Appendix 4:

Supplementary Figures

(posted as supplied by authors)

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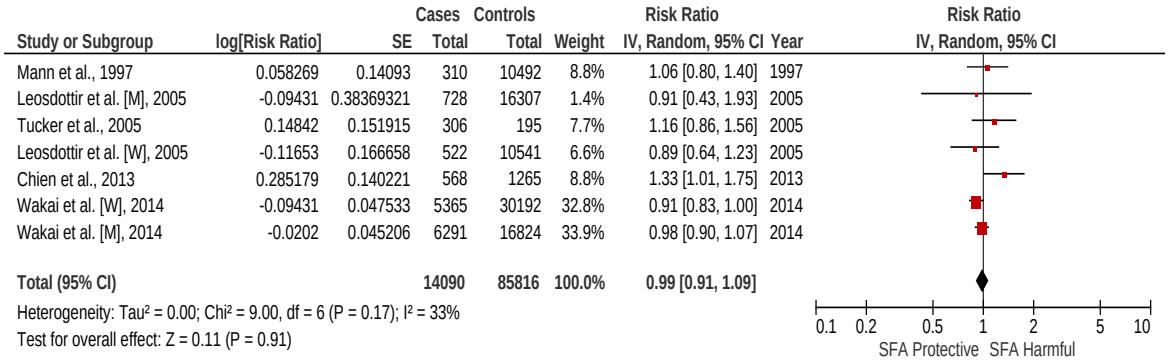

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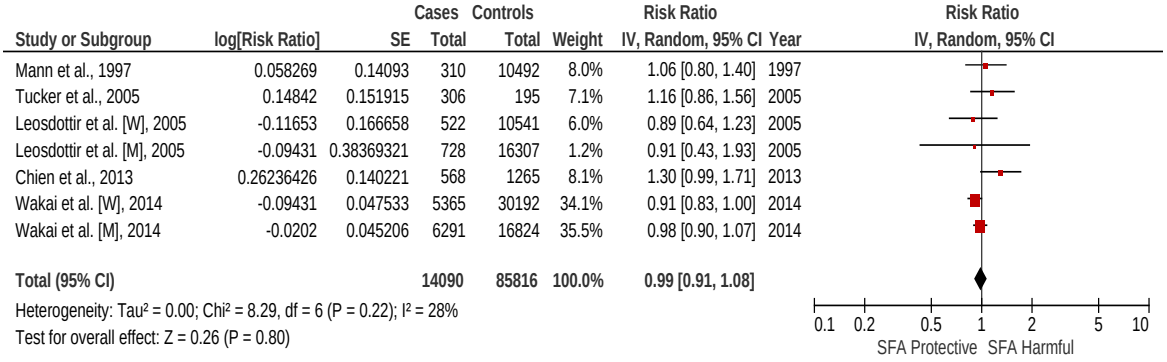

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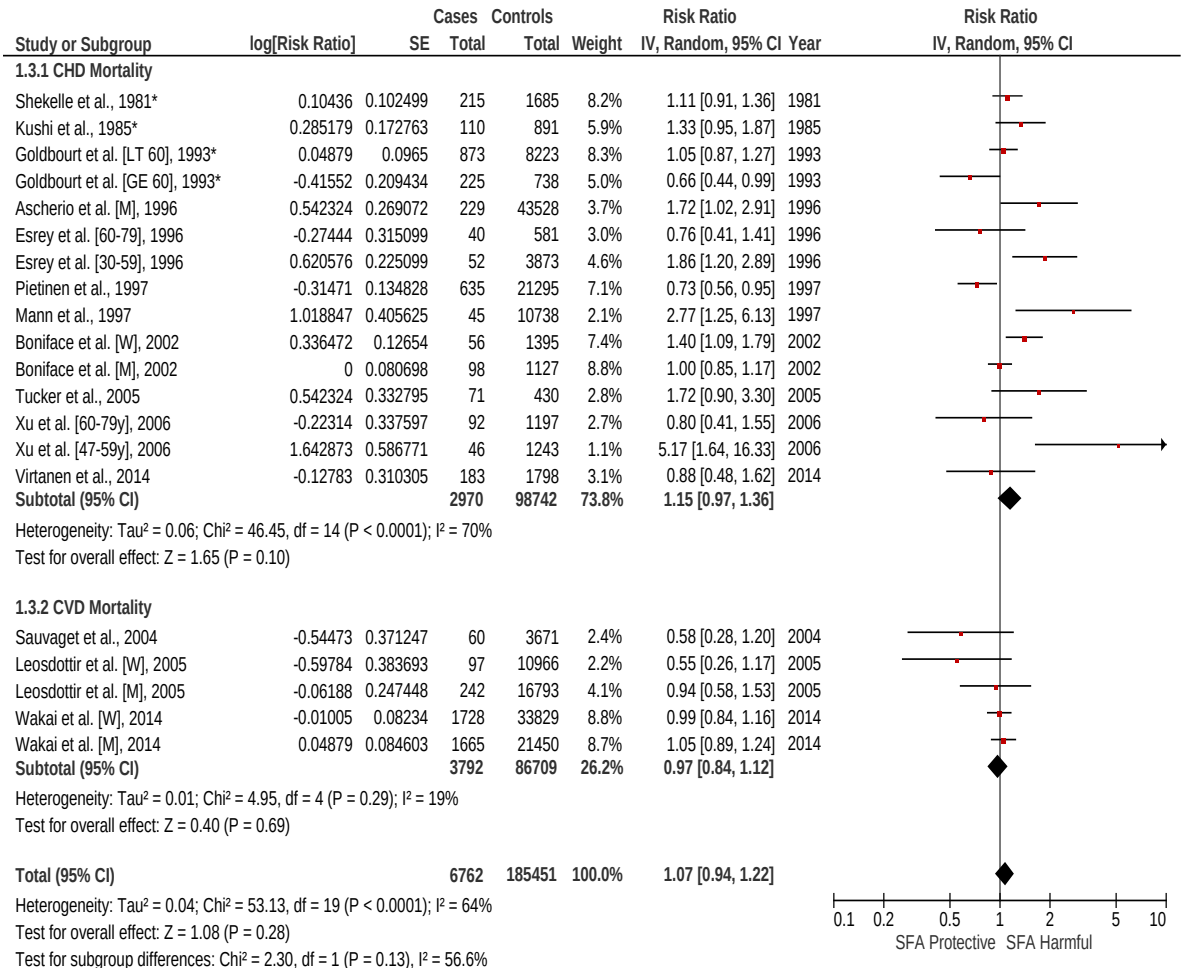

