***When a STROBE statement is requested for a publication, part of the items concerns the CONSTANCES cohort itself, in addition to information specific to the research that is reported. Below is some information that can be used if necessary, depending on the type of study.***

STROBE Statement—checklist of items that should be included in reports of observational studies

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|  | | Item No | Recommendation |
| **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 |
| Introduction | | | |
| Background/rationale | | 2 | Explain the scientific background and rationale for the investigation being reported |
| Objectives | | 3 | State specific objectives, including any prespecified hypotheses |
| Methods | | | |
| Study design | | 4 | Present key elements of study design early in the paper |
| Setting | | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection  *The CONSTANCES cohort was designed as a randomly selected sample of French adults aged 18-69 years at inception. About 220,000 subjects were included over the 2012-2019 period. At inclusion, the selected subjects were invited to complete questionnaires and to attend a Health Screening Centre (HSC) for a comprehensive health examination. A biobank (blood and urine) has been set up. Data collected for participants include social and demographic characteristics, socioeconomic status, life events, behaviors, and occupational factors. In addition to the data collected from questionnaires and the health examination, health and social data are collected through the linkage to French national administrative databases. The health data cover a wide spectrum: self-reported health scales, reported prevalent and incident diseases, long-term chronic diseases and hospitalizations, sick-leaves, handicaps, limitations, disabilities and injuries, healthcare utilization and services provided, and causes of death.* |
| Participants | | 6 | (*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up  ***Eligibility criteria****: being aged 18-69 years, living in one of the 21 “départements”(French administrative units) where a there is a HCS, being affiliated to the National Health Insurance Fund (CNAM: Caisse nationale d’assurance maladie) that covers salaried workers, professionally active or retired and their dependents (more than 85% of the French population), thus excluding agricultural and self-employed workers which are affiliated to other health insurance funds.*  ***Sources and methods of selection of participants:*** *eligible participants were randomly selected from the national database of the National Retirement Insurance Fund (CNAV: Caisse nationale d’assurance vieillesse) which includes every person living in France, following a sampling scheme stratified on age, sex, socioeconomic status and region of France.*  ***Methods of follow-up:*** *The follow-up includes a yearly self-administered questionnaire (paper or internet), an annual linkage to the national administrative databases, and a medical examination in an HSC every 4 years.* |
| (*b*)*Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed  *Case-control study*—For matched studies, give matching criteria and the number of controls per case |
| Variables | | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable |
| 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  *As very diverse data collected by CONSTANCES can be used in a study, it is not possible to describe all the procedures used. Specific details can be provided upon request.* |
| Bias | | 9s of | Describe any efforts to address potential sources of bias  *In a cohort where participation rely on a voluntary basis, one of the main sources of potential bias is selection effects. To take into account non-participation at inclusion and attrition throughout the longitudinal follow-up, a randomly selected representative cohort of 450,000 non-participants (no selection effects) was set up and is linked to the same national administrative databases as participants* *to track the same sociodemographic, employment characteristics, health and use of health services data as for the 220,000 volunteers. It allows to analyze the personal, socioeconomic and health factors associated with participation and to develop reweighting techniques to estimate the prevalence of various parameters in the French general population.* *The French National Statistical Information Council (CNIS), the highest public statistics authority gave CONSTANCES its “Label of General Interest and Statistical Quality”.* |
| Study size | | 10 | Explain how the study size was arrived at |
| Quantitative variables | | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why |
| Statistical methods | | 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*) *Cohort study*—If applicable, explain how loss to follow-up was addressed  *Almost none of the people included in CONSTANCES are permanently lost to follow-up, since the participants are followed passively through the national administrative databases. There is nonetheless attrition due to the failure to return the annual questionnaire or to participate to the follow-up health examinations. Coefficients of adjustment for attrition are calculated by a method similar to the one used for the coefficient of adjustment for initial non-participation, based on the data collected at baseline for participants as well as on data from the administrative databases.*  *Case-control study*—If applicable, explain how matching of cases and controls was addressed  *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy |
| (*e*) Describe any sensitivity analyses |
| Results | | | |
| Participants | 13\* | (a) Report numbers of individuals at each stage of study—e.g. numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analyzed | |
| (b) Give reasons for non-participation at each stage | |
| (c) Consider use of a flow diagram | |
| Descriptive data | 14\* | (a) Give characteristics of study participants (e.g. demographic, clinical, social) and information on exposures and potential confounders | |
| (b) Indicate number of participants with missing data for each variable of interest | |
| (c) *Cohort study*—Summarize follow-up time (e.g., average and total amount) | |
| Outcome data | 15\* | *Cohort study*—Report numbers of outcome events or summary measures over time | |
| *Case-control study—*Report numbers in each exposure category, or summary measures of exposure | |
| *Cross-sectional study—*Report numbers of outcome events or summary measures | |
| 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 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 | |
| Discussion | | | |
| Key results | 18 | Summarize key results with reference to study objectives | |
| 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 | |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | |
| Generalizability | 21 | Discuss the generalizability (external validity) of the study results | |
| 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 CONSTANCES cohort is supported and funded by the Caisse nationale d’assurance maladie (CNAM). The CONSTANCES cohort is an “Infrastructure nationale en Biologie et Santé” and benefits from a grant from ANR (ANR-11-INBS-0002) and from the Ministry of Research. CONSTANCES is also partly funded by MSD and L’Oréal.*  ***If needed****: Written informed consent was obtained from study participant. The CONSTANCES cohort was authorized by the French personal data privacy authority (CNIL #910486) and was approved by the Institutional Review Board of INSERM (IRB INSERM #01-011 and 21-842)* | |

\*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.