

Supplementary table A. Search Strategy

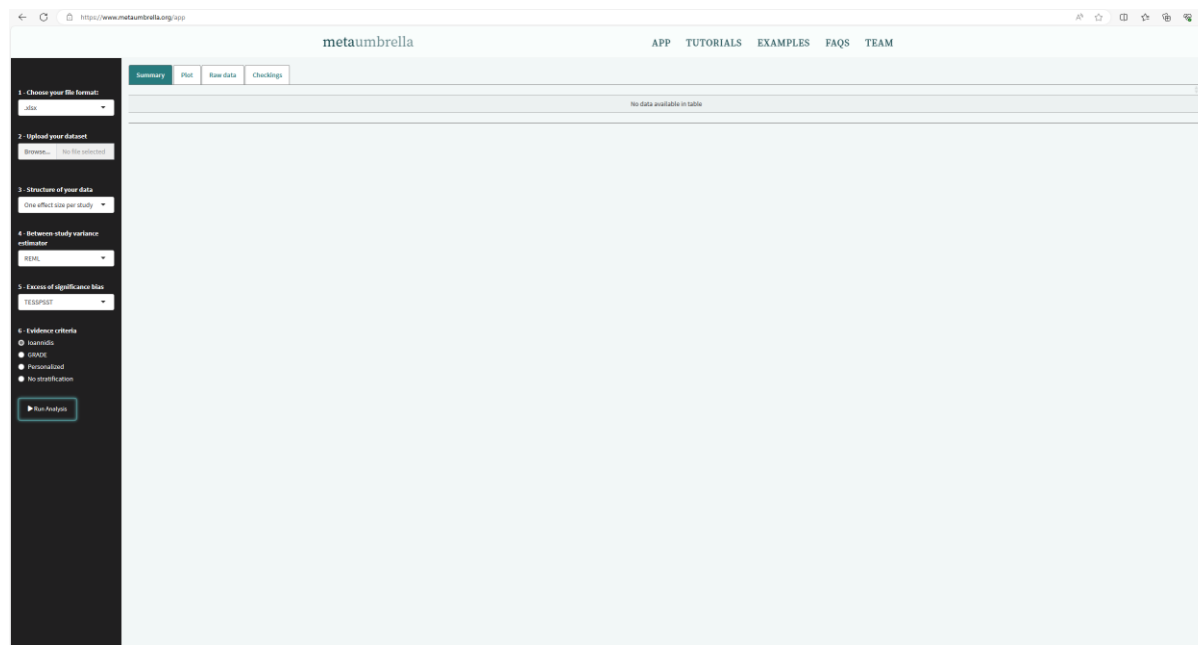
Database	Full search string
MEDLINE	<p>((("ultra-processed food"[All Fields] OR "ultraprocessed food"[All Fields] OR "ultra-processed foods"[All Fields] OR "ultraprocessed foods"[All Fields] OR "UPF"[All Fields] OR "nova food classification system"[All Fields] OR "nova food classification system"[All Fields])</p> <p>AND</p> <p>("meta-analysis"[All Fields] OR "metaanaly*" [All Fields] OR "meta regression"[All Fields] OR "metareg*" [All Fields] OR "systematic-review"[All Fields] OR "systematic-review"[All Fields]))</p> <p>AND</p> <p>2009:2023[pdat]</p>
PsycINFO	<p>(Any Field: "ultra-processed food" OR Any Field: "ultraprocessed food" OR Any Field: "ultra-processed foods" OR Any Field: "ultraprocessed foods" OR Any Field: UPF OR Any Field: "NOVA food classification system" OR Any Field: "Nova food classification system")</p> <p>AND</p> <p>(Any Field: "meta-analysis" OR Any Field: metaanaly* OR Any Field: "meta regression" OR Any Field: metareg* OR Any Field: "systematic review" OR Any Field: "systematic-review")</p> <p>AND</p> <p>Year: 2009 To 2023</p>
Embase	<p>("ultra-processed food" OR "ultraprocessed food" OR "ultra-processed foods" OR "ultraprocessed foods" OR UPF OR "NOVA food classification system" OR "Nova food classification system")</p> <p>AND</p> <p>("meta-analysis" OR metaanaly* OR "meta regression" OR metareg* OR "systematic review" OR "systematic-review")</p> <p>AND</p> <p>(2009:py OR 2010:py OR 2011:py OR 2012:py OR 2013:py OR 2014:py OR 2015:py OR 2016:py OR 2017:py OR 2018:py OR 2019:py OR 2020:py OR 2021:py OR 2022:py OR 2023:py)</p>
Cochrane Database of Systematic Reviews	<p>((("ultra-processed food" OR "ultraprocessed food" OR "ultra-processed foods" OR "ultraprocessed foods" OR UPF OR "NOVA food classification system" OR "Nova food classification system")</p>

AND

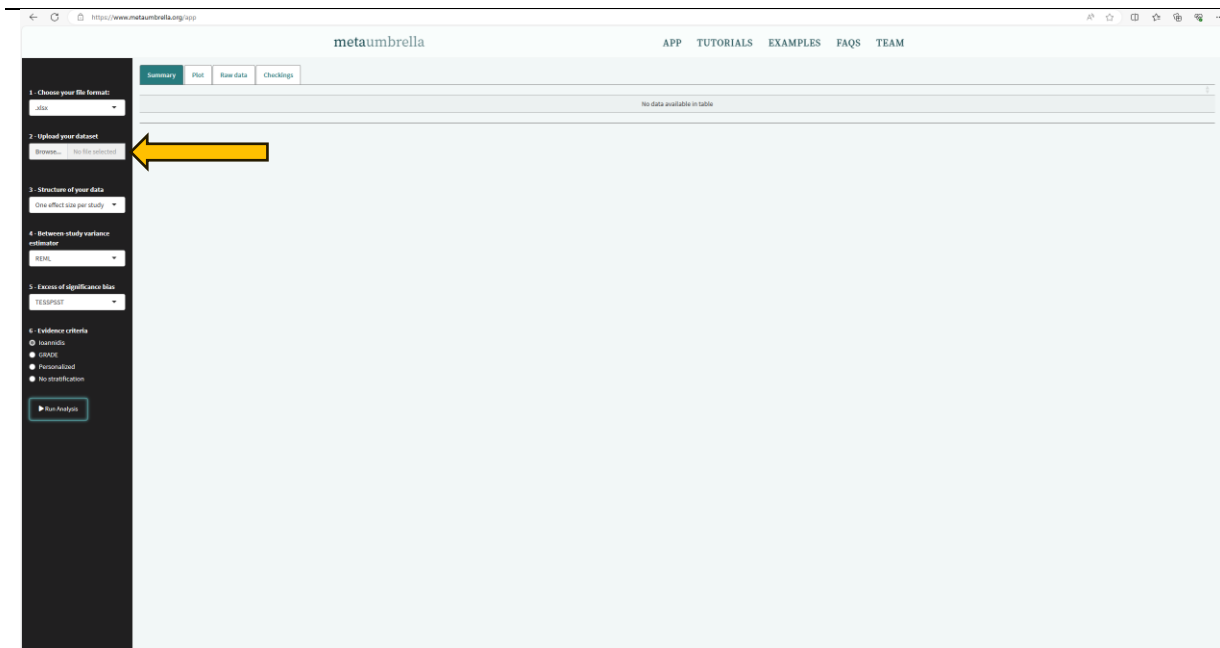
("meta-analysis" OR metaanaly* OR "meta regression" OR metareg* OR "systematic review" OR "systematic-review"))

