Sensitivity analyses

| Web Table 1. The association between lung function and mortality: analyses using FEV ₁ |
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| percentage predicted, Whitehall II study, United Kingdom, 2002-2010 |

| Adjustment | HR* | 95% CI | % reduction [†] |
|---|------|-----------|--------------------------|
| Model 1: adjusted for age and sex | 1.55 | 1.11-2.17 | |
| Model 2: Model 1 + smoking history [‡] | 1.47 | 1.05-2.07 | 12.1 |
| Model 3: Model 2 + socioeconomic position | 1.45 | 1.03-2.04 | 3.6 |
| Model 4: Model 2 + other health behaviors [§] + BMI | 1.38 | 0.98-1.95 | 16.4 |
| Model 5: Model 2 + blood cholesterol, systolic and diastolic blood pressure | 1.44 | 1.02-2.02 | 5.4 |
| Model 6: Model 2 + chronic diseases [#] | 1.37 | 0.97-1.93 | 18.3 |
| Model 7: Model 2 + inflammatory markers** | 1.29 | 0.91-1.82 | 33.9 |
| Model 8: fully-adjusted | 1.21 | 0.85-1.72 | 50.5 |

^a HR comparing participants in the lower tertile of FEV₁ percentage predicted to those in the top two tertiles.

^b% reduction comparing Model 2 to Model 1 and then Models 3 to 8 to Model 2 ^c Smoking history constituted using smoking status measured from 1985/88 to 2002/04 and current amount of tobacco smoked in 2002/04.

^d Alcohol consumption, physical activity, fruit and vegetable consumption.

^e Diabetes, Coronary Heart Disease and self-reported stroke.

| Adjustment | Hazard Ratio ^a | 95% Confidence Interval | % reduction ^b |
|---|------------------------------|-------------------------------|-----------------------------|
| Model 1: adjusted for age and sex | 1.99 | 1.17-2.28 | |
| Model 2: Model 1 + socioeconomic position | 2.01 | 1.17-3.47 | -0.0 |
| Model 3: Model 1 + health behaviors ^c + BMI | 1.83 | 1.07-3.15 | 12.2 |
| Model 4: Model 1 + blood cholesterol, systolic and diastolic blood pressure | 1.92 | 1.12-3.29 | 5.2 |
| Model 5: Model 1 + chronic diseases ^d | 1.84 | 1.07-3.17 | 11.4 |
| Model 6: Model 1 + inflammatory markers ^e | 1.81 | 1.05-3.11 | 13.8 |
| Model 7: fully-adjusted | 1.64 | 0.94-2.88 | 28.1 |

Web Table S2. The association between lung function and mortality: analyses in **never smokers**, Whitehall II study, United Kingdom, 2002-2010 (N deaths/N = 59/2422)

^a HR comparing participants in the lower sex-specific tertile of forced expiratory volume/height² to those in the top two tertiles. ^b % reduction comparing Models 2 to 7 to Model 1 ^c Alcohol consumption, physical activity, fruit and vegetable consumption ^dDiabetes, Coronary Heart Disease and self-reported stroke

| Adjustment | Hazard Ratio ^b | 95% Confidence Interval | % reduction ^c |
|---|------------------------------|-------------------------------|-----------------------------|
| Model 1: adjusted for age and sex | 1.93 | 1.34-2.78 | |
| Model 2: Model 1 + smoking history ^d | 1.87 | 1.30-2.70 | 4.8 |
| Model 3: Model 2 + socioeconomic position | 1.84 | 1.28-2.67 | 2.6 |
| Model 4: Model 2 + other health behaviors ^e + BMI | 1.78 | 1.23-2.57 | 7.9 |
| Model 5: Model 2 + blood cholesterol, systolic and diastolic blood pressure | 1.83 | 1.27-2.65 | 3.5 |
| Model 6: Model 2 + chronic diseases ^{f} | 1.73 | 1.19-2.50 | 12.4 |
| Model 7: Model 2 + inflammatory markers ^g | 1.64 | 1.13-2.37 | 21.0 |
| Model 8: fully-adjusted | 1.55 | 1.06-2.26 | 30.0 |

Web Table 3. The association between lung function and mortality: analyses in participants without a history of asthma^a, Whitehall II study, United Kingdom, 2002-2010 (N deaths/N = 130/4336)

^a History of asthma was assessed using self-reported asthma.

^b HR comparing participants in the lower sex-specific tertile of forced expiratory volume/height² to those in the top two tertiles.

^c% reduction comparing Model 2 to Model 1 and then Models 3 to 8 to Model 2

^d Smoking history constituted using smoking status measured from 1985/88 to 2002/04 and current amount of tobacco smoked in 2002/04.

^eAlcohol consumption, physical activity, fruit and vegetable consumption.

^f Diabetes, Coronary Heart Disease and self-reported stroke.

