

## Supplementary Materials

**Supplemental Text.** Search terms and strategy

**Table S3.** Characteristics of participants and assessment of sedentary behaviour and outcome.

**Table S4.** Detailed data underlying the meta-analysis.

**Table S5.** Newcastle-Ottawa quality assessment scale for cohort study

**Table S6.** Newcastle-Ottawa quality assessment scale for case-control study

**Table S7.** Detailed information on adjusted confounders of studies included in systematic review

**Table S8.** Influence analysis of sedentary behaviour and endometrial cancer (given named study is omitted).

**Table S9.** Results of meta-regression analyses on individual study characteristics for studies included in the meta-analysis of the association between sedentary behaviour and the risk of endometrial cancer.

### Search terms and strategy

#### Search strategy in Embase/MEDLINE

('sedentary behavior':ab,ti OR 'physical inactivity':ab,ti OR 'sedentary lifestyle':ab,ti OR 'sedentary behaviour':ab,ti OR sedentary:ab,ti OR 'sitting time':ab,ti OR 'screen time':ab,ti OR 'television viewing':ab,ti OR 'physical activity':ab,ti) AND ('endometrial cancer':ab,ti OR endometrium:ab,ti OR 'uterus cancer':ab,ti OR 'uterine cancer':ab,ti OR 'corpus uteri cancer':ab,ti)

#### Search strategy in PubMed

((sedentary behavior[MeSH] OR physical inactivity[Title/Abstract] OR sedentary lifestyle[Title/Abstract] OR sedentary behaviour[Title/Abstract] OR sedentary[Title/Abstract] OR sitting time[Title/Abstract] OR screen time[Title/Abstract] OR television viewing[Title/Abstract] OR physical activity[Title/Abstract]) AND (endometrial cancer[MeSH] OR endometrium[Title/Abstract] OR uterus cancer[Title/Abstract] OR uterine cancer[Title/Abstract] OR corpus uteri cancer[Title/Abstract]))

**Table S3.** Study characteristics of the included studies in systematic review.

Publication	Participants' characteristics	Follow-up period	Outcome		Sedentary behavior	Definition and assessment of sedentary behavior
			Diagnostic criteria	Specific cancer classification		
Dosemeci 1993	Hospital-based study population.	—	—	—	Occupational sedentary	Occupational Classification (SOC) code system: the sitting-time scale was defined as low activity (sedentary, i.e., sitting more than six hours a day); moderate activity (mod, i.e., sitting two to six hours a day); and high activity (active, i.e., sitting less than two hours a day)
Shu 1993	Cases were identified through the population-based Shanghai Cancer Registry; female controls were individually matched to the cases on age through Shanghai Resident Registry.	—	Histopathologically confirmed	Adenocarcinomas (76.2%), adenosquamous cancers (6.3%), other type (13.4%), and unspecified (4.1%).	Occupational sedentary	Interview using standardized coding scheme: sitting time index assessing the amount of time in a sitting posture on the job. Job with long sitting-times were defined as those with more than 80% of working hours spent sitting; moderate sitting-time jobs as 20-80% of working hours of time spent sitting; short sitting-time jobs as less than 20% of time spent sitting
Zheng 1993*	Employment information for incident patients with cancer aged 30 years or older whose disease was diagnosed during the period 1980-1984 among the residents of urban Shanghai was compared with occupational data from the 1982 census for the same population.	—	ICD-9, code 182	—	Occupational sedentary	Same as Shu et al. 1993