Supplementary table B. Step-by-step coding guide for recreating analysis for publication entitled ‘**Ultra-processed food exposure and adverse health outcomes: an umbrella review of epidemiological meta-analyses**’ by Lane et al. 2024

1. Download the dataset used for this analysis from the Open Science Framework (OSF): OSF link: <<https://osf.io/8j2gt/>>
2. Go to the online/web browser version of the R statistical package called *metaumbrella*: *metaumbrella* link: <<https://www.metaumbrella.org/app>>

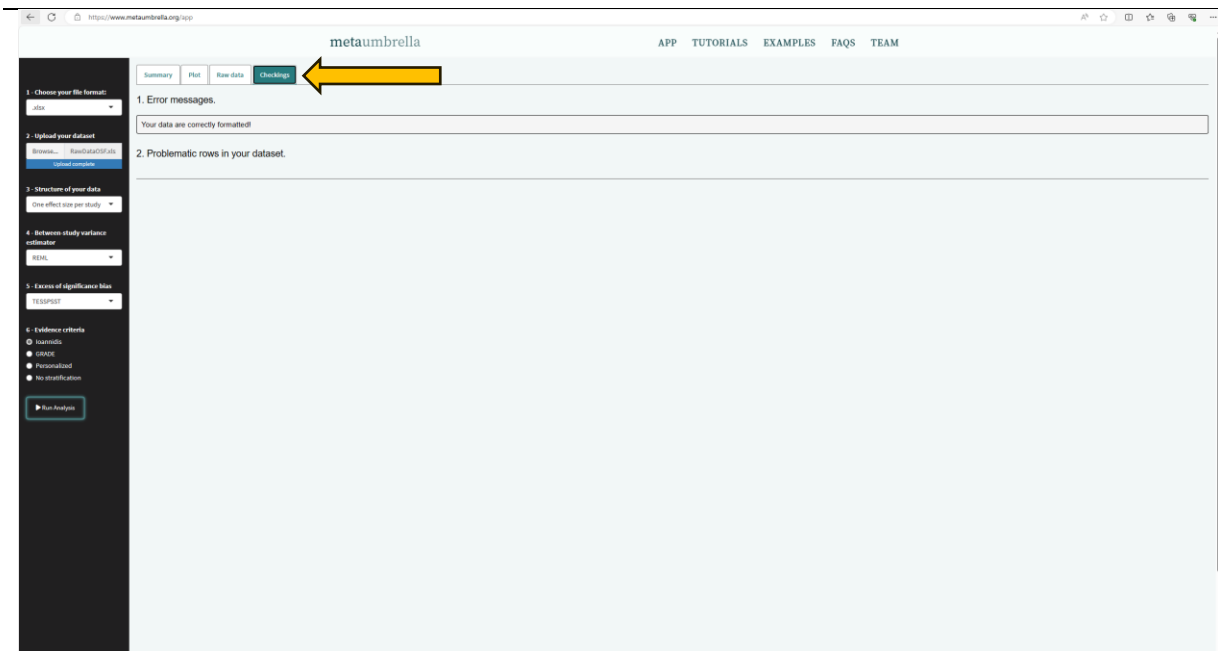


3. Click the Browse button under “2. Upload your dataset” on the left menu bar

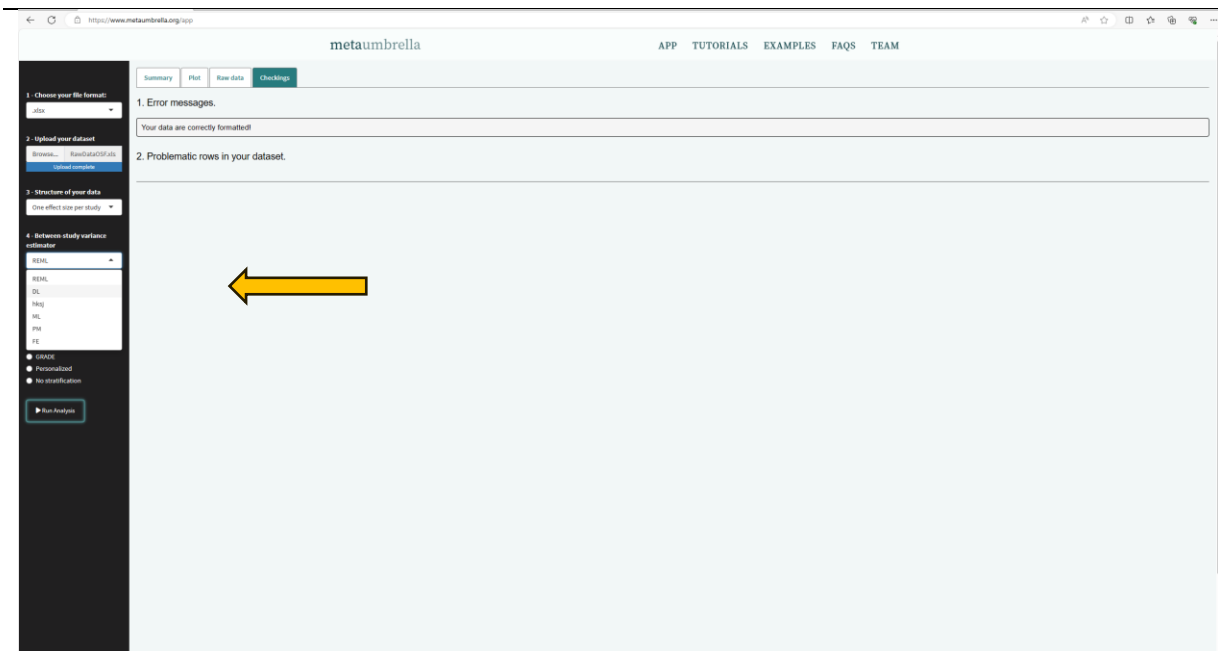


4. Navigate to where you downloaded the OSF dataset (see step 1) and upload this file

5. Navigate to the “Checkings” tab at the top of the screen to confirm dataset is coded correctly and to ensure that no warning messages have been produced while checking the formatting of your dataset



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6. Select “DL” (DerSimonian-Laird method) from the pulldown menu under “4. Between-study variance estimator” on the left menu bar
-



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7. Navigate to the “Summary” tab at the top of the screen and then click “Run Analysis” on the left menu bar
-