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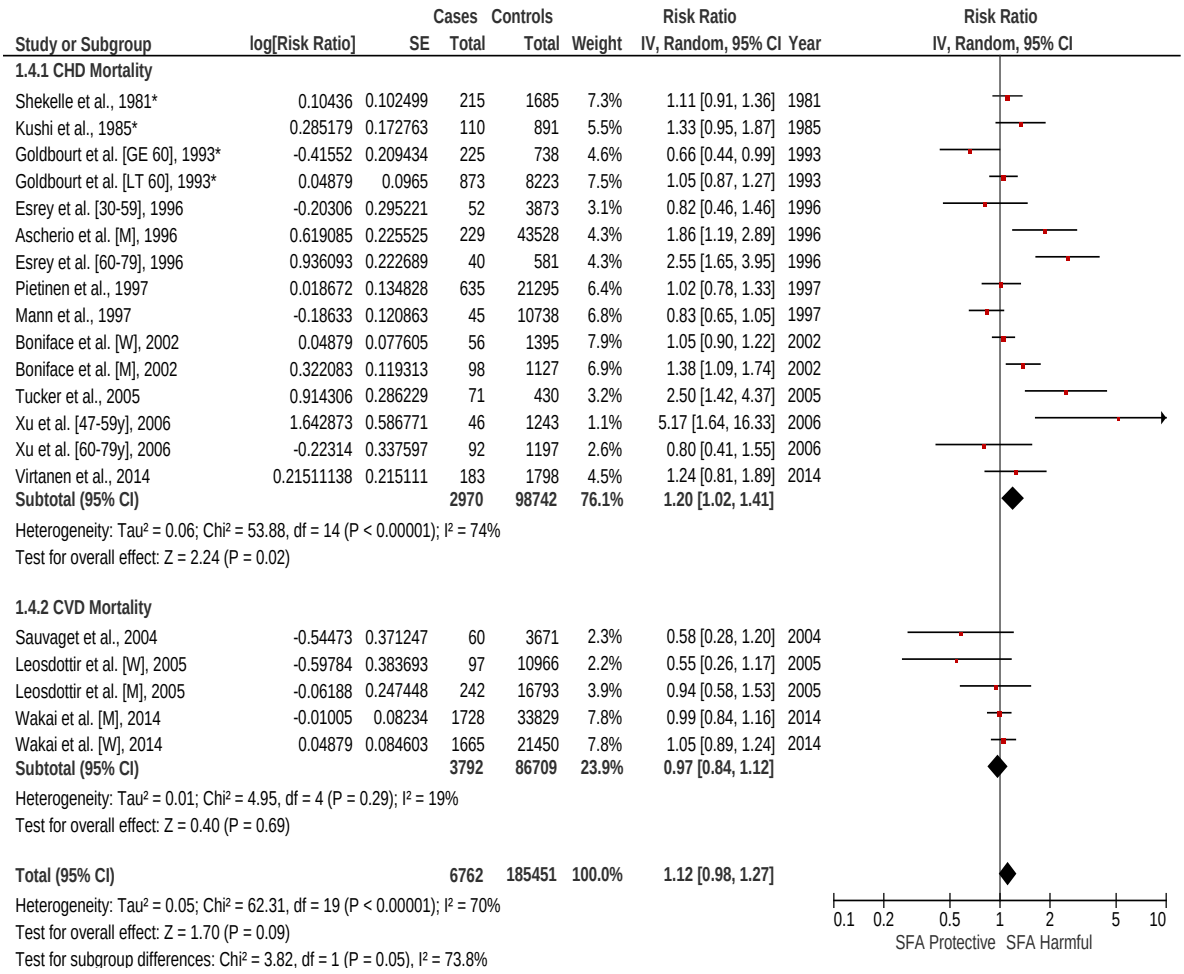

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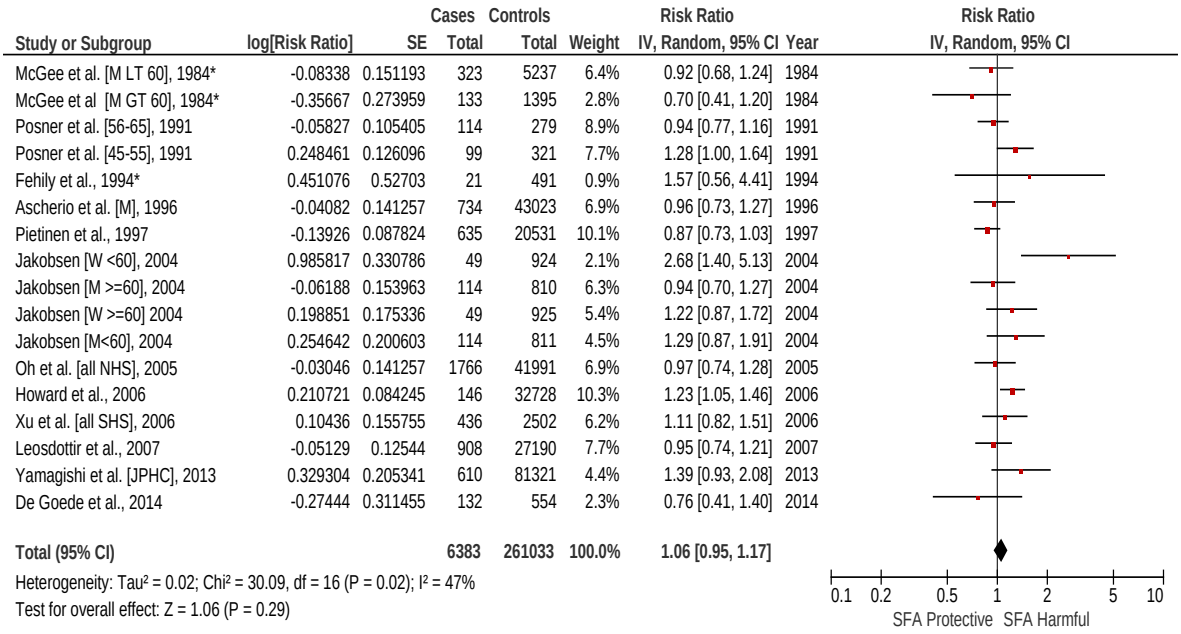

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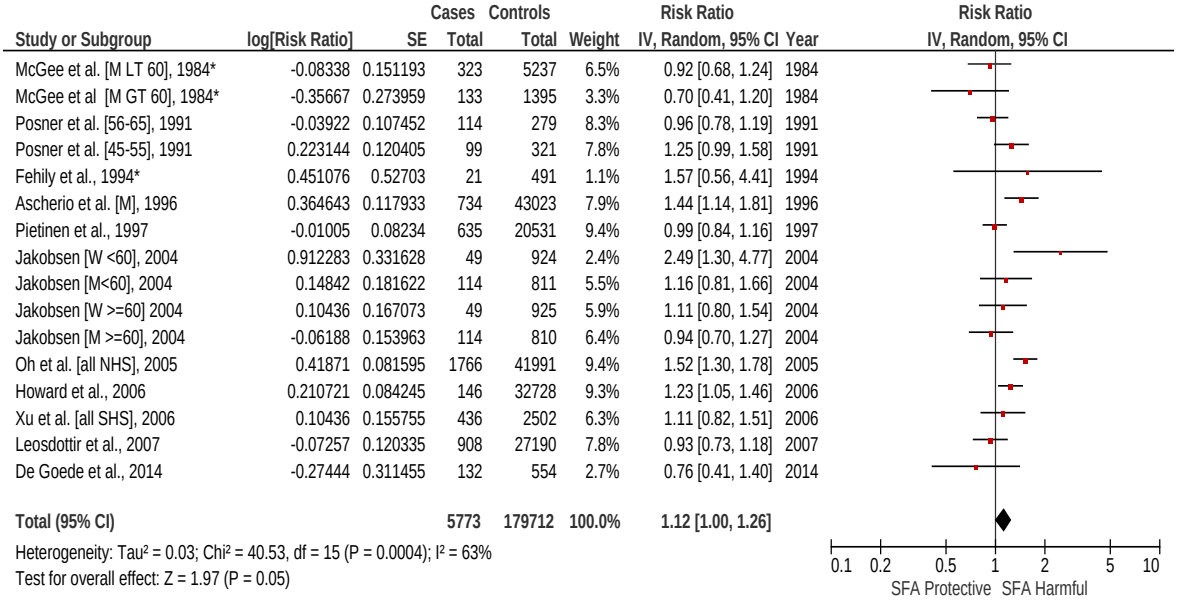

