Supplementary material

Supplementary Table 1 Baseline characteristics of patients in complete case analysis and patient not in complete case analysis (lost to follow-up).

	Complete case analysis (N=468)	**Lost to follow-up** (N=60)
Age (years)*	57.4 (49.8-65.0)	53.2 (41.2-65.3)
Sex ratio (M:F)	227:241	40:20
Co-morbidity†	211 (45.1%)	23 (38.3%)
BMI (kg/m^2)*	26.6 (24.1-29.1)	27.5 (15.0-30.0)
Body temperature (°C)*	37.3 (36.3-38.4)	37.2 (36.2-38.2)
White blood cell count (x 10^9 cells/l)*	12.3 (10.1-14.5)	11.7 (9.3-14.1)
C-reactive protein (mg/l)*	79.0 (37.0-121.0)	73.5 (33.5-113.5)
Hinchey category 1a	435 (92.9%)	51 (85.0%)

Values in parentheses are percentages unless indicated otherwise; *values are median (i.q.r.); †Includes cardiovascular disease and/or pulmonary disease and/or renal failure and/or diabetes mellitus; ASA American Society of Anesthesiologists; BMI Body Mass Index

Supplementary Table 2 Assessment of potential attrition bias. Comparison of main secondary outcome measures at 6 months of follow-up between the group of patients that was included in the short-term results paper[8] (all 528 patients in the study) (Supplementary Table 2a) and the group of patients that was included in the present long-term intention-to-treat results paper (only patients that completed the entire 24 months of follow-up) (Supplementary Table 2b).

Supplementary Table 2a

	Observation (N=262)	**Antibiotics** (N=266)
Recurrent diverticulitis (≥1) – no (%)	9 (3.4%)	8 (3.0%)
Complicated diverticulitis (≥1) – no (%)	10 (3.8%)	7 (2.6%)
Sigmoid resection – no (%)	10 (3.8%)	6 (2.3%)

Supplementary Table 2b

	Observation (N=227*)	**Antibiotics** (N=241*)
Recurrent diverticulitis (≥1) – no (%)	8 (3.5%)	6 (2.5%)
Complicated diverticulitis (≥1) – no (%)	9 (4.0%)	6 (2.5%)
Sigmoid resection – no (%)	8 (3.5%)	4 (1.7%)

Supplementary Figure 1 Visualization of short-term (≤ 6 months) outcomes (outpatient treatment, length of hospital stay in days, readmission, adverse events and ongoing diverticulitis) and long-term (2 year) outcomes (complicated diverticulitis, sigmoid resection and recurrent diverticulitis) for observational and antibiotic treatment of uncomplicated acute diverticulitis.