Web Table 4. The association between lung function and mortality: analyses stratified by FEV/FVC ratio level, Whitehall II study, United Kingdom, 2002-2010

| v | Participants with FEV/FVC<70% (N deaths/N =36/721) | | Participants with FEV/FV (N deaths/N = 103/4 | | | |
|---|---|-------------------------------|---|------------------------------|-------------------------------|-----------------------------|
| Adjustment | Hazard Ratio ^a | 95% Confidence Interval | % reduction ^b | Hazard Ratio ^a | 95% Confidence Interval | % reduction ^b |
| Model 1: adjusted for age and sex | 1.62 | 0.66-3.99 | | 1.80 | 1.20-2.70 | |
| Model 2: Model 1 + smoking history ^c | 1.69 | 0.68-4.18 | -8.8 | 1.78 | 1.18-2.66 | 1.9 |
| Model 3: Model 2 + socioeconomic position | 1.71 | 0.69-4.25 | -2.2 | 1.73 | 1.15-2.61 | 4.9 |
| Model 4: Model 2 + other health behaviors ^{d} + BMI | 1.26 | 0.49-3.21 | 56.0 | 1.65 | 1.10-2.49 | 13.2 |
| Model 5: Model 2 + blood cholesterol, systolic and diastolic blood pressure | 1.58 | 0.63-3.95 | 12.8 | 1.73 | 1.15-2.60 | 4.9 |
| Model 6: Model 2 + chronic diseases ^e | 1.54 | 0.62-3.86 | 17.7 | 1.64 | 1.09-2.48 | 14.2 |
| Model 7: Model 2 + inflammatory markers ^f | 1.24 | 0.48-3.19 | 59.0 | 1.55 | 1.02-2.33 | 24.0 |
| Model 8: fully-adjusted | 1.09 | 0.41-2.85 | 83.6 | 1.43 | 0.94-2.19 | 38.0 |

^a HR comparing participants in the lower sex-specific tertile of forced expiratory volume/height² to those in the top two tertiles.
^b % reduction comparing Model 2 to Model 1 and then Models 3 to 8 to Model 2
^c Smoking history constituted using smoking status measured from 1985/88 to 2002/04 and current amount of tobacco smoked in 2002/04.
^d Alcohol consumption, physical activity, fruit and vegetable consumption.
^e Diabetes, Coronary Heart Disease and self-reported stroke.

| Adjustment | Hazard Ratio ^b | 95% Confidence Interval | % reduction ^c |
|---|------------------------------|-------------------------------|-----------------------------|
| Model 1: adjusted for age and sex | 1.92 | 1.18-3.14 | |
| Model 2: Model 1 + smoking history ^d | 1.86 | 1.14-3.04 | 4.9 |
| Model 3: Model 2 + socioeconomic position | 1.84 | 1.12-3.01 | 1.7 |
| Model 4: Model 2 + other health behaviors ^e + BMI | 1.78 | 1.08-2.92 | 7.1 |
| Model 5: Model 2 + blood cholesterol, systolic and diastolic blood pressure | 1.85 | 1.13-3.02 | 0.9 |
| Model 6: Model 2 + chronic diseases f | 1.86 | 1.13-3.04 | 0.0 |
| Model 7: Model 2 + inflammatory markers ^g | 1.64 | 0.99-2.71 | 20.3 |
| Model 8: fully-adjusted | 1.67 | 1.00-2.78 | 17.4 |

Web Table 5. The association between lung function and mortality: analyses **excluding those in the lowest tertile of the fat-free-mass distribution**^a, Whitehall II study, United Kingdom, 2002-2010 (N deaths/N = 71/2842)

^a Fat-free mass (kg) was assessed during the clinical examination using bioimpedance scales (N with available data = 4253).

^b HR comparing participants in the lower sex-specific tertile of forced expiratory volume/height² to those in the top two tertiles.

[°]% reduction comparing Model 2 to Model 1 and then Models 3 to 8 to Model 2

^d Smoking history constituted using smoking status measured from 1985/88 to 2002/04 and current amount of tobacco smoked in 2002/04.

^eAlcohol consumption, physical activity, fruit and vegetable consumption.

^fDiabetes, Coronary Heart Disease and self-reported stroke.

Web Table 6. The association between lung function and mortality: analyses stratified by BMI categories, Whitehall II study, United Kingdom, 2002-2010