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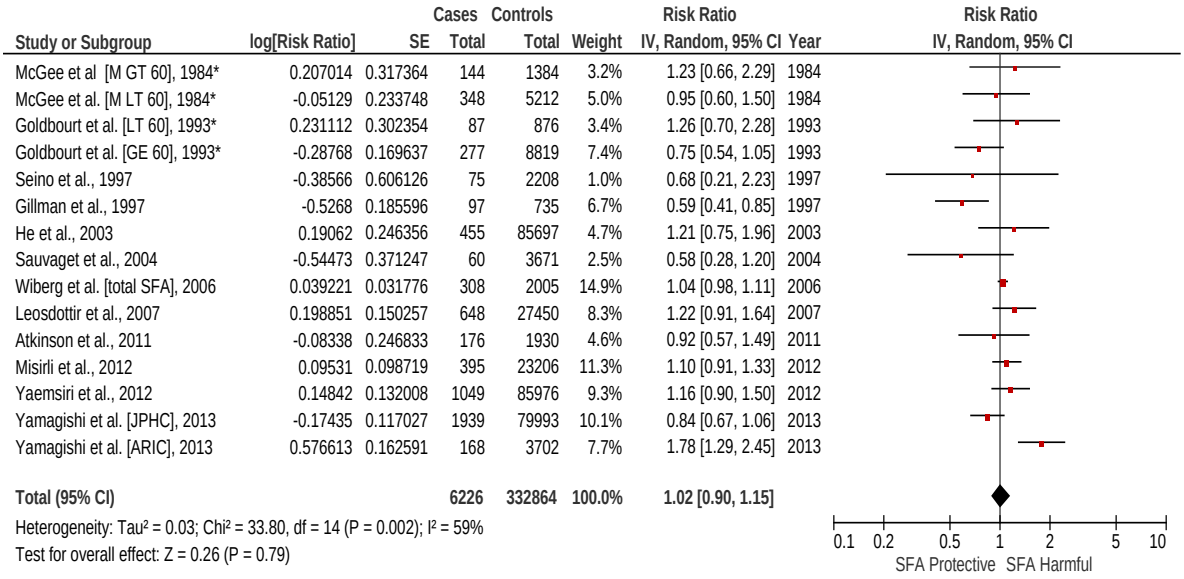

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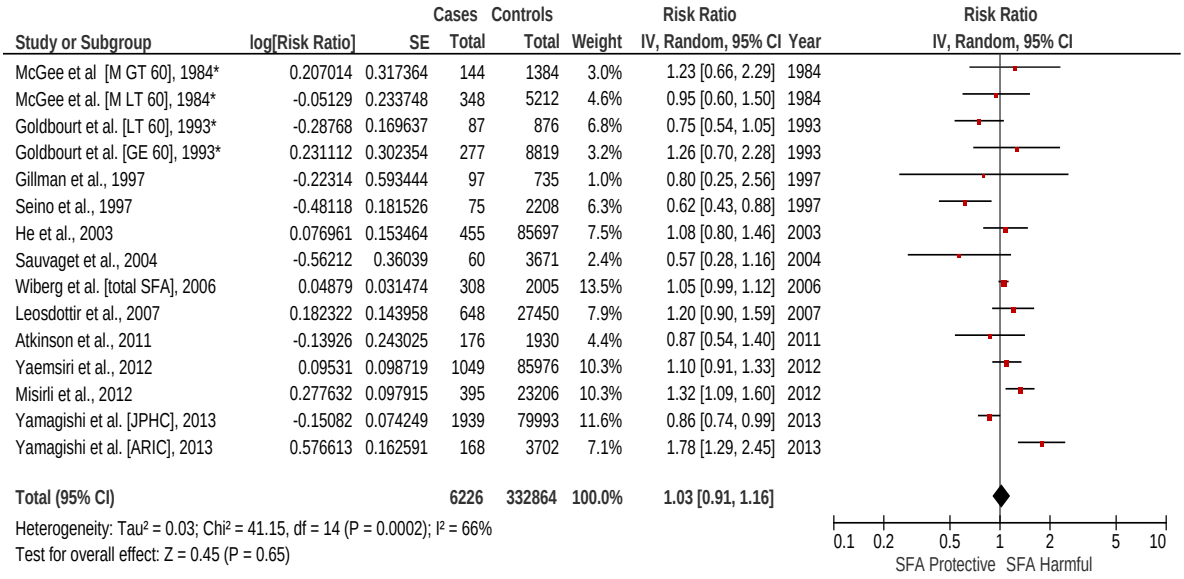

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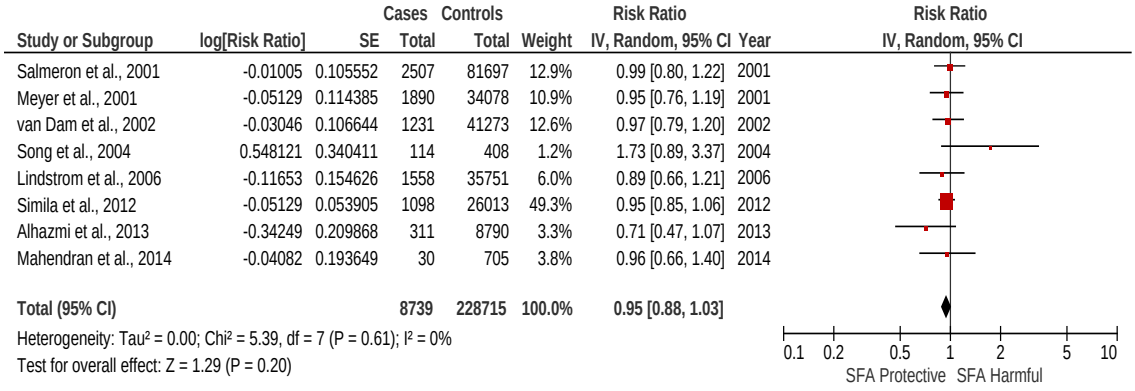

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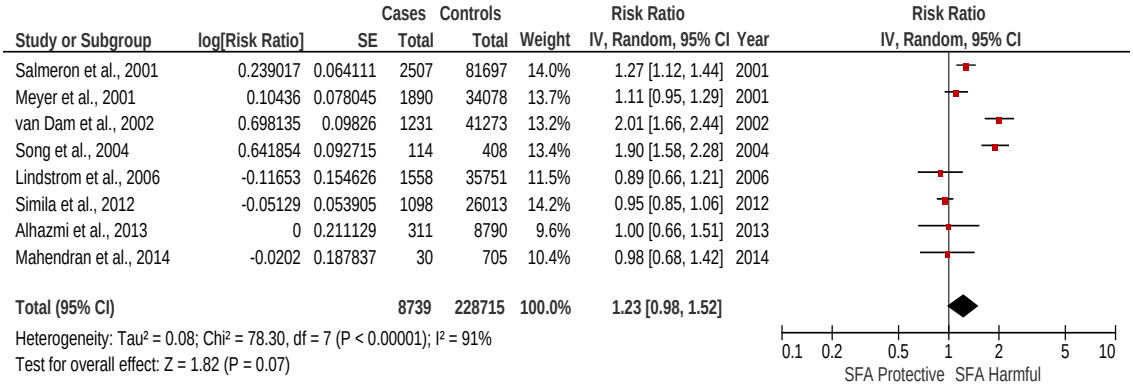

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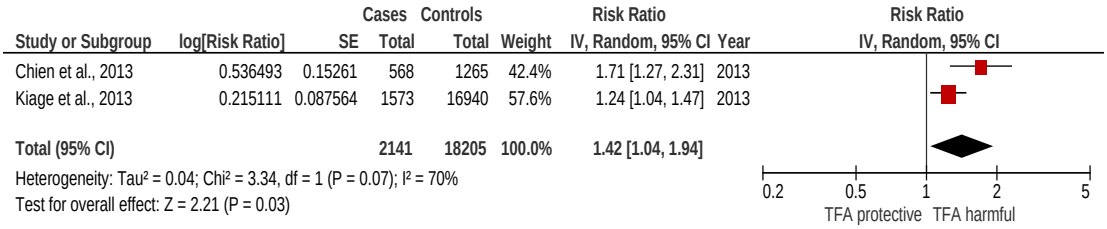

