=STROBE Statement—checklist of items that should be included in reports of observational studies
Note the line numbering applies to the "track changes" version

	Item No	Recommendation
Title and abstract	1	Indicate the study's design with a commonly used term in the title or the abstract This has been done. – "a single cohort study"
		Provide in the abstract an informative and balanced summary of what was done and what was found This has been done. Lines 33-60
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported Done (lines 65 -84)
Objectives	3	State specific objectives, including any prespecified hypotheses Done (lines 85-8)
Methods		
Study design	4	Present key elements of study design early in the paper This is noted as a single cohort study.
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection See methods section : (90-106)
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *This is described in the methods section (93-107)*
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed N/A *Case-control study*—For matched studies, give matching criteria and the number of controls per case N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable This has been noted in the methods section.(lines 110-118 and 123-6)
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. See methods section; lines 122-5)
Bias	9	Describe any efforts to address potential sources of bias (blinding of the study radiologist is detailed on lines 113-5)
Study size	10	Explain how the study size was arrived at This was a convenience sample –see line 94
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why—see methods section.
Statistical methods	12	Describe all statistical methods, including those used to control for confounding Lines 224-31
		(*b*) Describe any methods used to examine subgroups and interactions
		(a) Explain how missing data were addressed. No missing data from the IGRA analysis
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed

		N/A for major outcome which was results of initial evaluation
		(*e*) 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 eligibility, confirmed eligible, included in the study, completing follow-up, and analysed. This is done in the results section. All eligible patients were included.
		(b) Give reasons for non-participation at each stage—we noted that follow up was at the discretion of the referring physician. The principal findings relate to the cohort at first evaluation and for this all patients were evaluated.
		(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. This has been done.
		(b) Indicate number of participants with missing data for each variable of interest Shown in tables.
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount) (lines 195-200)
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time. Major outcome events were IGRA positive tests and abnormal chest radiographs at first assessment.
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—this was done for the odds of a positive IGRA
		(*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 – not considered relevant. The major finding was the odds of a positive IGRA in this cohort at first visit.
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses. N/A
Discussion		
Key results	18	Summarise key results with reference to study objectives Lines 211-240
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 Lines 255-264
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence Lines 266-277
Generalisability	21	Discuss the generalisability (external validity) of the study results Lines 261-265
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 (The source of funding is noted on the title page)

*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.