Online Resource 1. STROBE Statement — Checklist of items for reports of cohort studies

Article title: Neighborhood Disadvantage and Same-Day Surgical Cancellation in Children: A Multispecialty Cohort Study

Journal: Pediatric Surgery International

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Section/Topic	Item No	Recommendation	Reported in manuscript (section)
Title and abstract	1a	Indicate the study's design with a commonly used term in the title or the abstract	Title (“A Multispecialty Cohort Study”); Abstract, Methods
	1b	Provide in the abstract an informative and balanced summary of what was done and what was found	Abstract
Introduction — Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Introduction, paragraphs 1–4
Introduction — Objectives	3	State specific objectives, including any prespecified hypotheses	Introduction, final paragraph (three aims and hypothesis stated)
Methods — Study design	4	Present key elements of study design early in the paper	Methods, paragraph 1 (retrospective cohort)
Methods — Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Methods, paragraphs 1–2 (freestanding tertiary children's hospital; encounters 2020–2025)
Methods — Participants	6a	Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	Methods, paragraphs 2–3 (elective encounters with days-to-post >4; exclusion of urgent/emergent, same-day add-on, and converted cases)
	6b	For matched studies, give matching criteria and number of exposed and unexposed	Not applicable (unmatched design)
Methods — Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Methods: Patient and Socioeconomic Variables; Geocoding and Social Determinant Measures; Outcome Measures
Methods — Data sources/measurement	8	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Methods (Institutional Data Warehouse and EHR; ArcGIS geocoding linked to 2020 CDC/ATSDR SVI; structured EHR cancellation-reason field)
Methods — Bias	9	Describe any efforts to address potential sources of bias	Methods, Statistical Analysis (cluster-robust standard errors for within-patient correlation; specialty omitted to avoid overadjustment; race-theme sensitivity model; prespecified sensitivity analyses)
Methods — Study size	10	Explain how the study size was arrived at	Methods (all eligible elective encounters, 2020–2025); Results, paragraph 1
Methods — Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Methods, Statistical Analysis (continuous SVI percentile in regression models; terciles for descriptive and reason analyses, with rationale; quartile sensitivity analysis)
Methods — Statistical methods	12a	Describe all statistical methods, including those used to control for confounding	Methods, Statistical Analysis (multivariable logistic regression with a priori covariates: race, overall SVI, season, encounter year)

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	12b	Describe any methods used to examine subgroups and interactions	Methods, Statistical Analysis (era-stratified models 2020–2022 vs 2023–2025; SVI theme decomposition; ambulatory-restricted model)
	12c	Explain how missing data were addressed	Methods (unknown or refused sex, race, and ethnicity recoded as missing; non-geocodable addresses, <5%, excluded from socioeconomic analyses but retained descriptively)
	12d	If applicable, explain how loss to follow-up was addressed	Not applicable (outcome ascertained at scheduled encounter; no longitudinal follow-up)
	12e	Describe any sensitivity analyses	Methods, Statistical Analysis (age/sex-adjusted, ambulatory-restricted, SVI quartile, non-race-theme, and era-stratified models); Supplementary Tables 3 and 5
Results — Participants	13a	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	Results, paragraphs 1–2 (72,489 elective encounters from 50,546 patients; n analysed reported per model)
	13b	Give reasons for non-participation at each stage	Methods (exclusion of urgent/emergent and converted encounters; non-geocodable addresses)
	13c	Consider use of a flow diagram	Not included; cohort assembly described in Methods and Results, paragraph 1
Results — Descriptive data	14a	Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Results, paragraph 2; Table 1
	14b	Indicate number of participants with missing data for each variable of interest	Methods (geocoding completeness <5% missing); Table 1
	14c	Summarise follow-up time (eg, average and total amount)	Not applicable (encounter-level outcome; study window 2020–2025 stated in Methods)
Results — Outcome data	15	Report numbers of outcome events or summary measures over time	Results, paragraph 1 (4,066 DoSC, 5.6%; 8,187 non-DoSC); Table 3 (by year)
Results — Main results	16a	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	Results (unadjusted comparisons in Tables 1–2 and Supplementary Table 1; adjusted ORs with 95% CIs in Figures 3–4; covariates and rationale in Methods)
	16b	Report category boundaries when continuous variables were categorized	Methods, Statistical Analysis (SVI terciles: <0.33, 0.33–0.67, ≥0.67)
	16c	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	Results (absolute DoSC rates by SVI tercile: 4.0%, 5.2%, 9.2%)
Results — Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Results (era-stratified models, SVI theme decomposition in Table 4, sensitivity analyses in Supplementary Tables 3 and 5, cancellation-reason analysis in Table 5)
Discussion — Key results	18	Summarise key results with reference to study objectives	Discussion, paragraph 1
Discussion — 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, limitations paragraph

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Discussion — Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Discussion, paragraphs 2–9 (findings framed as hypothesis-generating; comparison with prior Child Opportunity Index–based studies)
Discussion — Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion, limitations paragraph (single urban Midwestern tertiary institution)
Other information — Funding	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	Declarations, Funding (no specific funding received)

Checklist adapted from: von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative (2007) The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. Available at https://www.strobe-statement.org.