Olson 1997	Incident cases of primary endometrial cancer were identified from the major hospitals in western New York State. Controls without prior hysterectomy were selected from the community by age.	—	Histologically confirmed	Adenomatous carcinoma	Occupational sedentary	Three measures were used for occupational activity : an index of cumulative activity; the number of years in occupations with medium, heavy, or very heavy activity; and the activity level of the most recent job. An estimate of physical activity associated with employment was obtained from a detailed occupational history covering all jobs held for 6 months or longer. Occupations for job title and industry were coded according to the U.S. Department of Commerce Alphabetical Index of Occupations for the 1980 Census, and the U.S. Department of Labor's Estimates of Worker Trait Requirements were used to classify the activity level of each job as sedentary, light, medium, heavy, or very heavy based on job title and industry.
Moradi 1998*	Swedish Cancer Environment Registry III (the national Swedish Cancer Register for 1971-1989 linked with the national population censuses from 1960 and 1970)	1971-1989	ICD-7, code 172 and were histologically verified	—	Occupational sedentary	Occupations coding scheme; classified each occupation according to the estimated physical demands of the job, as very high, high, moderate, light and sedentary activity. Assessments were done independently by 3 Swedish specialists in occupational medicine with long experience in job classification.

Moradi 2000	Postmenopausal women with an intact uterus and no previous breast or endometrial cancer diagnosis; Cases were women with an incident, primary, histopathologically confirmed endometrial cancer identified through the six regional cancer registries in Sweden; Control women were randomly selected from the continuously updated population register including all residents of Sweden.	—	Histopathologically confirmed	—	Occupational sedentary	Occupations coding scheme; classified each occupation according to the estimated physical demands of the job, as very high, high, moderate, light and sedentary activity. Assessments were done independently by 3 Swedish specialists in occupational medicine with long experience in job classification.
Weiderpass 2001	Population Census of Finland 1970 excluded women in the two highest social classes.	1971-1995	ICD-9, code 182	—	Occupational sedentary	A national job-exposure matrix (FINJEM) calculated the product of level and probability of an exposure, and subdivided into three categories: zero (reference category); low (roughly below median among job titles with exposure probability > 0); and medium/high (called for simplicity 'high'; defined as equal or above the median among job titles with exposure probability > 0)
Furberg 2003	Alive women with complete data and no diagnosis of any malignant disease 1 year after participation in Norwegian National Health Screening Service's program.	1981-1996	Incident, primary, histopathologically confirmed carcinoma of the endometrium	127 adenocarcinomas (1 serious papillary adenocarcinoma = type II-carcinoma),	Recreational sedentary	Recreational activity: Grade1, Reading, watching television or other sedentary activity; Grade2, Walking, bicycling or other activity for at least 4 hr per week; Grade3, Recreational athletics, heavy gardening or similar activities at least 4 hr per week; and Grade 4, Regular (several times a week) training or participation in athletic competitions

				and 3 unspecified carcinomas	Occupational sedentary	Occupational activity: Grade1, mostly sedentary work; Grade2, A lot of walking; Grade3, A lot of walking and lifting; and Grade4, Heavy manual work. The same team of trained nurses conducted interviews with the participants at the screening center in both surveys to confirm the information given
Matthews 2005	Incident cases aged 30-69 who were permanent residents were identified from the Shanghai Cancer Registry; Controls, frequency matched to cases by age ( $\pm 5$ years), were randomly selected from permanent female residents using the Shanghai Resident Registry. Women who had a hysterectomy were not eligible.	—	The diagnosis of each case was confirmed by medical chart review and a review of the available pathology slides by senior study pathologists	—	Occupational sedentary	Occupations were classified into high, medium, or low levels of estimated sitting time and activity level using job codes based on self-reported jobs held for at least 3 years
Friberg 2006	Cohort members from mammography screening program, women diagnosed with cancer (other than nonmelanoma skin cancer) and those having had a hysterectomy before returning the follow-up questionnaire, and with missing information on physical activity were excluded.	1997-2005	The Swedish Cancer Register and the Regional Cancer Register	—	Occupational sedentary	Duration of specific activities was asked and assigned mean metabolic equivalent (MET) values [multiples of MET (kcal kg <sup>-1</sup> h <sup>-1</sup> )] based on specific activities within corresponding categories in a physical activity compendium. Occupational activity: low: mostly sitting (1.3 MET/h), and sitting down more than half the time (1.8 MET/h); high: mostly standing (2.2 MET/h), doing lifts (2.6 MET/h), a lot of lifts (3.0 MET/h), and heavy labor (3.9 MET/h)
					Recreational sedentary	For leisure time inactivity, there were five predefined categories for time spent per day watching TV/sitting (inactive leisure time, <1 hour daily to >6 hours)