1. Choose your file format:		Summary	Plot	Raw data	Checkings	Search														
2. Upload your dataset		Criteria	Class	measure	value	value_CI	es	es_CI	eOR	eOR_CI	p_value	n_studies	n_cases	n_controls	PL_eG	PL_eOR	PL_sign			
3. Structure of your data		Heart failure (border zones)	tsamids	I	OR	1.529	[1.432, 1.632]	0.234	[0.196, 0.27]	1.529	[1.432, 1.632]	4.91e-37	6	41948	143825	[0.189, 0.289]	[1.38, 1.718]	notnull		
4. Between study variance estimator		Arterial hypertension (Non-dose-response)	tsamids	I	RR	1.497	[1.374, 1.63]	0.222	[0.175, 0.269]	1.497	[1.374, 1.63]	2.07e-20	4	4927	147852	[0.119, 0.326]	[1.241, 1.806]	notnull		
5. Excess of significance bias		Type 2 diabetes (Non-dose-response)	tsamids	I	OR	1.475	[1.371, 1.586]	0.214	[0.174, 0.254]	1.475	[1.371, 1.586]	1.35e-25	4	11711	89988	[0.126, 0.382]	[1.257, 1.731]	notnull		
6. Evidence criteria		Type 2 diabetes (Non-dose-response)	tsamids	I	RR	1.118	[1.105, 1.131]	0.061	[0.055, 0.068]	1.118	[1.105, 1.131]	2.29e-77	7	21932	393622	[0.051, 0.071]	[1.096, 1.137]	notnull		
Run Analysis		Heart disease-related mortality (Non-dose-response)	tsamids	II	HR	1.064	[1.006, 1.038]	0.281	[0.226, 0.336]	1.064	[1.006, 1.038]	1.39e-23	2	4240	110126	<3 studies	<3 studies	notnull		
		Obesity (Non-dose-response)	tsamids	II	OR	1.55	[1.357, 1.771]	0.242	[0.166, 0.315]	1.55	[1.357, 1.771]	1.18e-10	7	21241	75244	[0.024, 0.45]	[1.063, 2.24]	notnull		
		Adverse sleep-related outcomes	tsamids	II	OR	1.412	[1.241, 1.606]	0.19	[0.119, 0.261]	1.412	[1.241, 1.606]	1.60e-07	2	4804	97387	<3 studies	<3 studies	notnull		
		Whetting	tsamids	II	RR	1.403	[1.296, 1.524]	0.187	[0.13, 0.243]	1.403	[1.296, 1.524]	9.06e-11	2	25590	85704	<3 studies	<3 studies	notnull		
		Type two diabetes (Non-dose-response)	tsamids	II	OR	1.397	[1.229, 1.586]	0.184	[0.114, 0.255]	1.397	[1.229, 1.586]	0.13e-07	7	21932	393622	[-0.049, 0.418]	[0.814, 1.131]	null		
		Abdominal obesity (Non-dose-response)	tsamids	II	HR	1.216	[1.158, 1.277]	0.108	[0.081, 0.133]	1.216	[1.158, 1.277]	1.42e-15	2	2665	38842	<3 studies	<3 studies	notnull		
		All-cause mortality (Non-dose-response)	tsamids	II	RR	1.207	[1.151, 1.266]	0.104	[0.076, 0.13]	1.207	[1.151, 1.266]	8.80e-15	7	19827	268142	[0.056, 0.151]	[1.107, 1.316]	notnull		
		Abdominal obesity (Non-dose-response)	tsamids	III	OR	1.497	[1.175, 1.884]	0.188	[0.088, 0.287]	1.497	[1.175, 1.884]	1.02e-04	4	13028	17821	[-0.265, 0.581]	[0.68, 3.889]	null		
		Overweight (Non-dose-response)	tsamids	III	OR	1.362	[1.139, 1.61]	0.17	[0.072, 0.269]	1.362	[1.139, 1.61]	7.25e-04	4	19927	22893	[-0.24, 0.581]	[0.647, 2.87]	null		
		Cardiovascular disease events combined (morbidity + mortality)	tsamids	III	RR	1.347	[1.182, 1.536]	0.164	[0.092, 0.237]	1.347	[1.182, 1.536]	8.16e-06	6	8235	280601	[-0.041, 0.37]	[0.929, 1.955]	null		
		Colorectal cancer (Non-dose-response)	tsamids	III	OR	1.233	[1.101, 1.379]	0.115	[0.053, 0.177]	1.233	[1.101, 1.379]	1.63e-04	7	8405	714857	[-0.072, 0.382]	[0.878, 1.71]	null		
		Hypertension	tsamids	III	OR	1.232	[1.107, 1.371]	0.115	[0.056, 0.174]	1.232	[1.107, 1.371]	1.39e-04	9	13386	98208	[-0.044, 0.274]	[0.924, 1.642]	null		
		Cardiovascular disease morbidity (Non-dose-response)	tsamids	III	RR	1.204	[1.086, 1.331]	0.102	[0.047, 0.158]	1.204	[1.086, 1.331]	2.77e-04	2	3308	113049	<3 studies	<3 studies	notnull		
		Cancer overall (Non-dose-response)	tsamids	III	HR	1.123	[1.057, 1.191]	0.064	[0.031, 0.097]	1.123	[1.057, 1.191]	1.77e-04	7	7004	818897	[-0.054, 0.142]	[0.878, 1.291]	null		
		Obesity (Dose-response)	tsamids	III	OR	1.071	[1.01, 1.134]	0.038	[0.016, 0.06]	1.071	[1.01, 1.134]	5.47e-04	7	15769	64295	[-0.01, 0.106]	[0.947, 1.212]	null		