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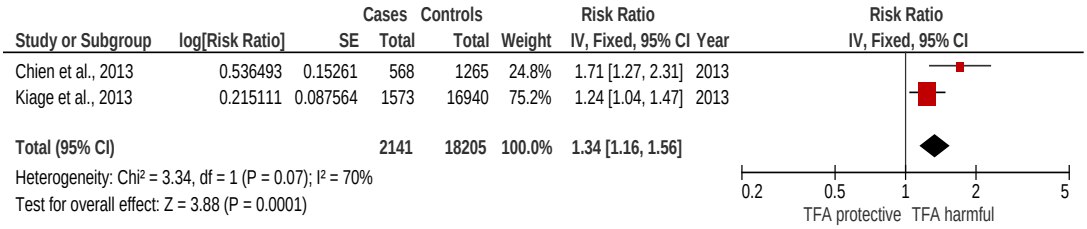

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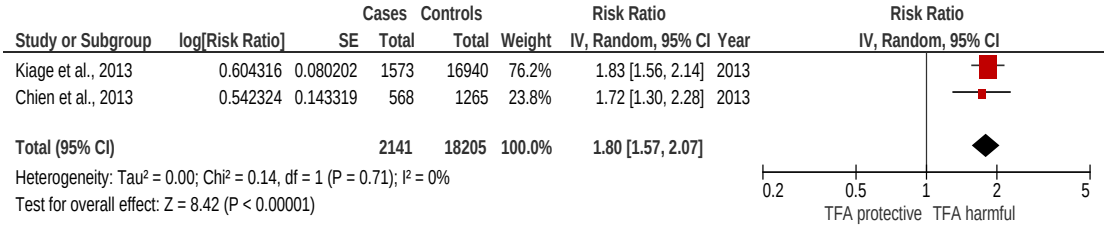

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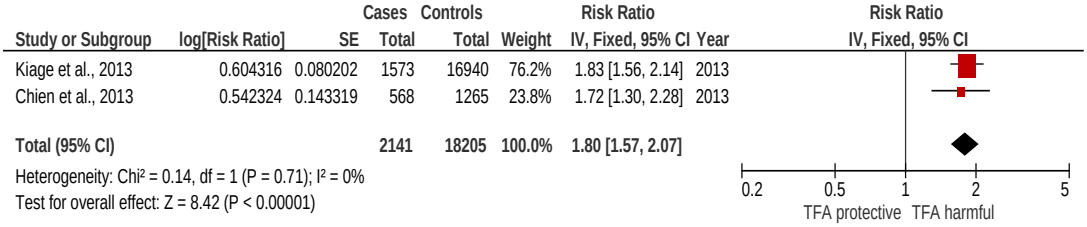

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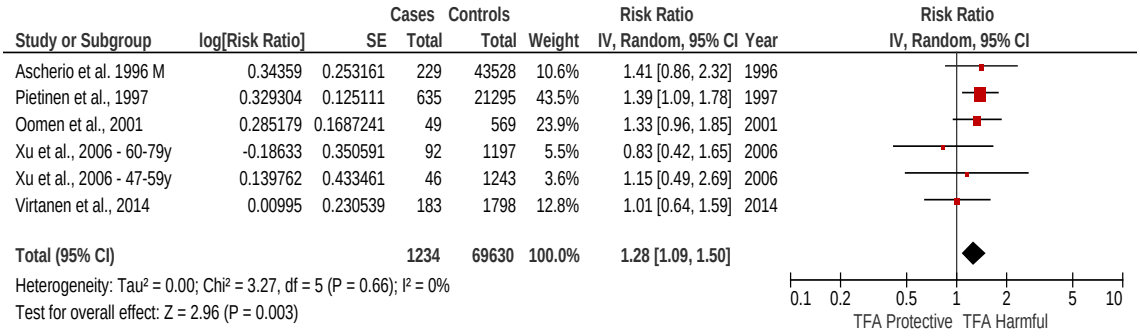

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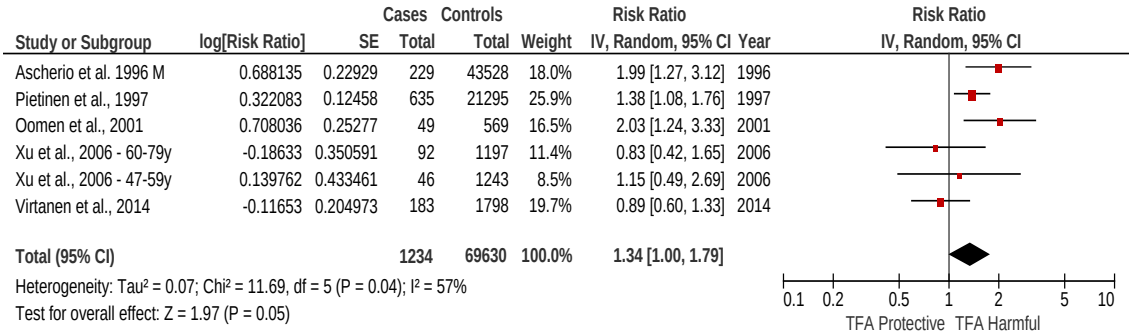

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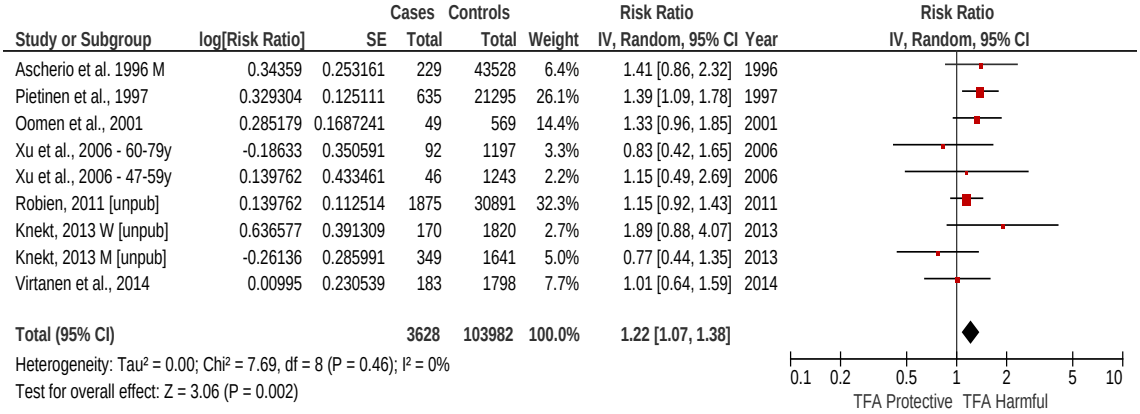

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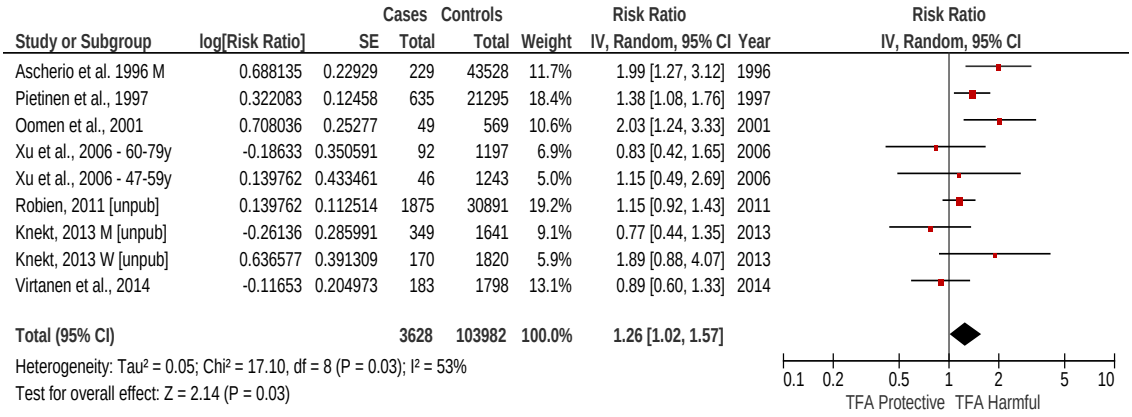