						daily, 1.2 MET/h)
Patel 2008	Postmenopausal women in the American Cancer Society Cancer Prevention Study II (CPS-II) Nutrition Cohort, a large prospective study in the US, excluded women who reported prevalent cancer (except nonmelanoma skin cancer) or not being postmenopausal or who had a hysterectomy or unknown hysterectomy status at baseline.	1997-2003	Self-report on follow-up questionnaire and subsequently verified from medical records or linkage with state cancer registries, and the National Death Index	Endometrial carcinomas	Recreational sedentary	Based on the question "During the past year, on an average day, (not counting time spent at your job) how many hours per day did you spend sitting (watching TV, reading, etc.)?" Responses included "none, less than 3, 3-5, 6-8, more than 8hr/day." Sedentary behavior at baseline was categorized as 0-<3, 3-5, ≥6 or missing hr/day
Gierach 2009	Female members of the AARP (the American Association of Retired Persons) and resided in US states.	1995-2003	State cancer registries, and histology was defined using ICD for Oncology codes, 3rd edition	Adenocarcinomas (95.0%)	Recreational sedentary	Information on physical inactivity was based on two questions. Participants were asked about time spent watching TV or videos during a typical 24-hour period over the past 12 months. Time spent watching TV or videos was categorized as none, <1 hour, 1-2, 3-4, 5-6,7-8, and ≥ 9 hours
					Total sedentary	In a separate question, participants were also asked to indicate the number of hours spent sitting during a typical 24-hour period over the past 12 months: <3,3-4, 5-6, 7-8, and ≥ 9 hours. Both measures of inactivity were collapsed as <3, 3-4, 5-6,and ≥ 7 hours per day

Friedenreich 2010	Cases were Alberta residents, English-speaking, able to complete interview and questionnaire, and did not have another previous cancer except nonmelanoma skin cancer. Controls were identified using random-digit dialing and frequency matched to cases on age ( $\pm 5$ years).	—	Incident, histologically confirmed invasive cases of endometrial cancer were identified directly from the Alberta Cancer Registry	—	Occupational sedentary	Lifetime occupational sedentary activity was estimated using a validated questionnaire. The patterns of physical activity were recorded by the interviewer including the age started, age ended, number of months per year, weeks per month, days per week and hours per day that each activity was performed so that the frequency and duration of these activities is determined.
Arem 2011	English-speaking, Connecticut residents diagnosed with primary endometrial cancer. Population-based controls were identified using random-digit dialing (RDD) and were frequency matched on age.	—	—	—	Total sedentary	Time seated watching multimedia or sitting at work was calculated as hours per week from self-report in the two to five years before interview
Hunter 2020	Participants of UK Biobank cohort without been diagnosed with malignant cancer (excluding non-melanoma skin cancer), and have completed self-report screen time assessment.	7.6 (1.4) years	Uterus cancer identified from national cancer registries (ICD-10: C54; ICD-9: 182)	—	Recreational sedentary	Television (TV) viewing time: "In a typical DAY, how many hours do you spend watching TV?" Daily recreational computer use time: "In a typical DAY, how many hours do you spend using the computer? (Do not include using a computer at work)." Daily total recreational screen time: self-reported time spent watching TV, and time spent using the computer outside of work
Miyata 2021	Japanese inhabitants participated in municipal health screening	14.8 years	Cancer registries or local major	—	Recreational sedentary	Television (TV) viewing (< 1, 1 to < 2, 2 to < 3, 3 to < 4, $\geq 4$ hr/day)



	examinations with completed questionnaires and no history of cancer or uterine surgery at enrolment.		hospital records coded according to the ICD-10: C54		Occupational sedentary	Occupational activity was classified according to the position during work (mainly sitting, mainly standing, moving)
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Note: Table values are mean (SD) for continuous variables; ICD, International Classification of Disease; \* studies not included in the meta-analysis.

