STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	ltem No	Recommendation	
Title and abstract	1	(a) Indicate the study's design with a commonly used	Page 1
		term in the title or the abstract	
		(b) Provide in the abstract an informative and balanced	Page 4
		summary of what was done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the	Page 6
		investigation being reported	
Objectives	3	State specific objectives, including any prespecified	Page 7
		hypotheses	_
Methods			
Study design	4	Present key elements of study design early in the	Pages 7
Setting	5	paper Describe the setting, locations, and relevant dates,	Pages 7,8
Setting	5		Fages 7,0
		including periods of recruitment, exposure, follow-up, and data collection	
Participants	6	(a) Give the eligibility criteria, and the sources and	Page 7
Participants	0		Page 7
		methods of selection of participants. Describe	
		methods of follow-up	N//A
		(b) For matched studies, give matching criteria and	N/A
		number of exposed and unexposed	. .
Variables	7	Clearly define all outcomes, exposures, predictors,	Page 9
		potential confounders, and effect modifiers. Give	
		diagnostic criteria, if applicable	
Data sources/	8*	For each variable of interest, give sources of data and	Pages 9
measurement		details of methods of assessment (measurement).	
		Describe comparability of assessment methods if there	
		is more than one group	
Bias	9	Describe any efforts to address potential sources of	Page 8, line 2.
		bias	
Study size	10	Explain how the study size was arrived at	Page 9,10
Quantitative variables	11	Explain how quantitative variables were handled in the	Page 8.9
		analyses. If applicable, describe which groupings were	
		chosen and why	
Statistical methods	12	(a) Describe all statistical methods, including those	Page 9
		used to control for confounding	
		(b) Describe any methods used to examine subgroups	Page 9
		and interactions	
		(c) Explain how missing data were addressed	N/A
		(d) If applicable, explain how loss to follow-up was	N/A
		addressed	
		(<u>e</u>) Describe any sensitivity analyses	N/A

Results

Participants

13* (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for Pages 10.11; plus suppl. data

		eligibility, confirmed eligible, included in the study,	
		completing follow-up, and analysed	
		(b) Give reasons for non-participation at each stage	Page 7.
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eg	Page 10.11; Tables 1+2;
		demographic, clinical, social) and information on	suppl. Tables 2,3
		exposures and potential confounders	
		(b) Indicate number of participants with missing data	Tables 1+2; suppl. Tables
		for each variable of interest	2,3
		(c) Summarise follow-up time (eg, average and total	P10
		amount)	
Outcome data	15*	Report numbers of outcome events or summary	Page 10.11,
		measures over time	
Main results	16	(a) Give unadjusted estimates and, if applicable,	Page 10-11; Tables 1+2;
		confounder-adjusted estimates and their precision (eg,	suppl. Tables 2,3
		95% confidence interval). Make clear which	
		confounders were adjusted for and why they were	
		included	
		(b) Report category boundaries when continuous	95% CI throughout
		variables were categorized	manuscript.
		(c) If relevant, consider translating estimates of	Relative Risk [RR] hazard
		relative risk into absolute risk for a meaningful time	ratios throughout
		period	manuscript.
Other analyses	17	Report other analyses done—eg analyses of subgroups	Tables 3-6
		and interactions, and sensitivity analyses	
Discussion			
Key results	18	Summarise key results with reference to study	Page 12
-,		objectives	
Limitations	19	Discuss limitations of the study, taking into account	Page 12-14
	-	sources of potential bias or imprecision. Discuss both	
		direction and magnitude of any potential bias	
Interpretation	20	Give a cautious overall interpretation of results	Pages 14
		considering objectives, limitations, multiplicity of	
		analyses, results from similar studies, and other	
		relevant evidence	
Generalisability	21	Discuss the generalisability (external validity) of the	Page 15
		study results	0
Other information			
Funding	22	Give the source of funding and the role of the funders	See acknowledgments.
	~~~	for the present study and, if applicable, for the original	see deknowledgments.
		study on which the present article is based	
		study on which the present article is based	

Supplementary Table 2. Drug therapies in subset of cohort, University College London Hospital.

	Normal	AHRR	P value	
Nitrate	11 (3.5%)	10 (4.8%)	0.67	
Beta-blocker	45 (14.2%)	27 (13.0%)	0.67	
ACE inhibitor	68 (21.6%)	38 (18.4%)	0.37	
Statin	96 (30.5%)	63 (30.4%)	0.99	

ACE- angiotensin converting enzyme

Supplementary Table 3. Comorbidity in University College London Hospital.

TIA- transient ischemic event

	Normal	AHRR	P value
Diabetes mellitus	42 (13%)	19 (9.1%)	0.23
Hypertension	130 (41%)	79 (38%)	0.38
Coronary artery disease	18 (5.5%)	18 (8.6%)	0.19
Stroke/TIA	15 (4.8%)	12 (5.7%)	0.94
Chronic obstructive airways disease	23 (7.3%)	12 (5.8%)	0.94