

## **SUPPLEMENTAL MATERIAL**

## **Supplemental Methods**

### **Nurses' Health Study Cohort**

Controls were selected from eligible participants and individually matched to the index case at blood collection by: age (2 years), ancestry (Caucasian/ African American/ Asian/ Hispanic/ Other/ Unknown), smoking (current/ past/ never), menopausal status, hormone therapy (yes/ no) and date of sample collection (+/-3 months, +/-3 years for 13 controls).

### **Blood Sample Assays**

CRP was assayed using a latex-enhanced immunonephelometric assay on a BN II analyzer (Dade-Behring, Newark, DE) with a mean intra-assay CV of 2%. Total cholesterol was measured enzymatically, with a mean intra-assay CV 4%. HDL-C concentration was determined using a direct enzymatic colorimetric assay, with a mean intra-assay CV of 3%. LDL-C was determined by a homogenous direct method from Roche Diagnostics (Indianapolis, IN) with a mean intra-assay CV of 3%. HbA<sub>1c</sub> levels were determined on an analyzer (Hitachi, 911) based on turbidimetric immunoinhibition using packed red blood cells (Roche Diagnostics) with an mean intra-assay CV of 1.2%.

### **Statistical Analysis**

We estimated 3 multivariable models: Model 1 adjusted for matching factors (age, menopausal status, hormone use and smoking status), Model 2 additionally adjusted for BMI (<18.5, 18.5-24.9, 25-29.9,  $\geq 30$  kg/m<sup>2</sup>), physical activity (METs/wk-tertiles), aspirin use (<1 tablet/wk, 1-5 tablets/wk,  $\geq 6$  tablets/wk), alcohol consumption (0, >0-4.9, 5-14.9,  $\geq 15$  g/d), Alternative Healthy Eating Index 2010<sup>1</sup> (aHEI 2010-score based on a diet low in trans fat, red and processed meats, sodium, and high in fruits and vegetables, nuts and legumes, polyunsaturated fats and whole grains) and Model 3 adjusted for all prior covariates in addition to history of diabetes (yes/no), high blood pressure (yes/no), and CHD or revascularization (yes/no), HbA<sub>1c</sub>, and total/HDL-C as an exploratory analysis. Physical activity, diet, hormonal status and chronic disease outcomes (hypertension, diabetes and CHD or revascularization) have been previously validated in this or similar populations.<sup>2-5</sup>

## References:

1. Chiuve S, Fung T, Rimm E, Hu F, McCullough M, Wang M, et al. Alternative diet quality indices and risk of selected major chronic disease. *Journal of Nutrition*. 2012:in press.
2. Colditz GA, Martin P, Stampfer MJ, Willett WC, Sampson L, Rosner B, et al. Validation of questionnaire information on risk factors and disease outcomes in a prospective cohort study of women. *Am J Epidemiol*. 1986;123:894-900.
3. Colditz GA, Stampfer MJ, Willett WC, Stason WB, Rosner B, Hennekens CH, et al. Reproducibility and validity of self-reported menopausal status in a prospective cohort study. *Am J Epidemiol*. 1987;126:319-325.
4. Wolf AM, Hunter DJ, Colditz GA, Manson JE, Stampfer MJ, Corsano KA, et al. Reproducibility and validity of a self-administered physical activity questionnaire. *Int J Epidemiol*. 1994;23:991-999.
5. Willett WC, Sampson L, Browne ML, Stampfer MJ, Rosner B, Hennekens CH, et al. The use of a self-administered questionnaire to assess diet four years in the past. *Am J Epidemiol*. 1988;127:188-199.