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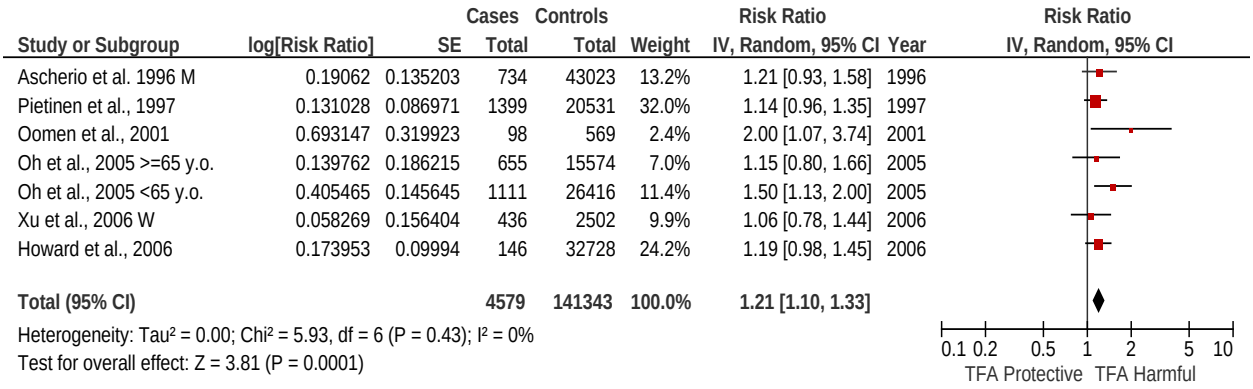

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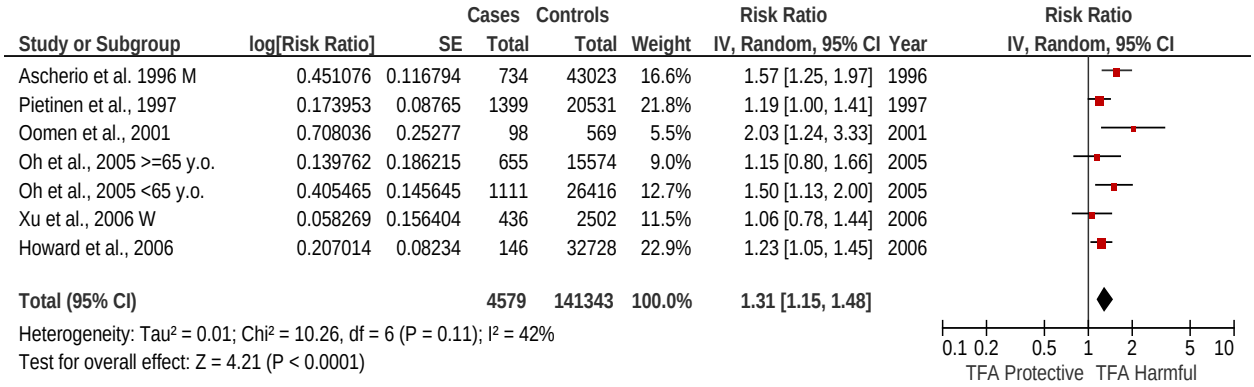

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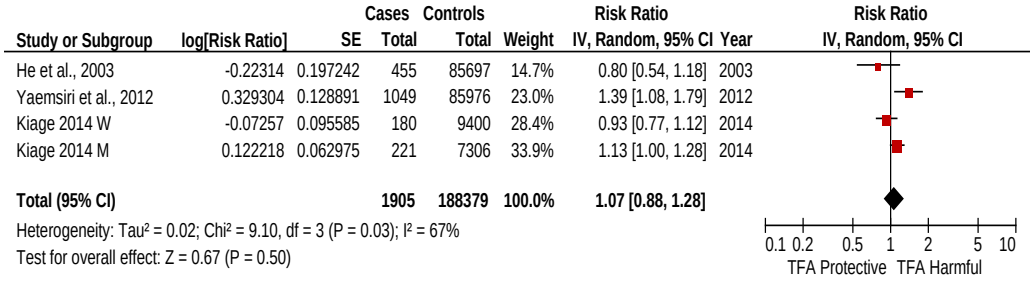

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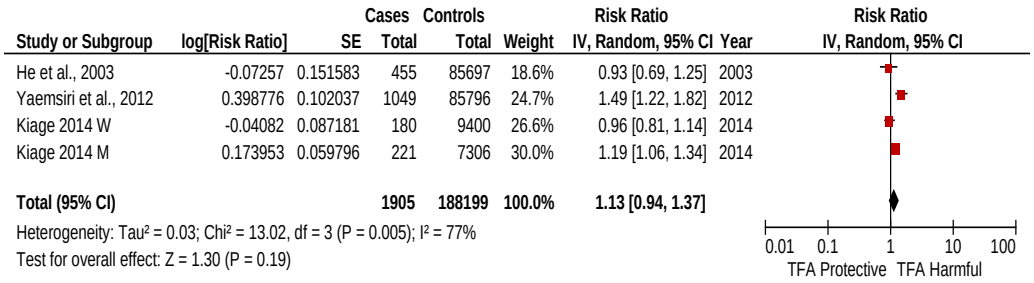

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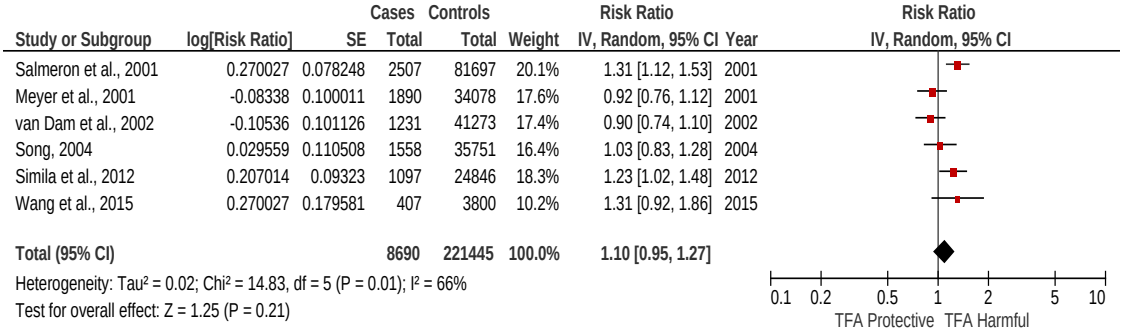

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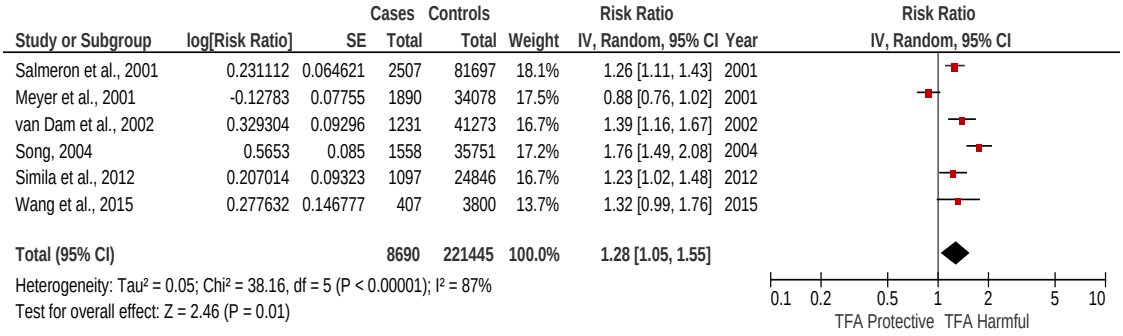

