	3	State specific objectives,	see Introduction
		including any prespecified	
		hypotheses	
Methods			
Study design	4	Present key elements of study	see "Patient cohort
		design early in the paper	and treatment" and
			Table 1 (Results)
Setting	5	Describe the setting, locations,	see "Patient cohort
0		and relevant dates, including	and treatment" and
		periods of recruitment,	Table 1 (Results)
		exposure, follow-up, and data	
		collection	
Participants	6a	Give the eligibility criteria, and	for eligibility criteria
·		the sources and methods of	see Table 1, for
		selection of participants.	follow-up methods
		Describe methods of follow-up	see "Study
			participants and
			follow-up" (Methods
			and Materials)
	6b	For matched studies, give	Not applicable
		matching criteria and number	
		of exposed and unexposed	
Variables	7	Clearly define all outcomes,	Outcome and
		exposures, predictors,	predictors explained
		potential confounders, and	in Methods and
		effect modifiers. Give	Materials.
		diagnostic criteria, if	Distribution of
		applicable	patients' hospital
			origin, age & sex
			described in "Patient
			cohort and
			treatment" (Results)
			(results)

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	Diagnostic method of ESBL colonisation in "Identification of ESBL producing organisms carriers" (Methods and Materials) "Study participants and follow-up" (Methods and Materials) explains source of antibiotic treatment data, and microbiological methods are given the two sections following
Bias	9	Describe any efforts to address potential sources of bias	Selection bias discussed in Discussion and Conclusion
Study size	10	Explain how the study size was arrived at	Explained in "Study participants and follow-up" (Methods and Materials)
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	see Methods and Materials sections of the statistical methods
Statistical methods Results	12	 a) Describe all statistical methods, including those used to control for confounding b) Describe any methods used to examine subgroups and interactions c) Explain how missing data were addressed d) If applicable, explain how loss to follow-up was addressed e) Describe any sensitivity analyses 	Statistical methods described and justified in Methods and Materials . Potential for interactions between antibiotics discussed in Discussion and Conclusion . No missing data and no loss to follow-up. We describe model comparison in "Dynamic within-host model" (Methods and Materials)

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Participants	13a	Report numbers of individuals	Number of total
		at each stage of study—eg	patients and patients
		numbers potentially eligible,	consenting to follow-
		examined for eligibility,	up given in "Patient
		confirmed eligible, included in	cohort and
		the study, completing follow-	treatment" (Results)
		up, and analysed	
	13b	Give reasons for non-	Reasons unknown
		participation at each stage	
	13c	Consider use of a flow	Deemed not
		diagram	necessary
Descriptive data	14a	Give characteristics of study	Distribution of
		participants (eg demographic,	patients' hospital
		clinical, social) and	origin, age and sex
		information on exposures and	given in "Patient
		potential confounders	cohort and
			treatment" (Results)
	14b	Indicate number of	no missing data
		participants with missing data	
		for each variable of interest	
	14c	Summarise follow-up time (eg,	Median and
		average and total amount)	maximum length of
		, ,	observation, and
			total number of
			observed days (with
			and without
			antibiotic treatment)
			given in "Patient
			cohort and
			treatment" (Results)
Outcomo data	15	Bapart numbers of outcome	
Outcome data	15	Report numbers of outcome	Raw data in Figure 1, and summaries in
		events or summary measures	
		over time	Figure 2 and 3 (with
			and without
Main na - U-	10-		treatment)
Main results	16a	Give unadjusted estimates	Estimates given
		and, if applicable, confounder-	visually (Figure 4 + 5)
		adjusted estimates and their	and in text in
		precision (eg, 95% confidence	"Dynamic antibiotic
		interval). Make clear which	effect model"
		confounders were adjusted	(Results)
		for and why they were	
		included	
	16b	Report category boundaries	not applicable
		when continuous variables	

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relative risk into absolute riskfor a meaningful time periodOther analysis17Report other analyses doneModel c	
for a meaningful time periodOther analysis17Report other analyses doneModel c	
Other analysis 17 Report other analyses done – Model c	
	omparison
	d in "Dynamic
interactions, and sensitivity antibioti	
analyses model"	(Results)
Discussion	
Key results18Summarise key results withsee Disc	ussion and
reference to study objectives Conclusion	ion
Limitations 19 Discuss limitations of the Limitation	on and
study, taking into account potentia	al bias
sources of potential bias or discusse	ed (Discussion
imprecision. Discuss both and Con	clusion)
direction and magnitude of	
any potential bias	
Interpretation 20 Give a cautious overall see Disc	ussion and
interpretation of results Conclusion	ion
considering objectives,	
limitations, multiplicity of	
analyses, results from similar	
studies, and other relevant	
evidence	
Generalisability 21 Discuss the generalisability see Disc	ussion and
(external validity) of the study Conclusion	ion
results	
Other information	
Funding 22 Give the source of funding and Study fu	Inding given
the role of the funders for the in Table	1 and in
present study and, if "Acknow	vledgements"
applicable, for the original	
study on which the present	
article is based	