8. To export data, scroll to the bottom of the dataset and export as either a CSV, Excel, or PDF file

Non-dose-response	Isaenids	IV	OR	1.287	[1.05, 1.578]	0.139	[0.071, 0.251]	1.287	[1.05, 1.578]	1.53e-02	2	13791	18520	* 3 studies	* 3 studies	
Metabolic syndrome	Isaenids	IV	RR	1.247	[1.091, 1.422]	0.121	[0.045, 0.194]	1.247	[1.091, 1.422]	1.05e-03	9	8998	14502	[0.097, 0.34]	[0.836, 1.454]	null
Non-alcoholic fatty liver disease Non-dose response	Isaenids	IV	RR	1.229	[1.034, 1.46]	0.114	[0.019, 0.206]	1.229	[1.034, 1.46]	1.80e-02	4	9057	18093	[0.293, 0.52]	[0.586, 2.957]	null
Cardiovascular disease-related mortality - Dose response	Isaenids	IV	RR	1.047	[1.015, 1.08]	0.025	[0.008, 0.04]	1.047	[1.015, 1.08]	4.12e-03	5	7125	14028	[0.036, 0.066]	[0.897, 1.188]	null
Colorectal cancer - dose response	Isaenids	IV	OR	1.039	[1.008, 1.07]	0.021	[0.005, 0.037]	1.039	[1.008, 1.07]	1.20e-02	5	6881	71262	[0.028, 0.07]	[0.95, 1.136]	null
Overweight/obesity Dose response	Isaenids	IV	OR	1.032	[1.01, 1.055]	0.018	[0.005, 0.03]	1.032	[1.01, 1.055]	5.15e-03	3	4302	10850	[0.099, 0.134]	[0.836, 1.376]	null
Pancreatic cancer Non-dose-response	Isaenids	ns	OR	1.235	[0.853, 1.788]	0.116	[-0.068, 0.32]	1.235	[0.853, 1.788]	2.64e-01	2	773	29418	* 3 studies	* 3 studies	
Asthma	Isaenids	ns	RR	1.203	[0.984, 1.484]	0.102	[-0.007, 0.21]	1.203	[0.984, 1.484]	6.55e-02	2	14017	97257	* 3 studies	* 3 studies	
Central nervous system tumors	Isaenids	ns	OR	1.197	[0.866, 1.656]	0.099	[-0.068, 0.278]	1.197	[0.866, 1.656]	2.79e-01	2	328	197230	* 3 studies	* 3 studies	
Heart disease-related mortality - dose response	Isaenids	ns	HR	1.179	[0.946, 1.47]	0.091	[-0.03, 0.212]	1.179	[0.946, 1.47]	1.42e-01	2	4240	133228	* 3 studies	* 3 studies	
Ulcerative colitis	Isaenids	ns	HR	1.172	[0.856, 1.606]	0.088	[-0.086, 0.261]	1.172	[0.856, 1.606]	3.22e-01	4	1886	968707	[0.465, 0.84]	[0.299, 4.591]	null
Breast cancer Non-dose response	Isaenids	ns	OR	1.156	[0.903, 1.335]	0.078	[-0.004, 0.159]	1.151	[0.903, 1.335]	4.28e-02	6	8220	274024	[0.135, 0.202]	[0.783, 1.692]	null
Hyperglycaemia	Isaenids	ns	OR	1.1	[0.344, 3.513]	0.053	[-0.588, 0.493]	1.1	[0.344, 3.513]	8.72e-01	2	511	602	* 3 studies	* 3 studies	
Chronic lymphocytic leukaemia	Isaenids	ns	OR	1.078	[0.804, 1.443]	0.041	[-0.12, 0.203]	1.078	[0.804, 1.443]	6.18e-01	2	448	198768	* 3 studies	* 3 studies	
Prostate cancer Non-dose response	Isaenids	ns	OR	1.06	[0.839, 1.34]	0.032	[-0.090, 0.161]	1.06	[0.839, 1.34]	6.23e-01	1	951	1282	* 3 studies	* 3 studies	
Breast cancer - dose response	Isaenids	ns	OR	1.033	[0.976, 1.092]	0.018	[-0.013, 0.049]	1.033	[0.976, 1.092]	2.66e-01	3	5240	277444	[0.319, 0.354]	[0.561, 1.002]	null
Prostate cancer Non-dose response	Isaenids	ns	OR	1.019	[0.921, 1.126]	0.01	[-0.045, 0.096]	1.019	[0.921, 1.126]	7.19e-01	3	5621	218338	[0.249, 0.37]	[0.521, 1.050]	null
Cancer-related mortality	Isaenids	ns	HR	1.003	[0.811, 1.24]	0.002	[-0.115, 0.119]	1.003	[0.811, 1.24]	9.79e-01	2	641	41592	* 3 studies	* 3 studies	
Prostate cancer - dose response	Isaenids	ns	OR	0.992	[0.965, 1.021]	-0.004	[-0.02, 0.011]	0.992	[0.965, 1.021]	6.02e-01	3	4853	217807	[0.196, 0.497]	[0.826, 1.193]	null
Hypertriglyceridaemia	Isaenids	ns	OR	0.947	[0.597, 1.501]	-0.03	[-0.266, 0.224]	0.947	[0.597, 1.501]	8.17e-01	2	382	721	* 3 studies	* 3 studies	

Copy

CSV

Excel



Supplementary table C. The evidence classification criteria

- Convincing (Class I)**
- The number of cases is >1000 (or >20,000 for continuous outcomes)
 - P of $<1 \times 10^{-6}$
 - $I^2 < 50\%$
 - 95% prediction interval excludes the null hypothesis
 - ~~The largest included individual study exhibits $P \leq 0.05$~~
 - No small-study effects
 - No excess significance bias
-

- Highly suggestive (Class II)**
- Class I criteria not all met
 - The number of cases is >1000
 - P of $<1 \times 10^{-6}$
 - The largest included individual study exhibits $P \leq 0.05$
-

- Suggestive (Class III)**
- Class I—II criteria not all met
 - The number of cases is >1000
 - P of $<1 \times 10^{-3}$
-

- Weak (Class IV)**
- Class I—III criteria not all met
 - $P \leq 0.05$
 -
-

No evidence (Class V)

- $P > 0.05$
-

Table D. Quality Assessment Using the GRADE Framework of Each Pooled Analysis Assessing Associations Between Ultra-Processed Food Exposure and Adverse Health Outcomes

Outcome: Level of exposure comparison	Studies, <i>n</i>	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Certainty
Mortality								
All-cause mortality ¹ : Non-dose-response	7	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
All-cause mortality ¹ : Dose-response	9	Observational	Not Serious	Not Serious	Not Serious	Not Serious	Dose-Response Gradient	Moderate
Cancer-related mortality ² : Non-dose-response	2	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Cardiovascular disease-related mortality ¹ : Non-dose-response	4	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	None	Very Low
Cardiovascular disease-related mortality ¹ : Dose-response	5	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	Dose-Response Gradient	Low

Outcome: Level of exposure comparison	Studies, <i>n</i>	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Certainty
Heart disease-related mortality ² : Non-dose-response	2	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Heart disease-related mortality ² : Dose-response	2	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	Dose-Response Gradient	Low
Cancer								
Breast cancer ³ : Non-dose-response	6	Observational	Not Serious	Not Serious	Not Serious	Serious ^b	None	Very Low
Breast cancer ³ : Dose-response	3	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	Dose-Response Gradient	Low
Cancer overall ⁴ : Non-dose-response	7	Observational	Serious ^c	Not Serious	Not Serious	Not Serious	None	Very Low
Central nervous system tumours ³ : Non-dose-response	2	Observational	Not Serious	Serious ^a	Not Serious	Serious ^d	None	Very Low
Chronic lymphocytic leukemia ³ :	2	Observational	Not Serious	Not Serious	Not Serious	Serious ^d	None	Very Low

Outcome: Level of exposure comparison	Studies, <i>n</i>	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Certainty
Non-dose-response								
Colorectal cancer ³ : Non-dose-response	7	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	None	Very Low
Colorectal cancer ³ : Dose-response	5	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	Dose-Response Gradient	Low
Pancreatic cancer ³ : Non-dose-response	2	Observational	Not Serious	Serious ^a	Not Serious	Serious ^d	None	Very Low
Prostate cancer ³ : Non-dose-response	4	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Prostate cancer ³ : Dose-response	3	Observational	Not Serious	Not Serious	Not Serious	Not Serious	Dose-Response Gradient	Moderate
Mental Health								
Adverse sleep-related outcomes ⁵ : Non-dose-response	2	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low

Outcome: Level of exposure comparison	Studies, <i>n</i>	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Certainty
Anxiety outcomes ⁶ : Non-dose-response	4	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Combined common mental disorder outcomes ⁶ : Non-dose-response	6	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Depressive outcomes ⁶ : Non-dose-response	2	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Respiratory Health								
Asthma ⁷ : Non-dose-response	2	Observational	Not Serious	Not Serious	Not Serious	Serious ^b	None	Very Low
Wheezing ⁷ : Non-dose-response	2	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Cardiovascular Health								

Outcome: Level of exposure comparison	Studies, <i>n</i>	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Certainty
Cardiovascular disease events combined (morbidity + mortality) ¹ : Non-dose-response	6	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	None	Very Low
Cardiovascular disease events combined (morbidity + mortality) ¹ : Dose-response	8	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	Dose-Response Gradient	Low
Cardiovascular disease morbidity ¹ : Non-dose-response	2	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Cardiovascular disease morbidity ¹ : Dose-response	2	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	Dose-Response Gradient	Low
Hypertension ⁸ : Non-dose-response	9	Observational	Serious	Serious ^a	Not Serious	Not Serious	None	Very Low

