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

	Item No	Recommendation
Title and abstract	1	(*a*) The study design is stated in both title and abstract.
		(*b*) An abstract is provided (page 3)
Introduction		
Background/rationale	2	The scientific background and rationale for the investigation is reported in the introduction section (Page 4)
Objectives	3	The objective of the study is stated on page 4 (Paragraph 4)
Methods		
Study design	4	The key elements are described at first in the method section (Page 5, Study design)
Setting	5	The setting is described on page 5 (paragraph 1), locations on page 5 (paragraph 1), and relevant dates including periods of recruitment on page 5 (paragraph 1), follow-up on page 5 (paragraph 1), and data collection on page 5 (2-3), page 6 (paragraph 1-3)
Participants	6	(*a*) The eligibility criteria and the sources and methods of selection of participants are described on page 5 (paragraph 3). The follow-up method and end-point are described on page 6 (paragraph 1).
		(*b*) n/a
Variables	7	Outcome is defined on page 6 (paragraph 1; early repeated colonoscopy), predictors potential confounders /effect modifiers are stated on page 6 (paragraph 2-3; patient, endoscopy and endoscopists related factors). Diagnostic criteria: n/a
Data sources/ measurement	8*	Sources of data and details of methods of assessment of each variable are described on page 6 (paragraph 2-3; patient, endoscopy and endoscopists related factors). Comparability of assessment methods: n/a
Bias	9	Efforts to address potential sources of bias are described on page 6 (paragraph 1)
Study size	10	The study size is based on the time frame of inclusion stated on page 5 (paragraph 3)
Quantitative variables	11	Handling of quantitative variables in the analyses and groupings chosen are described on page 7 (paragraph 1, statistics).
Statistical methods	12	(*a*) Stated on page 7 paragraph 1 (statistics)
		(*b*) Stated on page 7 paragraph 1 (statistics)
		(*c*) Stated on page 6 paragraph 1 (Identification of early repeated colonoscopies (ERC)
		(*d*) Stated on page 6 paragraph 1 (Identification of early repeated colonoscopies (ERC)
		(*e*) Sensitivity analyses: n/a
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study is stated in figure 1.
		(b) Non-participation at each stage of study is stated in figure 1.
		(c) Flow diagram (see figure 1)
Descriptive data	14*	(a) Characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders are stated in table 1 and page 1 paragraph 2..
		(b) The number of participants with missing data for each variable of interest is indicated in table 1.
		(c) Summarise follow-up time: n/a.
Outcome data	15*	Numbers of outcome events is stated on page 8 paragraph 3.

Main results	16	(*a*) Unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval) are described on page 8 (paragraph 4-5) and in table 2.
		(*b*) Report category boundaries when continuous variables were categorized: n/a
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period: n/a.
Other analyses	17	Other analyses included the interaction with time in the extended cox model described on page 9 paragraph 1.
Discussion		
Key results	18	The key results are summarise on page 10 paragraph 1.
Limitations	19	The limitations of the study taking into account sources of potential bias or imprecision are discussed on page 11 (paragraph 2). The direction and magnitude of any potential bias are discussed in the same paragraph.
Interpretation	20	A cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence are stated on page 10 (paragraph 1-3) and page 11 (paragraph 1).
Generalizability	21	The generalizability of the study results is discussed on page 10 (paragraph 2)
Other information		
Funding	22	The source of funding is stated on page 16.

*Give information separately for exposed and unexposed groups.

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 http://www.strobe-statement.org.