STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1 (L1–3); 2 (L13–14)	Title and Abstract (Methods): "retrospective chart review with time-to-event analysis"
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	2–3 (L6–35)	Abstract: "We estimated survival to five years after PCI at two centers in Addis Ababa." "…83.5% (95% CI 71.5 to 90.8) at five years, with 21 patients remaining at risk…" "Subgroup findings are hypothesis-generating…"
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4 (L41–65)	Background, paragraphs 1–5: "Sub-Saharan Africa is undergoing an epidemiological transition…"
Objectives	3	State specific objectives, including any prespecified hypotheses	5 (L66–68); 8 (L150–152)	"…estimating survival to five years and comparing survival between prespecified patient and procedural subgroups."
Methods				
Study design	4	Present key elements of study design early in the paper	5 (L71–79)	"This was a retrospective chart review with time-to-event analysis, conducted at MCM Comprehensive Specialized Hospital…"
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	5 (L71–75); 5 (L81–82); 6 (L103–115)	"MCM CSH is a private referral center, and St. Peter's is a public tertiary referral hospital…"; "…between January 1, 2019, and December 31, 2023…"; "…administratively censored at that point." (60 months)
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 *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	5 (L83–87); 6 (L103–108)	Eligibility: "Eligible patients were adults aged 18 years or older whose medical record contained sufficient demographic, procedural, and follow-up information to confirm the index procedure and determine vital status. No exclusions were applied based on indication, comorbidity, or procedural complexity. Where a patient underwent more than one PCI during the period, the first procedure was taken as the index event." Selection: "Patients were identified from these logbooks rather than enrolled prospectively…" Follow-up: "Hospital records at both sites were searched for post-discharge visits, readmissions, and recorded deaths… investigators attempted telephone contact using numbers held in the record, following a standardized script that confirmed vital status…"
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	5 (L76–78)	Not applicable (no matching). "No unexposed comparator group was assembled; all participants underwent PCI, and comparisons are between subgroups within the cohort."
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	6 (L110–115); 6–7 (L117–130)	"The primary outcome was all-cause death."; "…fourth universal definition of myocardial infarction [9]"; "TIMI Study Group system [10]"; "Killip and Kimball [11]"; "Comorbidities were recorded as physician-documented diagnoses…"
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	6 (L96–108)	"A structured digital extraction form was developed, pre-tested, and administered using KoBo Toolbox." "Sources were reviewed in a fixed sequence: electronic and paper medical records… logbooks and procedure reports… discharge summaries…"
Bias	9	Describe any efforts to address potential sources of bias	6 (L97–102); 8 (L150–156); 12 (L273–277)	"Investigators received standardized training…"; "Bonferroni-corrected threshold"; "…an upper bound."
Study size	10	Explain how the study size was arrived at	5–6 (L81–94); 8 (L157–160)	"…identifying 184 procedures." "The final analytic sample was 108 patients, a record retrieval rate of 58.7%."