**Table S4.** Detailed data underlying the meta-analysis.

Table S4-1. Detailed data for overall sedentary behaviour and endometrial cancer underlying the meta-analysis.

Author	Year	Domain	Study design	Study area	Sample size	Number of cases	RR (95%CI)	Adjustment of confounding factors	Study quality	Adjustment for physical activity	Adjustment for BMI
Gierach	2009	Total	Cohort study	North America	≥ 5000	≥ 500	1.56 (1.22, 1.99)	Not adequate	Good	No	No
Arem	2011	Total	Case-control study	North America	≥ 5000	≥ 500	1.52 (1.07, 2.16)	Adequate	Fair	No	Yes
Dosemeci	1993	Occupational&/Leisure-time	Case-control study	Asia	< 5000	< 500	0.50 (0.10, 4.40)	Not adequate	Fair	No	No
Shu	1993	Occupational&/Leisure-time	Case-control study	Asia	< 5000	< 500	1.20 (0.70, 2.00)	Not adequate	Fair	No	yes
Olson	1997	Occupational&/Leisure-time	Case-control study	North America	< 5000	< 500	0.93 (0.55, 1.56)	Adequate	Good	No	Yes
Moradi	2000	Occupational&/Leisure-time	Case-control study	Europe	< 5000	≥ 500	1.32 (1.08, 1.60)	Not adequate	Good	No	Yes
Weiderpass	2001	Occupational&/Leisure-time	Cohort study	Europe	≥ 5000	≥ 500	1.30 (1.10, 1.50)	Not adequate	Fair	No	No
Furberg	2003	Occupational&/Leisure-time	Cohort study	Europe	≥ 5000	< 500	1.48 (0.97, 2.20)	Adequate	Good	Yes	Yes
Matthews	2005	Occupational&/Leisure-time	Case-control study	Asia	< 5000	≥ 500	0.93 (0.67, 1.30)	Not adequate	Fair	No	Yes
Friedenreich	2010	Occupational&/Leisure-time	Case-control study	North America	< 5000	≥ 500	1.28 (0.89, 1.83)	Not adequate	Fair	No	Yes
Miyata	2021	Occupational&/Leisure-time	Cohort study	Asia	≥ 5000	< 500	2.15 (1.13, 4.09)	Adequate	Good	Yes	Yes
Friberg	2006	Occupational&/Leisure-time	Cohort study	Europe	≥ 5000	< 500	1.22 (0.95, 1.57)	Not adequate	Good	Yes	No
Patel	2008	Occupational&/Leisure-time	Cohort study	North America	≥ 5000	< 500	1.40 (1.03, 1.89)	Adequate	Good	No	No
Hunter	2020	Occupational&/Leisure-time	Cohort study	Europe	≥ 5000	≥ 500	0.57 (0.31, 1.03)	Not adequate	Fair	No	Yes

Table S4-2. Detailed data for occupational sedentary behaviour and endometrial cancer underlying the meta-analysis.

