

STROBE Statement—Checklist of Items for Cohort Studies

Manuscript: Endoscopic Versus Open Partial Plantar Fasciectomy for Solitary Plantar Fibromatosis: A Retrospective Cohort Study With Minimum 2-Year Follow-up

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Page and line references correspond to the second-round revised manuscript (Revised 2). Items not applicable to this unmatched retrospective cohort are marked N/A.

Section / Topic	Item	STROBE recommendation	Where reported in revised manuscript
Title and abstract	1(a)	Indicate the study's design with a commonly used term in the title or abstract.	Title: Page 1; Abstract Methods: Pages 2–3.
Title and abstract	1(b)	Provide in the abstract an informative and balanced summary of what was done and what was found.	Abstract: Pages 2–3.
Introduction—Background/rationale	2	Explain the scientific background and rationale for the investigation being reported.	Background: Pages 4–5.
Introduction—Objectives	3	State specific objectives, including any prespecified hypotheses.	Objective: Page 5.
Methods—Study design	4	Present key elements of study design early in the paper.	Study design and participants: Pages 5–6.
Methods—Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.	Institution/affiliations: Pages 1–2; treatment period and follow-up: Pages 5–6; assessment timing: Page 10.
Methods—Participants	6(a)	Give eligibility criteria, and sources and methods of selection of participants. Describe methods of follow-up.	Eligibility/exclusions: Page 7; follow-up duration: Pages 5–6; assessment schedule: Page 10.
Methods—Participants	6(b)	For matched studies, give matching criteria and number of exposed and unexposed.	N/A—groups were not matched.
Methods—Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	MRI recurrence definition: Page 6; treatment-selection factors: Page 8; outcomes: Page 10.
Methods—Data sources/measurement	8	For each variable of interest, give sources of data and details of methods of assessment; describe comparability of assessment methods if there is more than one group.	MRI assessment: Page 6; clinical scales/timing: Page 10; pathology margin source: Page 9.
Methods—Bias	9	Describe any efforts to address potential sources of bias.	Common MRI eligibility criteria and treatment-selection description: Page 8; blinded MRI review: Page 6; limitations: Pages 16–17.
Methods—Study size	10	Explain how the study size was arrived at.	Screening and final cohort: Page 7; no a priori power calculation: Page 11.
Methods—Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why.	Statistical analysis: Pages 10–11.
Methods—Statistical methods	12(a)	Describe all statistical methods, including those used to control for confounding.	Statistical analysis: Pages 10–11; LMM specification and Type III tests: Page 11.
Methods—Statistical methods	12(b)	Describe any methods used to examine subgroups and interactions.	Group-by-time interaction in LMM: Page 11; Supplementary Table S1.
Methods—Statistical methods	12(c)	Explain how missing data were addressed.	Patients with insufficient follow-up were excluded before final analysis (n = 2): Page 7; Fig. 5. The analyzed cohort is consistently reported as 25.
Methods—Statistical methods	12(d)	If applicable, explain how loss to follow-	Insufficient follow-up handled by exclusion

		up/matching was addressed.	before final cohort analysis (n = 2): Page 7; matching not used.
Methods—Statistical methods	12(e)	Describe any sensitivity analyses.	Exact Mann–Whitney sensitivity analysis for 12-month FAAM-ADL ceiling effect: Page 11; Results: Page 12.
Results—Participants	13(a)	Report numbers of individuals at each stage of the study.	63 screened, 38 excluded, 25 analyzed: Page 7; Fig. 5.
Results—Participants	13(b)	Give reasons for non-participation at each stage.	Page 7; Fig. 5.
Results—Participants	13(c)	Consider use of a flow diagram.	Fig. 5.
Results—Descriptive data	14(a)	Give characteristics of study participants and information on exposures and potential confounders.	Table 1.
Results—Descriptive data	14(b)	Indicate number of participants with missing data for each variable of interest.	No missing outcome data are reported among the 25 included participants; insufficient-follow-up exclusions are reported on Page 7 and in Fig. 5.
Results—Descriptive data	14(c)	Summarize follow-up time.	Mean, median, and full range: Pages 5–6; Abstract: Page 3.
Results—Outcome data	15	Report numbers of outcome events or summary measures over time.	Clinical/operative outcomes: Pages 12–13; Tables 2–4.
Results—Main results	16(a)	Give unadjusted and, if applicable, adjusted estimates and precision; make clear which confounders were adjusted for and why.	Time-point summaries: Pages 12–13; LMM fixed-effect estimates and 95% CIs: Supplementary Table S1. No covariate-adjusted causal model was prespecified.
Results—Main results	16(b)	Report category boundaries when continuous variables were categorized.	N/A—continuous outcomes were not categorized for primary analyses.
Results—Main results	16(c)	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period.	N/A—no relative-risk model was used. Zero-event recurrence uncertainty is discussed on Page 15.
Results—Other analyses	17	Report other analyses done, e.g., subgroups, interactions, sensitivity analyses.	Group-by-time interactions: Page 13; sensitivity analysis: Page 12; Supplementary Table S1.
Discussion—Key results	18	Summarize key results with reference to study objectives.	Discussion opening: Page 13.
Discussion—Limitations	19	Discuss limitations, taking into account sources of potential bias or imprecision; discuss direction and magnitude of possible bias.	Limitations: Pages 16–17; recurrence uncertainty: Page 15.
Discussion—Interpretation	20	Give a cautious overall interpretation considering objectives, limitations, multiplicity, similar studies, and other evidence.	Discussion: Pages 13–17.
Discussion—Generalisability	21	Discuss the generalisability (external validity) of the study results.	Single-surgeon and selected-solitary-lesion limitations: Pages 16–17; lesion phenotype context: Page 15.
Other information—Funding	22	Give the source of funding and the role of the funders for the present study.	Funding: Page 32, including Changshu Program of Science and Technology Development (CS202429); funder role stated in the same section.

Note: This checklist is intended to improve reporting transparency and does not replace journal-specific submission requirements.