Outcome: Level of exposure comparison	Studies, <i>n</i>	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Certainty
Hypertriglyceridemia ⁹ : Non-dose-response	2	Observational	Serious	Not Serious	Not Serious	Serious ^d	None	Very Low
Low high-density lipoprotein concentration ⁹ : Non-dose-response	2	Observational	Serious	Not Serious	Not Serious	Serious ^d	None	Very Low
Gastrointestinal Health								
Crohn's disease ¹⁰ : Non-dose-response	4	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Ulcerative colitis ¹⁰ : Non-dose-response	4	Observational	Not Serious	Serious ^a	Not Serious	Serious ^d	None	Very Low
Metabolic Health								
Abdominal obesity ¹¹ : Non-dose-response	4	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	None	Very Low

Outcome: Level of exposure comparison	Studies, <i>n</i>	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Certainty
Abdominal obesity ¹¹ : Dose-response	6	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	Dose-Response Gradient	Low
Hyperglycaemia ⁹ : Non-dose-response	2	Observational	Serious	Serious ^a	Not Serious	Very Serious ^e	None	Very Low
Metabolic syndrome ¹² : Non-dose-response	9	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	None	Very Low
Non-alcoholic fatty liver disease ¹³ : Non-dose-response	4	Observational	Serious	Not Serious	Not Serious	Not Serious	None	Very Low
Obesity ¹¹ : Non-dose-response	7	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Obesity ¹¹ : Dose-response	7	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	Dose-Response Gradient	Low
Overweight ¹¹ : Non-dose-response	4	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	None	Very Low

Outcome: Level of exposure comparison	Studies, <i>n</i>	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Certainty
Overweight ¹¹ : Dose-response	2	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	Dose-Response Gradient	Low
Overweight + obesity ¹¹ : Non-dose-response	2	Observational	Not Serious	Not Serious	Not Serious	Not Serious	None	Low
Overweight + obesity ¹¹ : Dose-response	3	Observational	Not Serious	Not Serious	Not Serious	Not Serious	Dose-Response Gradient	Moderate
Type two diabetes ¹⁴ : Non-dose-response	7	Observational	Not Serious	Serious ^a	Not Serious	Not Serious	None	Very Low
Type two diabetes ¹⁴ : Dose-response	7	Observational	Not Serious	Not Serious	Not Serious	Not Serious	Dose-Response Gradient	Moderate

Note GRADE=Grading of Recommendations, Assessment, Development, and Evaluation

a. I^2 value >50

b. Wide confidence intervals that include null effect and increased risk

c. Majority of studies rated as poor/fair quality by study authors

d. Wide confidence intervals that cross decision threshold

e. Very wide confidence intervals that cross decision thresholds

Supplementary table E. The A Measurement Tool to Assess Systematic Reviews – Second Edition (AMSTAR 2) Quality Assessment Tool, by Health Outcome Domains

Author / Year	Outcomes investigated	*1	*2	*3	*4	*5	*6	*7	*8	*9	*10	*11	*12	*13	*14	*15	*16
Yuan et al. 2023	All-cause mortality, Cardiovascular disease events combined (morbidity + mortality), Cardiovascular disease morbidity	2	2	0	1	2	2	2	2	2	0	2	2	2	2	2	2
Suksatan et al. 2021	Cancer-related mortality, Heart disease-related mortality	2	0	0	1	2	2	2	2	2	0	2	2	2	2	2	2
Lian et al. 2023	Breast cancer, Central nervous system tumours, Colorectal cancer, Pancreatic cancer, Prostate cancer	2	0	0	1	0	2	2	2	2	0	2	2	2	0	2	2
Isaksen et al. 2023	Cancer overall	2	0	0	1	0	0	2	2	2	0	2	0	2	0	0	2
Delpino et al. 2023	Adverse sleep-related outcomes	2	2	0	1	2	2	2	2	2	0	2	0	2	0	0	0
Lane et al. 2023	Combined common mental disorder outcomes, Anxiety outcomes, Depressive outcomes	2	2	0	0	2	2	2	2	2	0	2	0	2	0	0	2
Lane et al. 2021	Asthma, Wheezing	2	2	0	0	2	2	2	2	2	0	2	2	2	2	0	2
Wang et al. 2022	Hypertension	2	0	0	1	2	0	2	2	2	0	2	2	2	0	2	2
Pagliai et al. 2021	Hypertriglyceridaemia, Low high-density lipoprotein	2	1	0	1	2	2	2	2	2	0	2	0	2	2	2	2

	concentration, Hyperglycaemia																
Narula et al. 2023	Crohn's disease, Ulcerative colitis	2	2	0	1	2	2	0	2	2	0	2	2	2	0	2	2
Moradi et al. 2023	Abdominal obesity, Obesity, Overweight, Overweight + obesity	2	0	0	1	2	2	2	2	2	0	2	0	2	2	2	0
Shu et al. 2023	Metabolic syndrome	2	0	0	1	2	2	2	2	2	0	2	2	2	2	2	2
Henney et al. 2023	Non-alcoholic fatty liver disease	2	2	0	1	2	2	2	2	2	0	2	2	2	0	2	2
Chen et al. 2023	Type two diabetes	2	2	0	1	2	2	2	2	2	0	2	0	2	2	0	2

Note 0 = No; 1 = Partial Yes; 2 = Yes. Shaded columns = AMSTAR 2 critical domains

*1. Did the research questions and inclusion criteria for the review include the components of PICO?

*2. Did the report of the review contain an explicit statement that the review methods were established prior to the conduct of the review and did the report justify any significant deviations from the protocol?

*3. Did the review authors explain their selection of the study designs for inclusion in the review?

*4. Did the review authors use a comprehensive literature search strategy?

*5. Did the review authors perform study selection in duplicate?

*6. Did the review authors perform data extraction in duplicate?

*7. Did the review authors provide a list of excluded studies and justify the exclusions?

*8. Did the review authors describe the included studies in adequate detail?

*9. Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review?

*10. Did the review authors report on the sources of funding for the studies included in the review?

*11. If meta-analysis was performed, did the review authors use appropriate methods for statistical combination of results?

*12. If meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the meta-analysis or other evidence synthesis?

*13. Did the review authors account for RoB in primary studies when interpreting/discussing the results of the review?

*14. Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review?

*15. If they performed quantitative synthesis did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of the review?

*16. Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?