Author	Year	Study design	Study area	Sample size	Number of cases	RR (95%CI)	Adjustment of confounding factors	Study quality	Adjustment for physical activity	Adjustment for BMI	Additional adjustment for BMI
Dosemeci	1993	Case-control study	Asia	< 5000	< 500	0.50 (0.10, 4.40)	Not adequate	Fair	No	No	
Shu	1993	Case-control study	Asia	< 5000	< 500	1.20 (0.70, 2.00)	Not adequate	Fair	No	Yes	
Olson	1997	Case-control study	North America	< 5000	< 500	0.93 (0.55, 1.56)	Adequate	Good	No	Yes	
Moradi	2000	Case-control study	Europe	< 5000	≥ 500	1.32 (1.08, 1.60)	Not adequate	Good	No	Yes	
Weiderpass	2001	Cohort study	Europe	≥ 5000	≥ 500	1.30 (1.10, 1.50)	Not adequate	Fair	No	No	
Furberg	2003	Cohort study	Europe	≥ 5000	< 500	1.64 (0.95, 2.84)	Adequate	Good	Yes	Yes	
Matthews	2005	Case-control study	Asia	< 5000	≥ 500	0.93 (0.67, 1.30)	Not adequate	Fair	No	Yes	
Friberg	2006	Cohort study	Europe	≥ 5000	< 500	1.03 (0.76, 1.39)	Not adequate	Good	Yes	No	0.99 (0.73, 1.34)
Friedenreich	2010	Case-control study	North America	< 5000	≥ 500	1.28 (0.89, 1.83)	Not adequate	Fair	No	Yes	
Miyata	2021	Cohort study	Asia	≥ 5000	< 500	2.17 (1.04, 4.56)	Adequate	Good	Yes	Yes	

Table 4-3. Detailed data for leisure-time sedentary behaviour and endometrial cancer underlying the meta-analysis.

Author	Year	Study design	Study area	Sample size	Number of cases	RR (95%CI)	Adjustment of confounding factors	Study quality	Adjustment for physical activity	Adjustment for BMI	Additional adjustment for BMI
Furberg	2003	Cohort study	Europe	≥ 5000	< 500	1.27 (0.69, 2.32)	Adequate	Good	Yes	Yes	
Friberg	2006	Cohort study	Europe	≥ 5000	< 500	1.80 (1.14, 2.83)	Not adequate	Good	Yes	No	1.66 (1.05, 2.61)
Patel	2008	Cohort study	North America	≥ 5000	< 500	1.40 (1.03, 1.89)	Adequate	Good	No	No	1.18 (0.87, 1.59)
Gierach	2009	Cohort study	North America	≥ 5000	≥ 500	1.66 (1.20, 2.88)	Not adequate	Good	No	No	1.21 (0.87, 1.67)
Hunter	2020	Cohort study	Europe	≥ 5000	≥ 500	0.57 (0.31, 1.03)	Not adequate	Fair	No	Yes	
Miyata	2021	Cohort study	Asia	≥ 5000	< 500	2.10 (0.57, 7.71)	Adequate	Good	Yes	Yes	

**Table S5.** Newcastle-Ottawa quality assessment scale for cohort study.

Source	Selection				Comparability		Outcome		Total Stars
	Representativeness of the Exposed Cohort	Selection of the Non-Exposed Cohort	Ascertainment of Exposure	Demonstration That Outcome of Interest Was Not Present at Start of Study	Comparability of Cohorts on the Basis of the Design or Analysis	Assessment of Outcome	Was Follow-Up Long Enough for Outcomes to Occur	Adequacy of Follow Up of Cohorts	
<b>Hunter 2020</b>	1	1	-	1	1	1	1	-	6
<b>Miyata 2021</b>	1	1	-	1	2	1	1	1	8
<b>Gierach 2009</b>	1	1	-	1	1	1	1	1	7
<b>Patel 2008</b>	1	1	-	1	1	1	1	1	7
<b>Friberg 2006</b>	1	1	-	1	2	1	1	1	8
<b>Furberg 2003</b>	1	1	1	1	2	1	1	1	9
<b>Weiderpass 2001</b>	1	1	1	-	-	1	1	-	5

Note: A study can be awarded a maximum of one star for each numbered item within the Selection and Outcome categories. A maximum of two stars can be given for Comparability. For comparability in our analysis, a study can be awarded one star for controlling for age; Two stars for also controlling for physical activity.

