Supplementary Content

Challenges of Univariate Proxy Variable Screening in High-Dimensional Propensity Score Analysis - An Argument for Multivariate Approaches

A Variables Used for Plasmode Simulation Data Generation

1. Original demographic variables (8)

• Tranfored.var.6 = $\log(\text{systolicBP}+10)$

5. Count based prescription codes (1) (proxies of comorbidity)

than 0.8 or greater than 1.2 compared to the outcome = $\sum_{s=1}^{94} R_s$

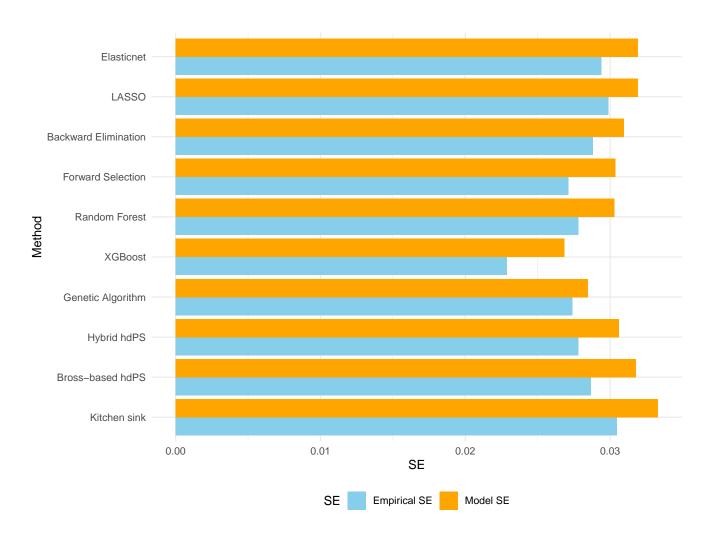
age,sex,education,
 race, marital status, income,
country where born,survey cycle
2. Original behaviour variables (5)
 smoking, diet, high cholesterol, physical activity, sleep
3. Original health history / access variables (2)
diabetes family history,medical access
4. Transformed lab variables (6) (complex forms) based on original lab variables: uric acid, protein, bilirubir phosphorus, sodium, potassium, globulin, calcium, systolic blood pressure, diastolic blood pressure.
 Tranfored.var.1 = log(globulin) Tranfored.var.2 = protein*calcium Tranfored.var.3 = diastolicBP/systolicBP)^2 Tranfored.var.4 = sqrt(uric acid+bilirubin)/2 Tranfored.var.5 = phosphorus^2/(sodium*potassium)

Simple count (1 variable) = sum of selected ICD-10 CM codes (converted to recurrence covariates) who had less

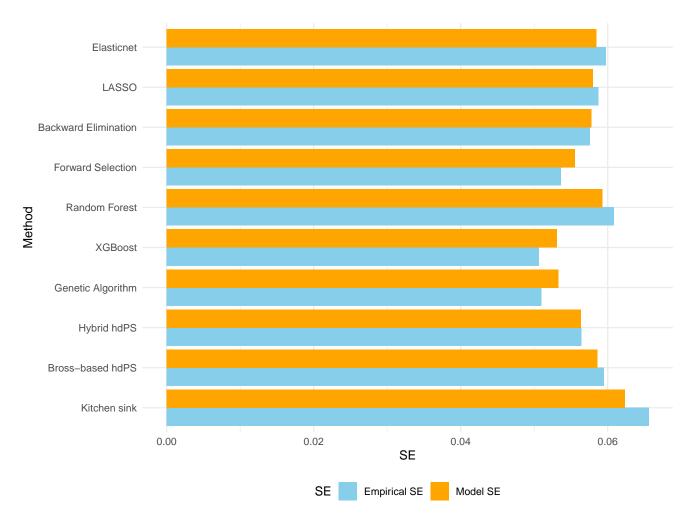
B True outcome model for Plasmode Simulation Data Generation

 $\label{eq:decomposition} Diabetes~(outcome) = Obese~(exposure) + demographic/behaviour/health~history~variables~+~transformed~lab~variables~+~simple~count~with~selected~ICD-10~codes$

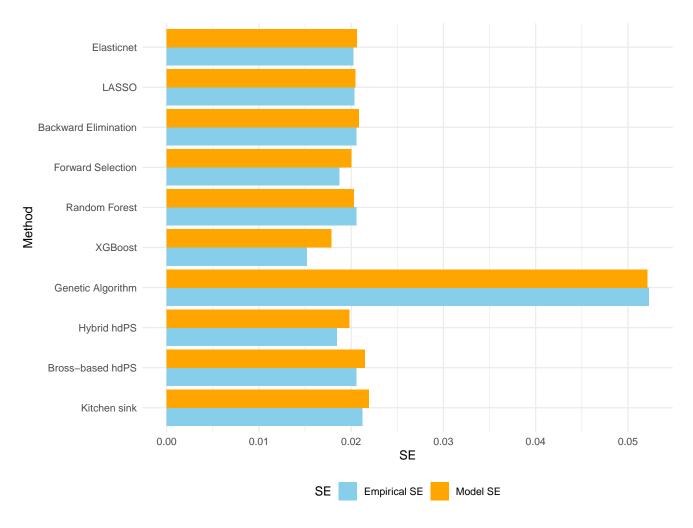
C SE comparison



Appendix Figure C.1: Standard Error Comparison for Different Methods (Overall) when outcome and exposure are frequent.



Appendix Figure C.2: Standard Error Comparison for Different Methods (Overall) when outcome is frequent but exposure is rare.



Appendix Figure C.3: Standard Error Comparison for Different Methods (Overall) when outcome is rare but exposure is frequent