Supplementary table F. Summary Characteristics of Included Original Research Articles

Outcome	Author	Year	Stud design	Population	Exposure measurements
Mortality					
All-cause mortality					
	Schnabel et al.	2019	Prospective cohort	Adults	24-hr recall
	Rico-Campa et al.	2019	Prospective cohort	Adults	FFQ
	Kim et al.	2019	Prospective cohort	Adults	24-hr recall
	Blanco-Rojo et al.	2019	Prospective cohort	Adults	Diet history
	Zhong et al.	2021	Prospective cohort	Adults	FFQ
	Bonaccio et al.	2021	Prospective cohort	Adults	FFQ
	Orlich et al.	2022	Prospective cohort	Adults	FFQ
Cancer-related mortality					
	Rico-campa et al.	2019	Prospective cohort	Adults	FFQ
	Bonaccio et al.	2021	Prospective cohort	Adults	FFQ
Cardiovascular disease-related mortality					
	Rico-Campa et al.	2019	Prospective cohort	Adults	FFQ
	Kim et al.	2019	Prospective cohort	Adults	24-hr recall
	Zhong et al.	2019	Prospective cohort	Adults	FFQ
	Bonaccio et al.	2021	Prospective cohort	Adults	FFQ
Heart disease-related mortality					
	Bonaccio et al.	2021	Prospective cohort	Adults	FFQ
	Zhong et al.	2021	Prospective cohort	Adults	FFQ

Outcome	Author	Year	Stud design	Population	Exposure measurements
Cancer					
Breast cancer					
	Romaguera et al.	2021	Case-control	Adults	FFQ
	Fiolet et al.	2018	Prospective cohort	Adults	24-hr recall
	Jacobs et al.	2022	Case-control	Adults	FFQ
	Romieu et al.	2022	Case-control	Adults	FFQ
	Queiroz et al.	2018	Case-control	Adults	FFQ
	Chang et al.	2023	Prospective cohort	Adults	24-hr recall
Cancer overall					
	Fiolet et al.	2018	Prospective cohort	Adults	24-hr recall
	Fiolet et al.	2018	Prospective cohort	Adults	24-hr recall
	Fiolet et al.	2018	Prospective cohort	Adults	24-hr recall
	Fiolet et al.	2018	Prospective cohort	Adults	24-hr recall
	Wang et al.	2022	Prospective cohort	Adults	FFQ
	Wang et al.	2022	Prospective cohort	Adults	FFQ
	Zhong et al.	2022	Prospective cohort	Adults	Diet history
Central nervous system tumours					
	Esposito et al.	2023	Case-control	Adults	FFQ
	Chang et al.	2023	Prospective cohort	Adults	24-hr recall
Chronic lymphocytic leukemia					
	Solans et al.	2021	Case-control	Adults	FFQ

Outcome	Author	Year	Stud design	Population	Exposure measurements
Colorectal cancer	Chang et al.	2023	Prospective cohort	Adults	24-hr recall
	Romaguera et al.	2021	Case-control	Adults	FFQ
	Fiolet et al.	2018	Prospective cohort	Adults	24-hr recall
	Jafari et al.	2022	Case-control	Adults	FFQ
	Wang et al.	2022 -	Prospective cohort	Adults - Men	FFQ
	Wang et al.	2022	Prospective cohort	Adults - Women	FFQ
	El Kinany et al.	2022	Case-control	Adults	FFQ
Pancreatic cancer	Chang et al.	2023	Prospective cohort	Adults	24-hr recall
	Zhong et al.	2022	Cohort	Adults	Diet history
	Chang et al.	2023	Cohort	Adults	24-hr recall
Prostate cancer	Romaguera et al.	2021	Case-control	Adults	FFQ
	Fiolet et al.	2018	Cohort	Adults	FFQ
	Trudeau et al.	2020	Case-control	Adults	FFQ
	Chang et al.	2023	Cohort	Adults	24-hr recall
	Mental Health				
Adverse sleep-related outcomes					
Sousa et al.		2020	Cross-sectional	Adolescents	FFQ
Werneck et al.	2020	Cross-sectional	Adolescents	FFQ	

Outcome	Author	Year	Stud design	Population	Exposure measurements
Anxiety outcomes					
	Werneck et al.	2021	Cross-sectional	Adolescents - Females	FFQ
	Werneck et al.	2021	Cross-sectional	Adolescents - Males	FFQ
	Coletro et al.	2022b	Cross-sectional	Adults	FFQ
	Noll et al.	2022	Cross-sectional	Adults	24-hr recall
Combined common mental disorder outcomes					
	Werneck et al.	2021	Cross-sectional	Adolescents - Females	FFQ
	Werneck et al.	2021	Cross-sectional	Adolescents - Males	FFQ
	Zheng et al.	2020	Cross-sectional	Adults	24-hr recall
	Silva et al.	2021	Cross-sectional	Adolescents	24-hr recall
	Coletro et al.	2022b	Cross-sectional	Adults	FFQ
Depressive outcomes					
	Gomez-Donoso et al.	2019	Prospective cohort	Adults	FFQ
	Adjibade et al.	2019	Prospective cohort	Adults	24-hr recall
Respiratory Health					
Asthma					
	Melo et al.	2018	Cross-sectional	Adolescents	FFQ
	Azerado et al.	2020	Cross-sectional	Children and adolescents	FFQ
Wheezing					
	Melo et al.	2018	Cross-sectional	Adolescents	FFQ
	Azerado et al.	2020	Cross-sectional	Children and adolescents	FFQ

Outcome	Author	Year	Stud design	Population	Exposure measurements
Cardiovascular Health					
Cardiovascular disease events combined (morbidity + mortality)	Rico-Campa et al.	2019	Prospective cohort	Adults	FFQ
	Kim et al.	2019	Prospective cohort	Adults	24-hr recall
	Srouf et al.	2019	Prospective cohort	Adults	24-hr recall
	Zhong et al.	2019	Prospective cohort	Adults	FFQ
	Bonaccio et al.	2021	Prospective cohort	Adults	FFQ
	Du et al.	2021	Prospective cohort	Adults	FFQ
Cardiovascular disease morbidity	Srouf et al.	2019	Prospective cohort	Adults	24-hr recall
	Du et al.	2021	Prospective cohort	Adults	FFQ
Hypertension	Ivancovsky-Wajcman et al.	2021	Cross-sectional	Adults	FFQ
	Lavinge-Robichaud et al.	2018	Cross-sectional	Adults	FFQ
	Martinez Steele et al.	2019	Cross-sectional	Adults	FFQ
	Mendoca et al.	2017	Prospective cohort	Adults	FFQ
	Monge et al.	2021	Prospective cohort	Adults	FFQ
	Nardocci et al.	2021	Cross-sectional	Adults	24-hr recall
	Nasreddine et al.	2018	Cross-sectional	Adults	FFQ

Outcome	Author	Year	Stud design	Population	Exposure measurements
Hypertriglyceridaemia	Rezende-Alves et al.	2021	Prospective cohort	Adults	FFQ
	Scaranni et al.	2021	Prospective cohort	Adults	FFQ
	Nasreddine et al.	2018	Cross-sectional	Adults	FFQ
	Lavigne-Robichaud et al.	2018	Cross-sectional	Adults	24-hr recall
Low high-density lipoprotein concentration	Nasreddine et al.	2018	Cross-sectional	Adults	FFQ
	Lavigne-Robichaud et al.	2018	Cross-sectional	Adults	24-hr recall
Gastrointestinal Health					
Crohn's disease	Lo et al.	2021	Prospective cohort	Adults	FFQ
	Narula et al.	2021	Prospective cohort	Adults	FFQ
	Chen et al.	2022	Prospective cohort	Adults	24-hr recall
	Meyer et al.	2022	Prospective cohort	Adults	FFQ
Ulcerative colitis	Lo et al.	2021	Prospective cohort	Adults	FFQ
	Narula et al.	2021	Prospective cohort	Adults	FFQ
	Chen et al.	2022	Prospective cohort	Adults	24-hr recall
	Meyer et al.	2022	Prospective cohort	Adults	FFQ
Metabolic Health					
Abdominal obesity					

