

Figure S1: Population flow chart.

Association between Functional Inhibitors of Acid Sphingomyelinase (FIASMAs) and reduced risk of death in COVID-19 patients: a retrospective cohort study

Table S1. STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

abstract: yes page 1. (b) Provide in the abstract an informative and balanced summary of done and what was found: yes page 2 Introduction Background/rationale 2 Explain the scientific background and rationale for the investigation reported: yes page 3 Objectives 3 State specific objectives, including any prespecified hypotheses: yee Methods Study design 4 Present key elements of study design early in the paper: yes page 6 Setting 5 Describe the setting, locations, and relevant dates, including periods recruitment, exposure, follow-up, and data collection: yes page 6-7 Participants 6 (a) Give the eligibility criteria, and the sources and methods of sele participants. Describe methods of follow-up: yes page 7 and see por flow chart (b) For matched studies, give matching criteria and number of expo unexposed: Variables 7 Clearly define all outcomes, exposures, predictors, potential confou effect modifiers. Give diagnostic criteria, if applicable: yes pages 7 Data sources/ 8* For each variable of interest, give sources of bias: yes 7-8 Study size 10 Explain how the study size was arrived at: yes pages 7-8 and see por flow chart		Item No	Recommendation
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(c) Explain how missing data were addressed			confounding: yes page 8
			(b) Describe any methods used to examine subgroups and interactions
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(d) It applicable, explain how loss to follow-up was addressed: yes			(<i>d</i>) If applicable, explain how loss to follow-up was addressed: yes page 5 and
see population flow chart			see population flow chart
(\underline{e}) Describe any sensitivity analyses			(\underline{e}) Describe any sensitivity analyses
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Participants 13* (a) Report numbers of individuals at each stage of study—eg number	Participants	13*	(a) Report numbers of individuals at each stage of study-eg numbers
potentially eligible, examined for eligibility, confirmed eligible, inc			potentially eligible, examined for eligibility, confirmed eligible, included in
the study, completing follow-up, and analysed: yes pages 7-8 and the			the study, completing follow-up, and analysed: yes pages 7-8 and the two

	tables
	(b) Give reasons for non-participation at each stage
	(c) Consider use of a flow diagram: yes see population flow chart
14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders: yes see pages 7
	(b) Indicate number of participants with missing data for each variable of interest: yes see population flow chart
	(c) Summarise follow-up time (eg, average and total amount)
15*	Report numbers of outcome events or summary measures over time
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: yes pages 5
	(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
17	Report other analyses done-eg analyses of subgroups and interactions, and
	sensitivity analyses
18	Summarise key results with reference to study objectives: yes page 5.
19	Discuss limitations of the study, taking into account sources of potential bias
	or imprecision. Discuss both direction and magnitude of any potential bias:
	yes page 6.
20	Give a cautious overall interpretation of results considering objectives,
	limitations, multiplicity of analyses, results from similar studies, and other
	relevant evidence: yes page 6
21	Discuss the generalisability (external validity) of the study results: yes page 6
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:
	15* 16 17 18 19 20 21

*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.