Additional file 2: Table S2. STROBE Statement—checklist of items that should be included in reports of cohort studies.

Line numbers refer to the clean revised manuscript. Reference: von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies. PLoS Med. 2007;4(10):e296.

Item	Recommendation	Location (line no.)
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.	Title, lines 1–2; Abstract, lines 15–42
Introduction		
2	Background/rationale: explain the scientific background and rationale for the investigation being reported.	Lines 46–110
3	Objectives: state specific objectives, including any prespecified hypotheses.	Lines 110–112
Methods		
4	Study design: present key elements of study design early in the paper.	Lines 115–133
5	Setting: describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.	Lines 115–133, 154–182
6	(a) Participants: give the eligibility criteria, and the sources and methods of selection of participants; describe methods of follow-up. (b) For matched studies, give matching criteria and number of exposed and unexposed.	Eligibility criteria, lines 134–153; selection and follow-up, lines 154–182 and 215–219; matching strata and within-stratum selection rule, lines 162–170; Additional file 1
7	Variables: clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	Lines 142–153, 162–170, 183–219
8*	Data sources/measurement: for each variable of interest, give sources of data and details of methods of assessment (measurement).	Lines 115–118 (data source), 154–219 (measurement)
9	Bias: describe any efforts to address potential sources of bias.	Lines 208–213 (non-randomized allocation); lines 526–535 (complete-case and matching selection bias)
10	Study size: explain how the study size was arrived at.	Lines 154–182; Additional file 1
11	Quantitative variables: explain how quantitative variables were handled in the analyses.	Lines 221–235
12	Statistical methods: (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) if applicable, explain how loss to follow-up was addressed. (e) describe any sensitivity analyses.	Lines 221–235; missing data handled by complete-case selection, lines 157–162, 178–182 and 222–227; subgroup/subtype analyzed descriptively, lines 263–266
Results		

Item	Recommendation	Location (line no.)
13*	Participants: (a) report numbers of individuals at each stage of the study. (b) give reasons for non-participation at each stage. (c) consider use of a flow diagram.	Lines 237–240 (participant flow) and 154–182; Additional file 1
14*	Descriptive data: (a) give characteristics of study participants and information on exposures and potential confounders. (b) indicate number of participants with missing data for each variable of interest. (c) summarise follow-up time.	Lines 241–266 and Table 1; (b) in the final analytic cohort, 0 of 40 patients had missing OSDI, Schirmer I, or TBUT data at any analyzed time point, because complete-case selection was applied (lines 157–162 and 222–227); the 8 patients identified during screening who had at least one missing outcome at one or more time points were excluded and are reported in Additional file 1; (c) 3-month follow-up, lines 215–219
15*	Outcome data: report numbers of outcome events or summary measures over time.	Lines 269–339 and Tables 2–7
16	Main results: (a) give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision. (b) report category boundaries when continuous variables were categorized. (c) if relevant, translate estimates of relative risk into absolute risk.	Lines 269–339 and Tables 2–7; estimates are reported as mean ± SD with the corresponding p-values
17	Other analyses: report other analyses done—e.g. analyses of subgroups and interactions, and sensitivity analyses.	Lines 243–266 (subtype/etiology, descriptive)
Discussion		
18	Key results: summarise key results with reference to study objectives.	Lines 474–488
19	Limitations: discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias.	Lines 514–538
20	Interpretation: give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence.	Lines 451–473, 503–513
21	Generalisability: discuss the generalisability (external validity) of the study results.	Lines 526–535
Other information		
22	Funding: 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.	Lines 575–577

**Give information separately for exposed and unexposed groups (here, Group AS and Group COE).*

AS, 25% autologous serum; COE, 0.05% cyclosporine A ophthalmic emulsion; DED, dry eye disease; OSDI, Ocular Surface Disease Index; TBUT, tear break-up time.