**Table S6.** Newcastle-Ottawa quality assessment scale for case-control study.

Source	Selection			Comparability			Exposure		Total Stars
	Is the Case Definition Adequate?	Representativeness of the Cases	Selection of Controls	Definition of Controls	Comparability of Cases and Controls on the Basis of the Design or Analysis	Ascertainment of Exposure	Same Method of Ascertainment for Cases and Controls	Non-Response Rate	
<b>Arem 2011</b>	1	1	1	-	1	-	1	-	5
<b>Friedenreich 2010</b>	1	1	1	1	1	-	1	-	6
<b>Matthews 2005</b>	1	1	1	-	1	-	1	-	5
<b>Moradi 2000</b>	1	1	1	1	1	1	1	-	7
<b>Olson 1997</b>	1	1	1	1	1	-	1	1	7
<b>Shu 1993</b>	1	1	1	-	1	-	1	-	5
<b>Dosemeci 1993</b>	-	1	-	1	1	1	1	1	6

Note: A study can be awarded a maximum of one star for each numbered item within the Selection and Exposure categories. A maximum of two stars can be given for Comparability. For comparability in our analysis, a study can be awarded one star for controlling for age; Two stars for also controlling for physical activity.

**Table S7.** Adjusted confounders of the included studies in systematic review.

Publication		Number of confounders	Adjusted confounders	How to deal with obesity/BMI (particular attention to potential mediator BMI)
Author	Year			
Dosemeci	1993	3	Age, smoking and socioeconomic status (based on income and education levels)	—
Shu	1993	4	Age, number of pregnancies, BMI, caloric intake	Adjusted in the multivariate model
Zheng*	1993	—	Age-specific and sex specific person-years estimated in each occupation category	—
Olson	1997	9	Age, education, BMI, diabetes, smoking, parity, age at menarche, menopausal status, and use of unopposed estrogen.	Adjusted in the multivariate model
Moradi*	1998	4	Age at follow-up, place of residence, calendar year of follow-up, and socio-economic status	—
Moradi	2000	8	Age, parity, age at last birth, BMI 1 year prior to data collection, use of oral contraceptives, use of hormone replacement therapy, smoking, and age at menopause	Adjusted in the multivariate model
Weiderpass	2001	3	Mean number of children, mean age at first birth, and turnover rate	—
Furberg	2003	9	age, geographical region, height, BMI, recreational or occupational activity and smoking at baseline and parity. Also considered blood pressure and serum glucose	Adjusted in the multivariate model
Matthews	2005	12	Age, age at menarche, menopausal status and age, number of pregnancies, oral contraceptive use, current smoking, ever drinking, family history of cancer, education, height, and BMI	Adjusted in the multivariate model
Friberg	2006	9	Age in months, parity, history of diabetes, total fruit and vegetable, education, and work/occupation, walking/bicycling, household work, leisure time activity, and leisure time inactivity (watching TV/sitting) simultaneously	Additionally adjusted for BMI
Patel	2008	9	Age, age at menarche, age at menopause, duration of oral contraceptive use, parity, smoking, total caloric intake, personal history of diabetes and postmenopausal hormone therapy use	Additionally adjusted for BMI
Gierach	2009	7	Age, race, smoking status, parity, ever use of oral contraceptives, age at menopause, hormone therapy formulation	Additionally adjusted for BMI
Friedenreich	2010	6	Age, BMI, waist circumference, age at menarche, hypertension, and number of pregnancies of $\geq 20$ weeks gestation	Adjusted in the multivariate model

Arem	2011	8	Age, BMI, race, number of live births, menopausal status, oral contraceptive use, hypertension, and smoking status	Adjusted in the multivariate model
Hunter	2020	15	Age, sex, ethnicity, deprivation index, education, fruit and vegetable intake, BMI, smoking status, and alcohol intake, hormone therapy use, oral contraceptive use, number of live births, age at menarche, age at menopause, hysterectomy status	Adjusted in the multivariate model
Miyata <sup>7</sup>	2021	13	Age, BMI, weight change since age 20, history of diabetes, history of hypertension, age at menarche, menstrual presence, parity, smoking status, alcohol consumption, occupational activity, hours of physical exercise, walking, and television viewing	Adjusted in the multivariate model

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Note: BMI, body mass index. \* studies not included in the meta-analysis.