Outcome	Author	Year	Stud design	Population	Exposure measurements
Hyperglycaemia	Silva et al.	2018	Cross-sectional	Adults	FFQ
	Juul et al.	2018	Cross-sectional	Adults	24-hr recall
	Rauber et al.	2020	Cross-sectional	Adults	24-hr recall
	Sandoval-Insausti et al.	2020	Prospective cohort	Adults	24-hr recall
	Nasreddine et al.	2018	Cross-sectional	Adults	FFQ
	Lavigne-Robichaud et al.	2018	Cross-sectional	Adults	24-hr recall
Metabolic syndrome	Barbosa et al.	2023	Cross-sectional	Adults	24-hr recall
	Canhada et al.	2023	Prospective cohort	Adults	24-hr recall
	Ivancovsky-Wajcman et al.	2021	Cross-sectional	Adults	FFQ
	Magalhaes et al.	2022	Prospective cohort	Adults	FFQ
	Martinez-Steele et al.	2019	Cross-sectional	Adults	24-hr recall
	Nasreddine et al.	2018	Cross-sectional	Adults	FFQ
	Pan et al.	2023	Prospective cohort	Adults	24-hr recall
	Tavares et al.	2012	Cross-sectional	Adults	FFQ
	Lavigne-Robichaud et al.	2018	Cross-sectional	Adults	24-hr recall
	Non-alcoholic fatty liver disease	Zhang et al.	2022	Prospective cohort	Adults
Ivancovsky-Wajcman et al.		2021	Cross-sectional	Adults	FFQ

Outcome	Author	Year	Stud design	Population	Exposure measurements
Obesity	Friden et al.	2022	Cross-sectional	Adults	FFQ
	Konieczna et al.	2022	Prospective cohort	Adults	FFQ
	Adams et al.	2015	Cross-sectional	Adults	24-hr recall
	Louzada et al.	2015	Cross-sectional	Adults	24-hr recall
	Silva et al.	2018	Cross-sectional	Adults	FFQ
	Juul et al.	2018	Cross-sectional	Adults	24-hr recall
	Nardocci et al.	2019	Cross-sectional	Adults	24-hr recall
Overweight	Nardocci et al.	2020	Cross-sectional	Adults	24-hr recall
	Rauber et al.	2020	Cross-sectional	Adults	24-hr recall
	Silveira et al.	2016	Cross-sectional	Adults	FFQ
	Silva et al.	2018	Cross-sectional	Adults	FFQ
Overweight/obesity	Juul et al.	2018	Cross-sectional	Adults	24-hr recall
	Nardocci et al.	2019	Cross-sectional	Adults	24-hr recall
	Adams et al.	2015	Cross-sectional	Adults	24-hr recall
	Louzada et al.	2015	Cross-sectional	Adults	24-hr recall
Type two diabetes	Sour et al.	2020	Prospective cohort	Adults	24-hr recall
	Levy et al.	2021	Prospective cohort	Adults	24-hr recall
	Llavero-Valero et al.	2021	Prospective cohort	Adults	FFQ

Outcome	Author	Year	Stud design	Population	Exposure measurements
	Duan et al.	2022	Prospective cohort	Adults	FFQ
	Chen (NHS - women only) et al.	2023	Prospective cohort	Adults	FFQ
	Chen (NHSII - women only) et al.	2023	Prospective cohort	Adults	FFQ

Note 24-hr call=twenty-four-hour dietary recall; FFQ=food frequency questionnaire

Supplementary table G. Summary of Included Adverse Health Outcomes and Their Reanalysed Associations with Ultra-Processed Food Exposure and Credibility Assessment

Outcome	Level of exposure comparison	Studies, <i>n</i>	Participants, <i>n</i>	Cases, <i>n</i>	Pooled effect size metric	Pooled effect size	95%CI	<i>P</i> value	<i>I</i> ²	95%PIs	Excess significance bias	Small-study effects	Largest study significance	Evidence Class
Mortality														
All-cause mortality ¹	Non-dose-response	7	287969	19827	RR	1.21	(1.15, 1.27)	<0.001	11.9	[1.11, 1.32]	sig.	sig.	sig.	II
All-cause mortality ¹	Dose-response	9	295651	35080	RR	1.02	(1.01, 1.03)	<0.001	45.6	[1.00, 1.05]	sig.	sig.	sig.	III
Cancer-related mortality ²	Non-dose-response	2	42203	641	HR	1.00	(0.81, 1.24)	0.98	0.0	na	na	na	ns	V
Cardiovascular disease-related mortality ¹	Non-dose-response	4	152779	4927	RR	1.50	(1.37, 1.63)	<0.001	0.0	[1.24, 1.81]	ns	ns	sig.	I
Cardiovascular disease-related mortality ¹	Dose-response	5	147961	7135	RR	1.05	(1.02, 1.08)	0.004	85.4	na	ns	ns	sig.	IV
Heart disease-related mortality ²	Non-dose-response	2	114366	4240	HR	1.66	(1.51, 1.84)	<0.001	75.5	na	na	na	sig.	II
Heart disease-related mortality ²	Dose-response	2	114366	4240	HR	1.18	(0.95, 1.47)	0.14	0.0	na	na	na	sig.	V
Cancer														
Breast cancer ³	Non-dose-response	6	284644	6220	OR	1.15	(0.99, 1.34)	0.06	45.8	[0.78, 1.69]	ns	sig.	ns	V

Outcome	Level of exposure comparison	Studies, <i>n</i>	Participants, <i>n</i>	Cases, <i>n</i>	Pooled effect size metric	Pooled effect size	95%CI s	<i>P</i> value	<i>I</i> ²	95%PIs	Excess significance bias	Small-study effects	Largest study significance	Evidence Class
Breast cancer ³	Dose-response	3	282684	5240	OR	1.03	(0.98, 1.09)	0.26	59.2	[0.56, 1.89]	ns	ns	ns	V
Cancer overall ⁴	Non-dose-response	7	825701	7004	HR	1.12	(1.06, 1.19)	<0.001	33.3	[0.98, 1.29]	ns	ns	ns	III
Central nervous system tumours ³	Non-dose-response	2	197558	328	OR	1.20	(0.87, 1.65)	0.27	68.2	na	na	na	sig.	V
Chronic lymphocytic leukemia ³	Non-dose-response	2	199086	448	OR	1.08	(0.80, 1.45)	0.62	0.0	na	na	na	ns	V
Colorectal cancer ³	Non-dose-response	7	723262	8405	OR	1.23	(1.10, 1.38)	<0.001	67.1	[0.88, 1.73]	ns	ns	ns	III
Colorectal cancer ³	Dose-response	5	720143	6881	OR	1.04	(1.01, 1.07)	0.01	55.9	[0.95, 1.14]	ns	ns	ns	IV
Pancreatic cancer ³	Non-dose-response	2	295691	773	OR	1.24	(0.85, 1.79)	0.26	59.5	na	na	na	ns	V
Prostate cancer ³	Non-dose-response	4	226370	6772	OR	1.02	(0.93, 1.12)	0.63	0.0	[0.84, 1.26]	ns	ns	ns	V
Prostate cancer ³	Dose-response	3	222460	4853	OR	0.99	(0.97, 1.02)	0.60	0.0	[0.83, 1.19]	ns	ns	ns	V
Mental Health														
Adverse sleep-related outcomes ⁵	Non-dose-response	2	102191	4804	OR	1.41	(1.24, 1.61)	<0.001	41.6	na	na	na	sig.	II