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Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	6–7 (L117–128); 7 (L143–144)	"…STEMI versus all other indications."; "grade III versus grades 0 to II"; "…three prespecified categories (below 40%, 40 to 50%, above 50%), age was dichotomized at 65 years…"; "mean with standard deviation or median with interquartile range"
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	7–8 (L143–149); 8 (L157–166)	"Kaplan-Meier method with Greenwood standard errors"; "Adjusted prognostic modeling was considered but not performed."
		(*b*) Describe any methods used to examine subgroups and interactions	8 (L150–156)	"Ten subgroup comparisons were prespecified and tested by log-rank test…"; "Bonferroni-corrected threshold of p = 0.005"
		(*c*) Explain how missing data were addressed	7 (L132–137)	"Variables missing in more than 40% of records were reported descriptively…" "No imputation was performed."
		(*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	6 (L107–108); 6 (L110–115)	Cohort study: "Patients whose vital status could not be confirmed by any of these means were censored at their last documented healthcare contact." "Survival time was measured from the index PCI to the date of death for patients who died and to the date of last documented contact for those censored." "Patients still under observation at 60 months were administratively censored at that point." Case-control and cross-sectional: not applicable.
		(*e*) Describe any sensitivity analyses	8 (L160–164)	"…penalized Cox regression and ensemble survival models were fitted and evaluated by cross-validation…" (Additional file
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	5–6 (L81–94); 10 (L203–206)	"…identifying 184 procedures."; "At MCM CSH, 64 of 74 records were retrieved…"; "At St. Peter's, 110 procedures were identified."; "The final analytic sample was 108 patients…"; "Twenty-one patients were followed beyond five years…"
		(b) Give reasons for non-participation at each stage	5–6 (L88–94)	"…referred from another institution… 27 had mismatched chart identifiers… 15 further records could not be retrieved…"
		(c) Consider use of a flow diagram	6 (L94)	"The selection flow is shown in Additional file 1." (patient selection flow diagram)
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	9 (L182–201); Tab. 1, 16–17	"Mean age was 54.4 years (SD 10.8, range 26 to 88; n = 107), and 87 patients (80.6%) were men."; "Hypertension was documented in 60 patients (55.6%) and diabetes mellitus in 54 (50.0%)…"; "STEMI was the indication in 69 patients (63.9%)…"; Table 1
		(b) Indicate number of participants with missing data for each variable of interest	7 (L132–136); Tab. 1, 16–17	"Killip class (49.1% missing), pre-procedural TIMI flow (53.7%), door-to-balloon time (64.8%)…"; denominators stated; Table 1
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	10 (L203–206)	"Median follow-up was 3.67 years (interquartile range 2.84 to 4.67)…"; "…382.6 person-years…"
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	10 (L207–214); Tab. 2, 18	"Thirteen patients (12.0%) died during follow-up."; "3.40 deaths per 100 person-years (95% CI 1.81 to 5.81)"; Table 2
		Case-control study—Report numbers in each exposure category, or summary measures of exposure		Not applicable (cohort design).
		Cross-sectional study—Report numbers of outcome events or summary measures		
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	10–11 (L216–251); Tab. 2–3, 18–19	Unadjusted: "Kaplan-Meier survival was 94.4% (95% CI 88.1 to 97.5) at one year, 91.5% (95% CI 84.3 to 95.5) at three years and 83.5% (95% CI 71.5 to 90.8) at five years (Figure 1, Table 2)." Subgroups: five-year survival and log-rank p, Table 3. Adjusted: "Adjusted estimates are therefore not reported, and all subgroup findings above are unadjusted comparisons."
		(*b*) Report category boundaries when continuous variables were categorized	6–7 (L117–128); Tab. 3, 18–19	"…three prespecified categories (below 40%, 40 to 50%, above 50%), age was dichotomized at 65 years…"; Table 3
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	10 (L216–218); 10 (L207–208)	"Kaplan-Meier survival was 94.4% … at one year, 91.5% … at three years and 83.5% … at five years" "Restricted mean survival time over the five-year horizon was 54.8 months." "The all-cause mortality rate was 3.40 deaths per 100 person-years (95% CI 1.81 to 5.81)."

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Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	10–11 (L223–251); Tab. 3, 18–19	Subgroup comparisons (ten prespecified, three post hoc; Table 3, Figure 2); Adjusted analysis section
Discussion				
Key results	18	Summarise key results with reference to study objectives	11 (L253–255)	"Five-year survival after PCI at these two Addis Ababa centers was 83.5%…"; "…first Ethiopian series…"
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	12 (L273–277); 13–14 (L307–328)	Limitations: "The sample is small, and the number of deaths is smaller."; "Record retrieval was incomplete…"; direction: "…in a direction that biases survival upward."; "…our figure should therefore be regarded as an upper bound."
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	12–13 (L256–305)	"…this similarity warrants caution rather than reassurance…"; "All subgroup comparisons reported here are unadjusted and are intended to generate hypotheses rather than to identify independent prognostic factors."; comparison with [15]–[18]
Generalisability	21	Discuss the generalisability (external validity) of the study results	14 (L325–328)	"Patients reaching them are not representative of Ethiopians with coronary artery disease…"
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	21 (L390–391)	Declarations, Funding: "This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors."

*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.