**Table S8.** Influence analysis of sedentary behaviour and endometrial cancer (given named study is omitted).

Occupational domain		Leisure-time domain	
Study omitted	Estimate (95% CI)	Study omitted	Estimate (95% CI)
Dosemeci 1993	1.23 (1.10, 1.38)	Furberg 2003	1.35 (0.93-1.95)
Shu 1993	1.22 (1.08, 1.38)	Friberg 2006	1.24 (0.86-1.79)
Olson 1997	1.24 (1.11, 1.39)	Patel 2008	1.31 (0.85-2.03)
Moradi 2000	1.19 (1.04, 1.37)	Gierach 2009	1.26 (0.86-1.86)
Weiderpass 2001	1.19 (1.03, 1.38)	Hunter 2020	1.53 (1.24-1.87)
Furberg 2003	1.21 (1.08, 1.36)	Miyata 2021	1.30 (0.93-1.82)
Matthews 2005	1.27 (1.15, 1.40)	Combined	1.34 (0.98-1.83)
Friberg 2006	1.26 (1.12, 1.41)		
Friedenreich 2010	1.21 (1.06, 1.38)		
Miyata 2021	1.22 (1.11, 1.35)		
Combined	1.22 (1.09, 1.37)		

**Table S9.** Results of meta-regression analyses on individual study characteristics for studies included in the meta-analysis of the association between sedentary behaviour and the risk of endometrial cancer.

Covariates	N	RR	95% CI	I <sup>2</sup>	Tau <sup>2</sup>	Ratio of RR	95% CI	P
Model with no covariates	14	1.28	1.14 1.43	34.8%	0.0000	-	- -	-
Domain*								
Total	2	1.55	1.27 1.89	29.3%	0.0004	1.00	Reference	
Occupational	10	1.22	1.09 1.37			0.80	0.60 1.07	0.12
Leisure-time	6	1.34	0.98 1.83			0.89	0.62 1.28	0.51
Study design								
Cohort study	7	1.33	1.13 1.58	36.8%	0.0027	1.00	Reference	
Case-control study	7	1.22	1.05 1.41			0.91	0.72 1.17	0.44
Study area								
Asia	4	1.20	0.78 1.83	36.0%	0.0000	1.00	Reference	
Europe	5	1.24	1.05 1.46			1.14	0.78 1.68	0.47
North America	5	1.41	1.22 1.63			1.26	0.84 1.91	0.24
Sample size								
< 5000	6	1.19	1.03 1.37	32.7%	0.0028	1.00	Reference	
≥ 5000	8	1.35	1.17 1.57			1.15	0.90 1.47	0.24
Number of cases								
< 500	7	1.30	1.12 1.51	39.8%	0.0036	1.00	Reference	
≥ 500	7	1.25	1.06 1.47			0.99	0.75 1.29	0.91
Study quality			1.47					
Fair	7	1.14	0.93 1.41	33.4%	0.0049	1.00	Reference	
Good	7	1.37	1.22 1.53			1.14	0.90 1.46	0.25
Adjustment of confounding factors								
Not adequate	9	1.22	1.07 1.40	35.4%	0.0014	1.00	Reference	
Adequate	5	1.42	1.18 1.72			1.13	0.85 1.50	0.36
Adjustment for physical activity								
No	11	1.25	1.10 1.42	39.1%	0.0094	1.00	Reference	
Yes	3	1.41	1.08 1.84			1.10	0.78 1.55	0.55
Adjustment for BMI								
No	5	1.34	1.20 1.49	37.0%	0.0029	1.00	Reference	
Yes	9	1.21	1.01 1.46			0.92	0.72 1.17	0.46

Meta-regression models are fitted assuming random effects that allow for between-study variability. I-squared (%) representing variation due to heterogeneity; Tau-squared representing estimate of between-study variance.

\*Number of studies exceeds in total as some research presented risk estimates separately for total sedentary, occupational, leisure-time domain.