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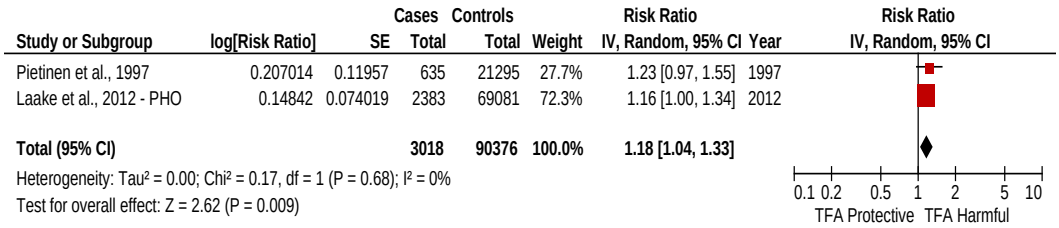

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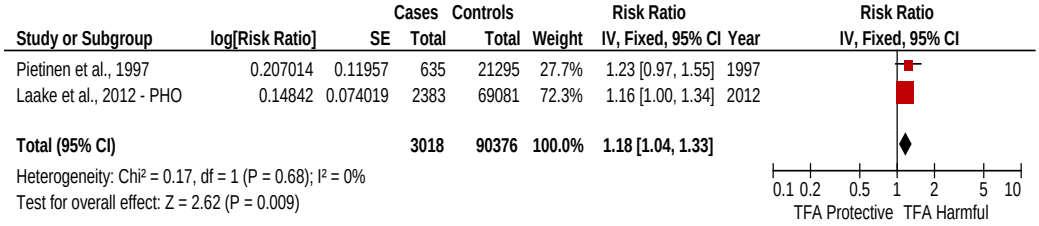

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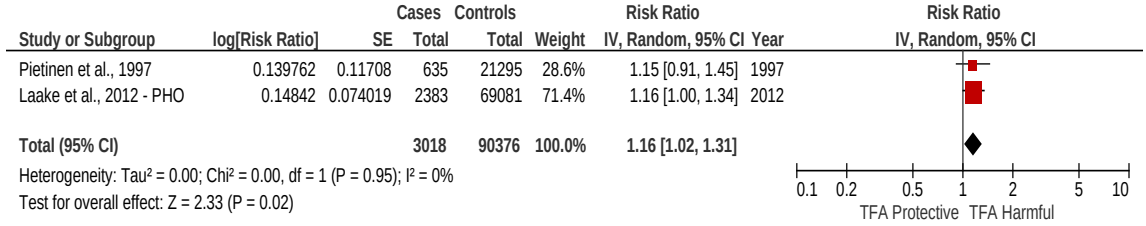

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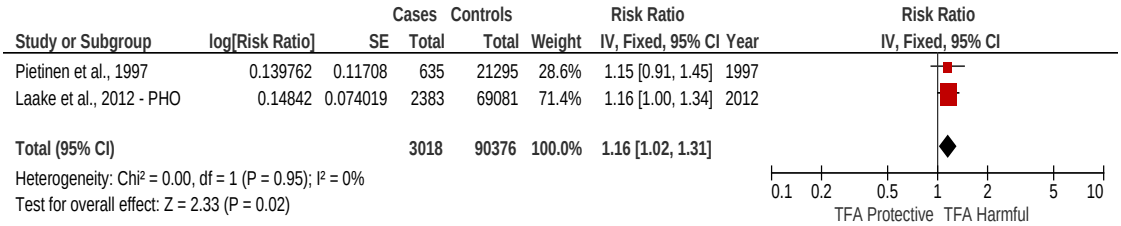

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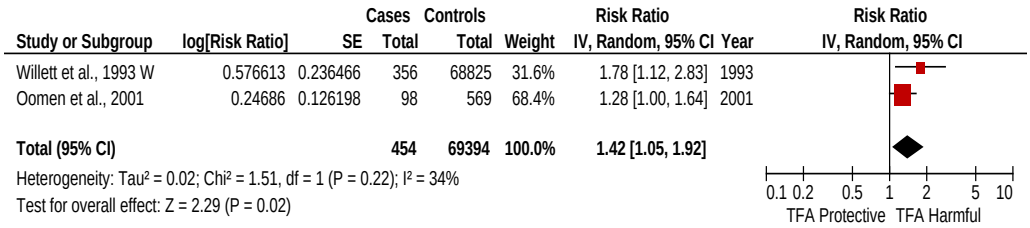

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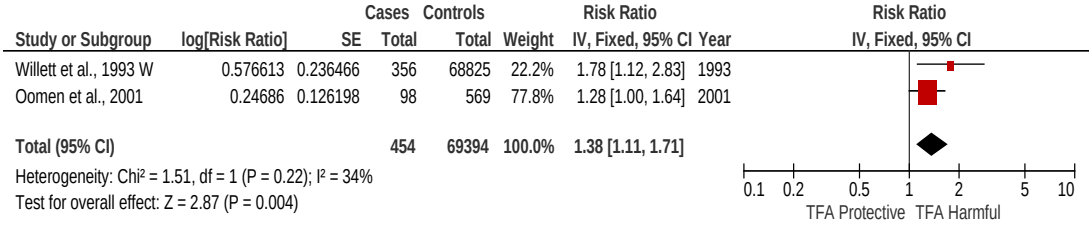

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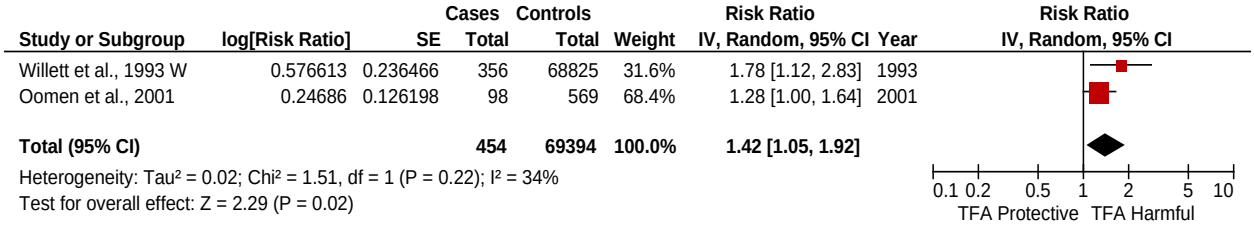

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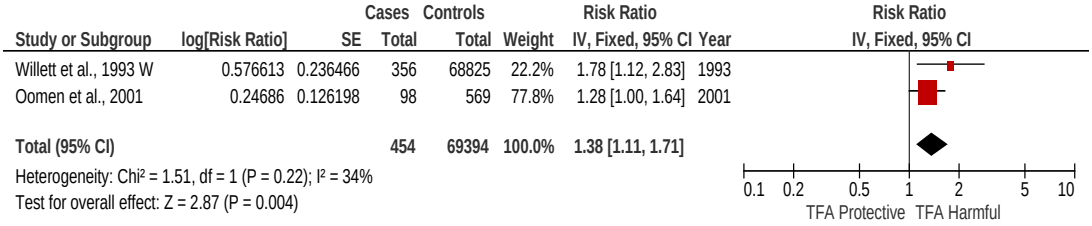

