	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
		See title and abstract
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
		See introduction paragraphs 1-3
Objectives	3	State specific objectives, including any prespecified hypotheses
		See introduction paragraph 4
Methods		
Study design	4	Present key elements of study design early in the paper
		See Results paragraph 1, Methods: study population
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment,
		exposure, follow-up, and data collection
		Methods: study population, ARDS outcome ascertainment, DIC phenotype
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of
•		selection of participants. Describe methods of follow-up
		Case-control study—Give the eligibility criteria, and the sources and methods of
		case ascertainment and control selection. Give the rationale for the choice of cases
		and controls
		MESSI and PETROS are Cohort studies and iSPAAR is a Case-Control Study.
		The eligibility criteria, selection of participants, and rationale for choice of cases
		and controls is provided in Methods: study population.
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect
variables	,	modifiers. Give diagnostic criteria, if applicable
		Methods: Genotyping, ARDS outcome ascertainment, plasma biomarker
		measurements, DIC phenotype.
Data sources/	8*	For each variable of interest, give sources of data and details of methods of
measurement	O	assessment (measurement). Describe comparability of assessment methods if there is
		more than one group
		Methods: Genotyping, ARDS outcome ascertainment, plasma biomarker
		measurements, DIC phenotype.
Bias	9	Describe any efforts to address potential sources of bias
		Methods: Study population, ARDS outcome ascertainment, DIC phenotype,
		Statistical Methods.
Study size	10	Explain how the study size was arrived at
	-	Methods: Study population. The study size includes all available patients
		enrolled in MESSI, PETROS, and iSPAAR with available data.
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable,
		describe which groupings were chosen and why
		Methods: statistical methods
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 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

Methods: statistical methods

Continued on next page

Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible,
		examined for eligibility, confirmed eligible, included in the study, completing follow-up, and
		analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
		Results: first paragraph, Figure 1
Descriptive 14*		(a) Give characteristics of study participants (eg demographic, clinical, social) and information
data		on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
		(c) Cohort study—Summarise follow-up time (eg, average and total amount)
		Results: first paragraph, Table 1
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
		Results: first paragraph, Table 1
Main results	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
		(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
		Results: paragraphs 2-7, Table 2 and 3, Figures 2, 3, 4, 5, Supplement
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity
		analyses
		Supplemental Tables
Discussion		
Key results	18	Summarise key results with reference to study objectives
		Discussion: first paragraph
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
		Discussion: paragraph 8
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity
		of analyses, results from similar studies, and other relevant evidence
		Discussion: all paragraphs
Generalizability	21	Discuss the generalizability (external validity) of the study results
		Discussion: paragraph 1, 8
Other information	on	
Other information	on 22	Give the source of funding and the role of the funders for the present study and, if applicable,
		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

^{*}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.