Outcome	Level of exposure comparison	Studies, <i>n</i>	Participants, <i>n</i>	Cases, <i>n</i>	Pooled effect size metric	Pooled effect size	95% CIs	<i>P</i> value	<i>I</i> ²	95% PIs	Excess significance bias	Small-study effects	Largest study significance	Evidence Class
Anxiety outcomes ⁶	Non-dose-response	4	101709	11711	OR	1.48	(1.37, 1.59)	<0.001	0.0	[1.26, 1.73]	ns	ns	sig.	I
Combined common mental disorder outcomes ⁶	Non-dose-response	6	185773	41948	OR	1.53	(1.43, 1.63)	<0.001	9.1	[1.36, 1.72]	ns	ns	sig.	I
Depressive outcomes ⁶	Non-dose-response	2	41637	2995	HR	1.22	(1.16, 1.28)	<0.001	0.0	na	na	na	sig.	II
Respiratory Health														
Asthma ⁷	Non-dose-response	2	111294	14037	RR	1.20	(0.99, 1.46)	0.07	36.1	na	na	na	sig.	V
Wheezing ⁷	Non-dose-response	2	111294	25590	RR	1.40	(1.27, 1.55)	<0.001	7.6	na	na	na	sig.	II
Cardiovascular Health														
Cardiovascular disease events combined (morbidity + mortality) ¹	Non-dose-response	6	269136	8235	RR	1.35	(1.18, 1.54)	<0.001	62.1	[0.93, 1.96]	ns	ns	sig.	III
Cardiovascular disease events combined (morbidity + mortality) ¹	Dose-response	8	289077	11054	RR	1.04	(1.02, 1.06)	<0.001	75.9	[0.99, 1.10]	ns	ns	sig.	III

Outcome	Level of exposure comparison	Studies, <i>n</i>	Participants, <i>n</i>	Cases, <i>n</i>	Pooled effect size metric	Pooled effect size	95%CI s	<i>P</i> value	<i>I</i> ²	95%PIs	Excess significance bias	Small-study effects	Largest study significance	Evidence Class
Cardiovascular disease morbidity ¹	Non-dose-response	2	116357	3308	RR	1.20	(1.09, 1.33)	<0.001	0.0	na	na	na	sig.	III
Cardiovascular disease morbidity ¹	Dose-response	2	117298	3308	RR	1.04	(1.02, 1.06)	<0.001	0.0	na	na	na	sig.	III
Hypertension ⁸	Non-dose-response	9	111594	13386	OR	1.23	(1.11, 1.37)	<0.001	52.0	[0.92, 1.64]	sig.	ns	ns	III
Hypertriglyceridaemia ⁹	Non-dose-response	2	1113	392	OR	0.95	(0.60, 1.50)	0.82	0.0	na	na	na	ns	V
Low high-density lipoprotein concentration ⁹	Non-dose-response	2	1113	475	OR	2.02	(1.27, 3.21)	0.003	0.0	na	na	na	sig.	IV
Gastrointestinal Health														
Crohn's disease ¹⁰	Non-dose-response	4	962593	889	HR	1.71	(1.37, 2.14)	<0.001	0.0	[1.04, 2.80]	ns	ns	ns	IV
Ulcerative colitis ¹⁰	Non-dose-response	4	962593	1886	HR	1.17	(0.86, 1.61)	0.32	73.9	[0.30, 4.59]	ns	ns	ns	V
Metabolic Health														
Abdominal obesity ¹¹	Non-dose-response	4	31749	13928	OR	1.41	(1.18, 1.68)	<0.001	62.3	[0.70, 2.87]	sig.	ns	sig.	III
Abdominal obesity ¹¹	Dose-response	6	66235	17011	OR	1.05	(1.02, 1.07)	<0.001	76.5	[0.98, 1.12]	ns	ns	sig.	III

Outcome	Level of exposure comparison	Studies, <i>n</i>	Participants, <i>n</i>	Cases, <i>n</i>	Pooled effect size metric	Pooled effect size	95% CIs	<i>P</i> value	<i>I</i> ²	95% PIs	Excess significance bias	Small-study effects	Largest study significance	Evidence Class
Hyperglycaemia ⁹	Non-dose-response	2	1113	511	OR	1.10	(0.34, 3.52)	0.87	67.4	na	na	na	sig.	V
Metabolic syndrome ¹²	Non-dose-response	9	23500	8998	RR	1.25	(1.09, 1.42)	0.001	85.0	[0.84, 1.85]	sig.	sig.	sig.	IV
Non-alcoholic fatty liver disease ¹³	Non-dose-response	4	23110	9057	RR	1.23	(1.03, 1.46)	0.02	89.9	[0.59, 2.57]	sig.	ns	sig.	IV
Obesity ¹¹	Non-dose-response	7	96485	21241	OR	1.55	(1.36, 1.77)	<0.001	54.8	[1.06, 2.26]	sig.	ns	sig.	II
Obesity ¹¹	Dose-response	7	80064	15769	OR	1.07	(1.03, 1.11)	0.001	88.4	[0.95, 1.21]	sig.	sig.	ns	III
Overweight ¹¹	Non-dose-response	4	44820	21927	OR	1.36	(1.14, 1.63)	0.001	72.6	[0.65, 2.87]	ns	ns	ns	III
Overweight ¹¹	Dose-response	2	24954	14530	OR	1.06	(1.03, 1.10)	0.001	54.2	na	na	na	sig.	III
Overweight + obesity ¹¹	Non-dose-response	2	32417	13791	OR	1.29	(1.05, 1.58)	0.02	0.0	na	na	na	ns	IV
Overweight + obesity ¹¹	Dose-response	3	15152	4302	OR	1.03	(1.01, 1.06)	0.005	38.9	[0.84, 1.28]	ns	ns	sig.	IV
Type two diabetes ¹⁴	Non-dose-response	7	415554	21932	OR	1.40	(1.23, 1.59)	<0.001	88.1	[0.91, 2.13]	sig.	ns	sig.	II
Type two diabetes ¹⁴	Dose-response	7	415554	21932	RR	1.12	(1.11, 1.13)	<0.001	2.2	[1.10, 1.14]	ns	ns	sig.	I

Note 95% CIs, ninety-five percent confidence intervals; 95% PIs, ninety-five percent prediction intervals; HR, hazard ratio; *I*², I-squared statistic; na, not applicable; ns, non-significant; *n*, number; OR, odds ratio; *P* value, probability value; RR, risk ratio; sig., significant. Evidence class criteria—class I: statistical significance at *P* < 10⁻⁶, >1000 cases (or >20,000 participants for continuous outcomes); the 95% prediction interval

excluded the null, no large heterogeneity ($I^2 < 50\%$), no evidence of small-study effects and excess significance bias; class II: significance at $P < 10^{-6}$, >1000 cases (or $>20,000$ participants for continuous outcomes), the largest component study reported a significant effect ($P \leq 0.05$); class III: statistical significance at $P < 10^{-3}$, >1000 cases (or $>20,000$ participants for continuous outcomes); class IV: the remaining significant associations at $P \leq 0.05$; and, class V: $P > 0.05$.

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