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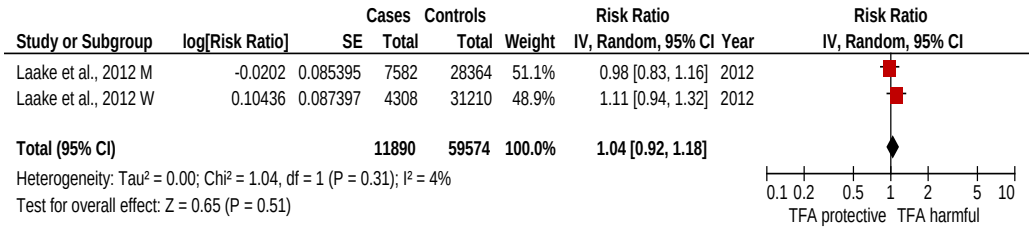

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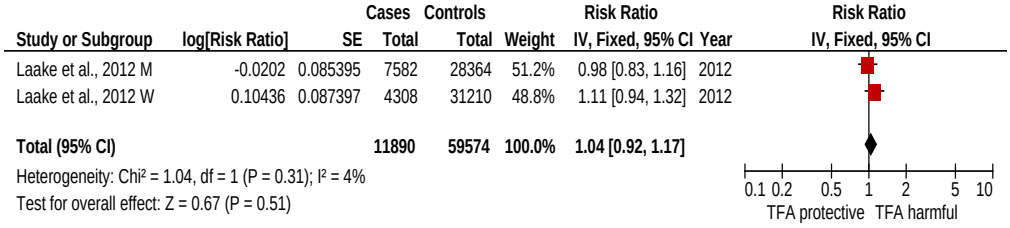

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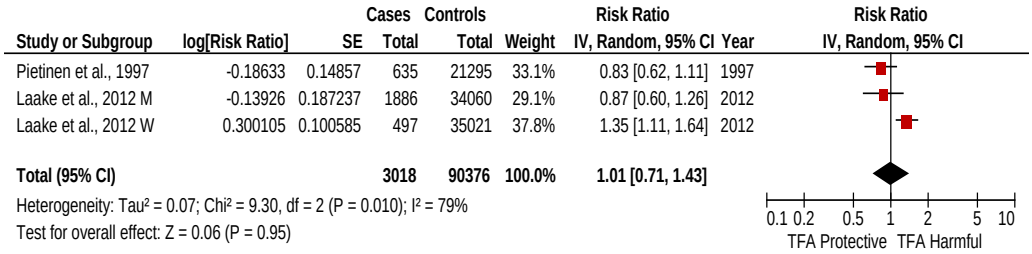

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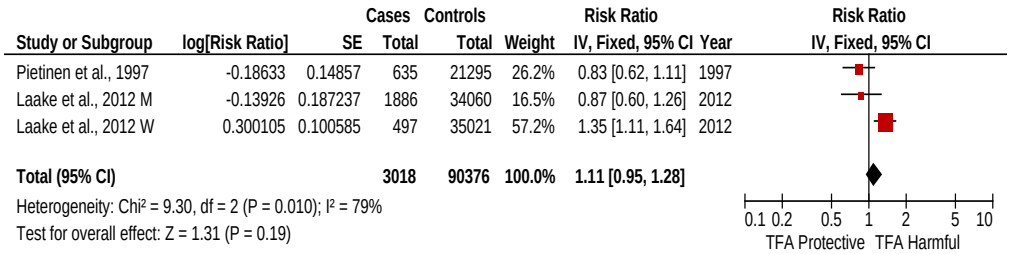

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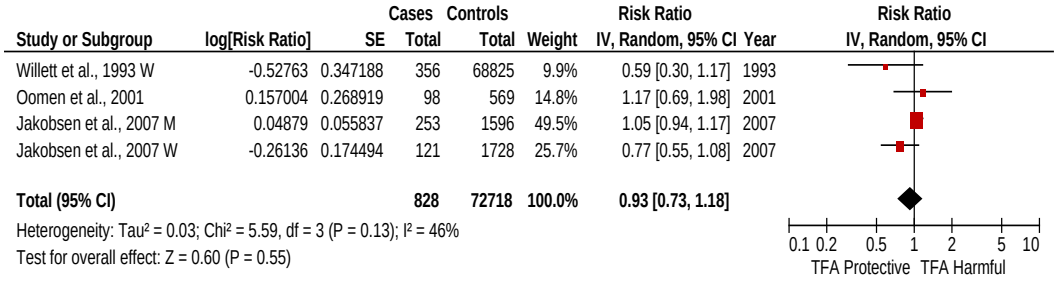

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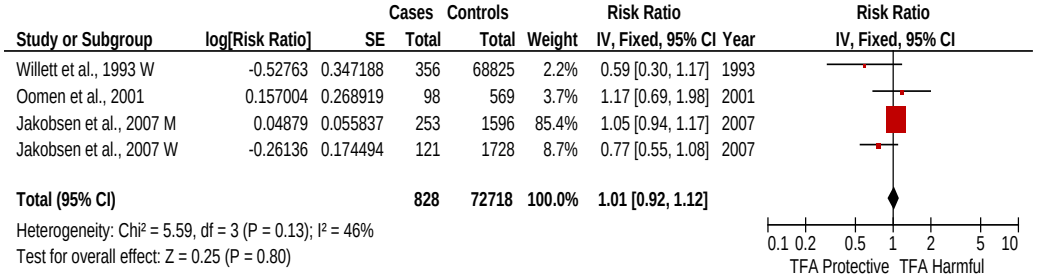

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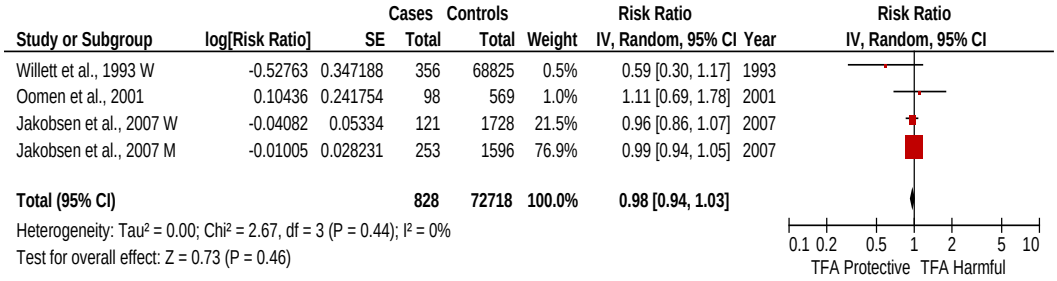

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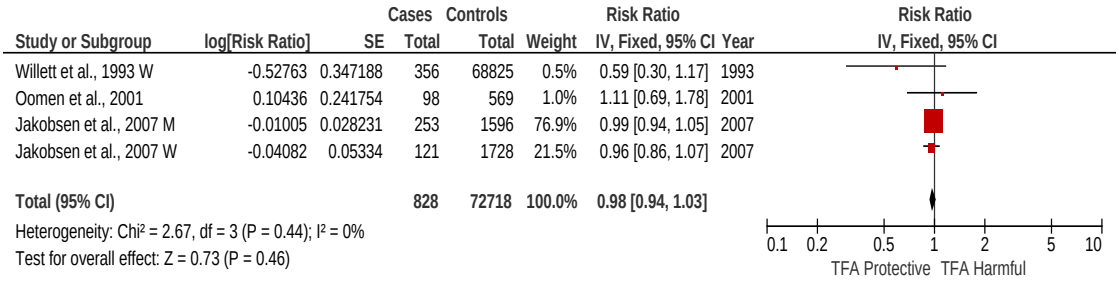

