

**Aspirin and non-aspirin NSAID use and occurrence of colorectal adenoma in
Black American women**

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Supplemental Table 1. Odds ratios for the association between aspirin use and incident colorectal adenoma. ^a

Aspirin use	Adenoma cases	Lower Endoscopies ^b	Age-adjusted OR (95% CI)	MV-adjusted OR (95% CI) ^c
Non-use ^d	399	24,659	1.00 (ref)	1.00 (ref)
Ever use	454	28779	0.86 (0.75-1.00)	0.88 (0.76-1.02)
Past	201	13108	0.86 (0.72-1.03)	0.88 (0.74-1.05)
Current	253	15671	0.87 (0.73-1.02)	0.89 (0.75-1.05)
Duration of use				
<5 years	215	14,010	0.88 (0.74-1.04)	0.89 (0.75-1.06)
5-9 years	122	7,386	0.89 (0.72-1.10)	0.91 (0.73-1.12)
≥10 years	110	6,355	0.86 (0.69-1.08)	0.88 (0.70-1.10)
Per 5-year increase in duration			0.95 (0.87-1.03)	0.96 (0.88-1.04)

OR, Odds ratio; CI, Confidence interval; MV, Multivariable.

^a Incident colorectal adenomas were defined as any adenoma occurring among study participants who reported ≥2 lower endoscopies and were adenoma-free at the first lower endoscopy.

^b Total number of lower endoscopies among the 23,228 participants with at least two lower endoscopies reported. Some participants reported more than two lower endoscopies over the study period.

^c Odds ratios adjusted for age (continuous), family history of colorectal cancer (yes, no), smoking status (never, past, current), alcohol consumption (non-current, current 1-6, current ≥7 drinks/week), vigorous exercise (none, <5, ≥5 hours/week), red meat consumption (quartiles), type 2 diabetes (yes, no), and postmenopausal hormone use (yes, no).

^d Non-users are defined as participants who did not report regular aspirin use during the study period.

Supplemental Table 2. Odds ratios for the association between ever aspirin use vs. non-use and colorectal adenoma, according to strata of age, BMI, smoking status, and type 2 diabetes.

Stratifying variables	Adenoma cases		MV-adjusted OR (95% CI) ^b
	Ever use	Non-use ^a	
Age			
<50 years	138	359	0.88 (0.71-1.08)
≥50 years	688	679	0.87 (0.78-0.97)
BMI			
<25	113	251	0.69 (0.54-0.88)
25-29	292	357	0.91 (0.77-1.08)
30-35	209	228	0.93 (0.77-1.14)
≥35	209	192	0.90 (0.72-1.12)
Smoking status			
Never	444	602	0.90 (0.79-1.03)
Past	283	296	0.90 (0.75-1.07)
Current	99	140	0.66 (0.50-0.87)
Type 2 diabetes			
No	633	952	0.83 (0.75-0.93)
Yes	193	86	1.05 (0.80-1.38)

BMI, Body mass index; MV, Multivariable; OR, Odds ratio; CI, Confidence interval.

^a Non-users are defined as participants who did not report regular aspirin use during the study period.

^b Odds ratios adjusted for age (continuous), family history of colorectal cancer (yes, no), smoking status (never, past, current), alcohol consumption (non-current, current 1-6, current ≥7 drinks/week), vigorous exercise (none, <5, ≥5 hours/week), red meat consumption (quartiles), type 2 diabetes (yes, no), and postmenopausal hormone use (yes, no).

Supplemental Table 3. Odds ratios for the association between non-aspirin NSAID use and colorectal adenoma, 2009-2018.

Non-aspirin NSAID use	Adenoma cases	Lower Endoscopies^a	Age-adjusted OR (95% CI)	MV-adjusted OR (95% CI)^b
Non-use ^c	572	29,217	1.00 (ref)	1.00 (ref)
Ever	244	12,307	1.02 (0.87-1.18)	1.02 (0.87-1.19)
Past	97	5,101	0.98 (0.79-1.22)	0.99 (0.79-1.23)
Current	147	7,206	1.04 (0.87-1.25)	1.04 (0.86-1.25)
Duration of use				
1-2 years	152	7,885	0.98 (0.82-1.18)	0.99 (0.83-1.19)
3-4 years	60	2,944	1.05 (0.80-1.37)	1.04 (0.80-1.36)
≥5 years	32	1,451	1.14 (0.80-1.63)	1.12 (0.78-1.61)
Per 1-year increase			1.01 (0.96-1.06)	1.01 (0.96-1.06)

NSAID, Non-steroidal anti-inflammatory drugs; OR, Odds ratio; CI, Confidence interval; MV, Multivariable.

^a Total number of lower endoscopies among the 25,142 participants with at least one lower endoscopy reported after 2009. Some participants reported more than one lower endoscopy over the study period.

^b Odds ratios adjusted for age (continuous), family history of colorectal cancer (yes, no), smoking status (never, past, current), alcohol consumption (non-current, current 1-6, current ≥7 drinks/week), vigorous exercise (none, <5, ≥5 hours/week), red meat consumption (quartiles), type 2 diabetes (yes, no), and postmenopausal hormone use (yes, no).

^c Non-users are defined as participants who did not report regular aspirin use during the study period.