| | Participants with BMI<30 kg/m ² (N deaths/N =101/3976) | | | Participants with BMI \geq 30 kg/m ² (N deaths/N = 38/841) | | • |
|---|--|-------------------------------|-----------------------------|--|-------------------------------|-----------------------------|
| Adjustment | Hazard Ratio ^a | 95% Confidence Interval | % reduction ^b | Hazard Ratio ^a | 95% Confidence Interval | % reduction ^b |
| Model 1: adjusted for age and sex | 1.83 | 1.22-2.77 | | 1.99 | 1.01-3.92 | |
| Model 2: Model 1 + smoking history ^c | 1.72 | 1.14-2.61 | 10.3 | 1.96 | 0.99-3.87 | 2.2 |
| Model 3: Model 2 + socioeconomic position | 1.65 | 1.08-2.50 | 7.7 | 2.05 | 1.04-4.07 | -6.7 |
| Model 4: Model 2 + other health behaviors ^d + BMI | 1.64 | 1.08-2.49 | 8.8 | 1.88 | 0.94-3.75 | 6.2 |
| Model 5: Model 2 + blood cholesterol, systolic and diastolic blood pressure | 1.67 | 1.10-2.54 | 5.4 | 1.92 | 0.96-3.82 | 3.1 |
| Model 6: Model 2 + chronic diseases ^e | 1.62 | 1.06-2.47 | 11.0 | 1.83 | 0.92-3.64 | 10.2 |
| Model 7: Model 2 + inflammatory markers ^f | 1.54 | 1.01-2.34 | 20.4 | 1.69 | 0.84-3.43 | 22.0 |
| Model 8: fully-adjusted | 1.40 | 0.91-2.15 | 38.0 | 1.66 | 0.80-3.45 | 24.7 |

^a HR comparing participants in the lower sex-specific tertile of forced expiratory volume/height² to those in the top two tertiles.
^b % reduction comparing Model 2 to Model 1 and then Models 3 to 8 to Model 2
^c Smoking history constituted using smoking status measured from 1985/88 to 2002/04 and current amount of tobacco smoked in 2002/04.
^d Alcohol consumption, physical activity, fruit and vegetable consumption.
^e Diabetes, Coronary Heart Disease and self-reported stroke.

Web Table 7. The association between lung function and mortality: **analyses excluding deaths from respiratory diseases (N=2) and lung cancer (N=1) in the first 2 years of follow-up,** Whitehall II study, United Kingdom, 2002-2010 (N deaths/N = 136/4814)

| Adjustment | Hazard Ratio ^a | 95% Confidence Interval | % reduction ^b |
|---|------------------------------|-------------------------------|-----------------------------|
| Model 1: adjusted for age and sex | 1.88 | 0.82-1.66 | |
| Model 2: Model 1 + smoking history ^c | 1.81 | 1.27-2.59 | 6.0 |
| Model 3: Model 2 + socioeconomic position | 1.79 | 1.25-2.56 | 1.9 |
| Model 4: Model 2 + other health behaviors ^d + BMI | 1.70 | 1.19-2.43 | 10.7 |
| Model 5: Model 2 + blood cholesterol, systolic and diastolic blood pressure | 1.77 | 1.24-2.53 | 3.8 |
| Model 6: Model 2 + chronic diseases ^e | 1.68 | 1.17-2.41 | 12.6 |
| Model 7: Model 2 + inflammatory markers ^f | 1.57 | 1.09-2.26 | 24.0 |
| Model 8: fully-adjusted | 1.47 | 0.72-1.79 | 35.1 |

^a HR comparing participants in the lower sex-specific tertile of forced expiratory volume/height² to those in the top two tertiles.

^b% reduction comparing Model 2 to Model 1 and then Models 3 to 8 to Model 2

^c Smoking history constituted using smoking status measured from 1985/88 to 2002/04 and current amount of tobacco smoked in 2002/04.

^d Alcohol consumption, physical activity, fruit and vegetable consumption.

^e Diabetes, Coronary Heart Disease and self-reported stroke.

| Adjustment | Hazard Ratio ^a | 95% Confidence Interval | % reduction ^b |
|---|------------------------------|-------------------------------|-----------------------------|
| Model 1: adjusted for age and sex | 1.90 | 1.30-2.78 | |
| Model 2: Model 1 + smoking history ^c | 1.83 | 1.25-2.68 | 5.8 |
| Model 3: Model 2 + socioeconomic position | 1.80 | 1.23-2.65 | 2.7 |
| Model 4: Model 2 + other health behaviors ^{d} + BMI | 1.73 | 1.18-2.55 | 9.3 |
| Model 5: Model 2 + blood cholesterol, systolic and diastolic blood pressure | 1.78 | 1.22-2.62 | 4.6 |
| Model 6: Model 2 + chronic diseases ^e | 1.68 | 1.15-2.48 | 14.2 |
| Model 7: Model 2 + inflammatory markers ^f | 1.62 | 1.10-2.38 | 20.2 |
| Model 8: fully-adjusted | 1.51 | 0.71-1.87 | 31.8 |

Web Table 8. The association between lung function and mortality: **analyses excluding participants with CRP level greater than 10 mg/L on the day of the clinical examination**, Whitehall II study, United Kingdom, 2002-2010 (N deaths/N = 129/4657)

^a HR comparing participants in the lower sex-specific tertile of forced expiratory volume/height² to those in the top two tertiles.

^b% reduction comparing Model 2 to Model 1 and then Models 3 to 8 to Model 2

^c Smoking history constituted using smoking status measured from 1985/88 to 2002/04 and current amount of tobacco smoked in 2002/04.

^d Alcohol consumption, physical activity, fruit and vegetable consumption.

^e Diabetes, Coronary Heart Disease and self-reported stroke.