| Web Table 1. Characteristics of previously published studies of CRP and ovarian cancer risk | | | | | | |
|---|---|---|---|---|---|---|
| **Reference** | **Study population** | **N cases/N controls** | **Serum or plasma** | **Assay** | **Tertile cutpoints (mg/L)** | **Analysis/Adjustment Factors** |
| McSorley et al., 2007 | CLUE, CLUE II, the Columbia, MO serum bank, the Island of Guernsey Prospective Study | 166 invasive cases/335 controls | Serum (except CLUE II, which used plasma) | High sensitivity ELISA | Not provided; manuscript notes that study-specific tertiles were used. | Unconditional logistic regression, adjusted for age, race, menopausal status, time since last menstrual period (among pre-menopausal women), current post-menopausal hormone use, date and time of day of blood draw, and study |
| Lundin et al., 2009 | New York University Women's Health Study (NYUWHS), Northern Swedish Health and Disease Study (NSHDS), Study of Hormones and Diet in the Etiology of Breast Cancer (ORDET) | 237 cases/427 controls | Serum (except NSHDS, which used plasma) | High sensitivity immunoturbidometric assay | NSHDS:<br>1 <0.84<br>2 0.85-2.06<br>3 ≥2.07<br>NYUWHS:<br>1 <1.17<br>2 1.18-2.94<br>3 ≥2.95<br>ORDET:<br>1 <0.91<br>2 0.92-1.96<br>3 ≥1.97 | Conditional logistic regression, adjusted for body mass index |
| Toriola et al., 2011 | Finnish Maternity Cohort | 140 cases/170 controls | Serum | High sensitivity immunoturbidometric assay | 1 <1.6<br>2 1.6-≤3.9<br>3 >3.9 | Conditional logistic regression, adjusted for age at first full-term pregnancy |
| Present study | Nurses' Health Study | 376 cases NHS/NHSII | Plasma | High sensitivity immunoturbidometric | NHS/NHSII:<br>1 <0.72 | NHS: Unconditional logistic regression, |

| | | | | | | |
|---|---|---|---|---|---|---|
| | (NHS/NHSII) Women's Health Study (WHS) | had 513 controls; WHS measured CRP in all participant who gave blood (N=28,345) | | assay | 2 0.72-<2.36<br>3 ≥2.36<br>WHS<br>1 <1.15<br>2 1.15-3.38<br>3 ≥3.39 | adjusting for matching factors (age at blood draw, date and time of day of blood draw, fasting status, menopause status at diagnosis and blood draw, post-menopausal hormone use at blood draw), BMI, duration of OC use, tubal ligation, and parity<br>WHS: Cox proportional hazards regression, adjusting for age, randomization, BMI, duration of OC use, tubal ligation, and parity |

**Web Table 2. Associations between quartiles of CRP and ovarian cancer risk, excluding cases in various timepoints between blood draw and diagnosis**

**Excluding cases diagnosed within 2 years**

| CRP | NHS N=191 cases | WHS N=142 cases | Combined RR (95% CI)[a] N=333 cases | p-het[b] |
|---|---|---|---|---|
| Quartile 1 | 1.00 | 1.00 | **1.00** (ref.) | |
| Quartile 2 | 1.10 | 1.47 | **1.26** (0.88, 1.81) | 0.43 |
| Quartile 3 | 0.94 | 1.84 | **1.32** (0.68, 2.54) | 0.08 |
| Quartile 4 | 1.23 | 1.68 | **1.44** (0.97, 2.14) | 0.44 |

**Excluding cases diagnosed within 5 years**

| | NHS N=164 cases | WHS N=107 cases | Combined RR (95% CI)[a] N=271 | p-het[b] |
|---|---|---|---|---|
| Quartile 1 | 1.00 | 1.00 | **1.00** (ref.) | |
| Quartile 2 | 1.11 | 1.56 | **1.29** (0.87, 1.91) | 0.41 |
| Quartile 3 | 0.94 | 1.95 | **1.34** (0.66, 2.74) | 0.08 |
| Quartile 4 | 1.19 | 1.69 | **1.39** (0.89, 2.16) | 0.44 |

**Excluding cases diagnosed within 10 years**

| | NHS N=106 cases | WHS N=53 cases | Combined RR (95% CI)[a] N=159 | p-het[b] |
|---|---|---|---|---|
| Quartile 1 | 1.00 | 1.00 | **1.00** (ref.) | |
| Quartile 2 | 1.21 | 1.90 | **1.41** (0.84, 2.36) | 0.41 |
| Quartile 3 | 0.82 | 3.09 | **1.55** (0.42, 5.69) | **0.02** |
| Quartile 4 | 1.35 | 1.71 | **1.46** (0.82, 2.60) | 0.71 |

[a]Relative risks and 95% confidence intervals determined by random effects meta-analysis of estimates from the NHS/NHSII nested case-control study and the WHS Cox proportional hazards model and adjusting for matching factors (NHS/NHSII only), oral contraceptive use (never, <5 yrs, 5+ yrs), tubal ligation (yes vs. no), parity (continuous), and BMI at blood draw (continuous)

[b]Determined using random effects meta-analysis comparing risk estimates across studies.