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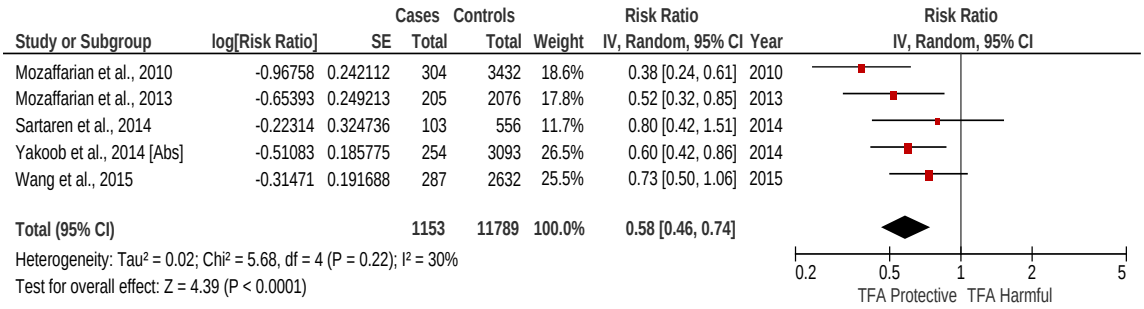

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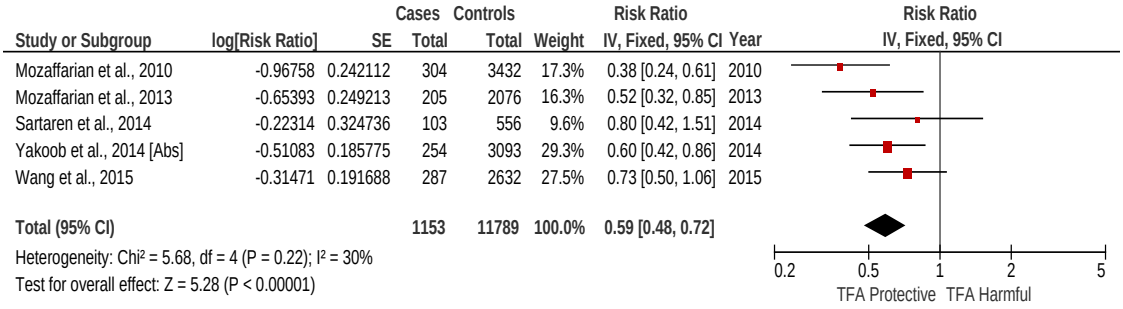

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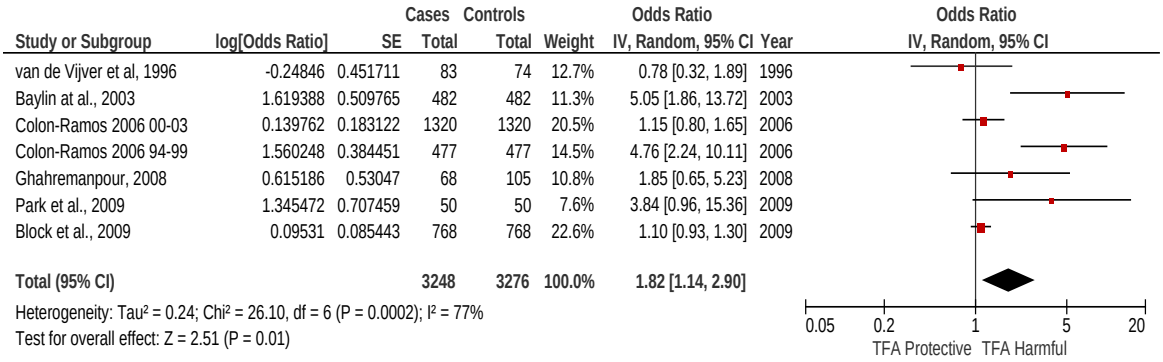

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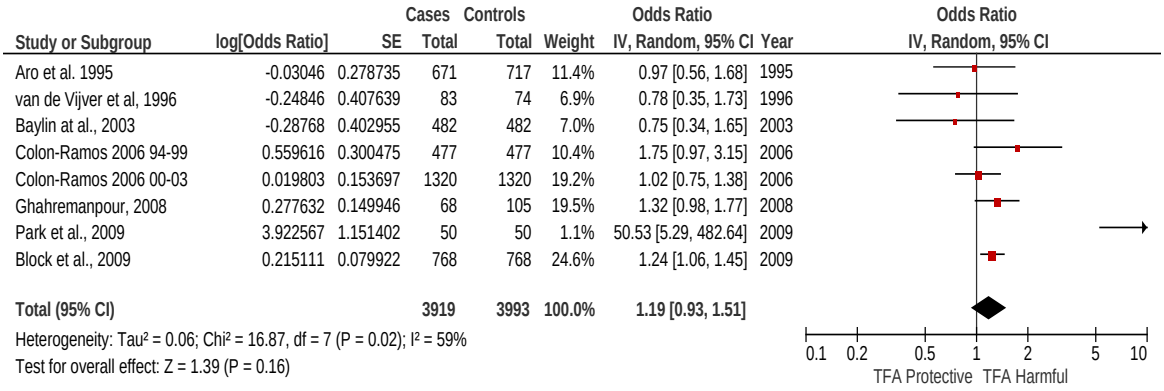

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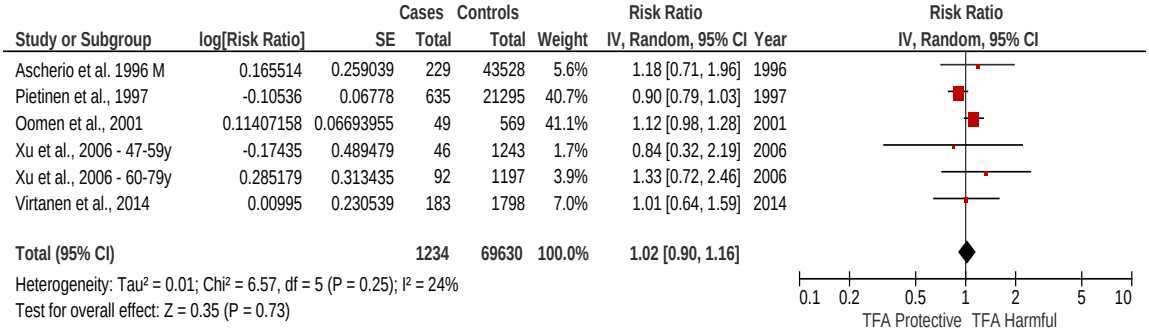

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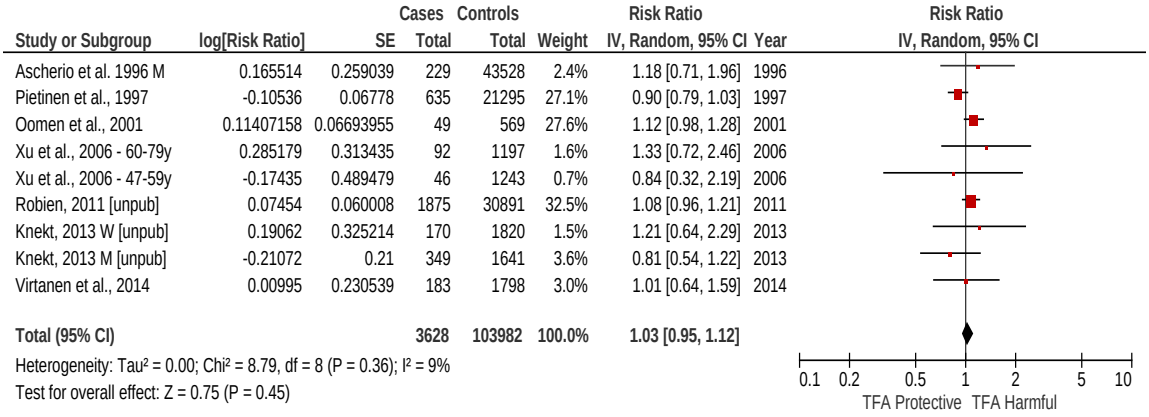

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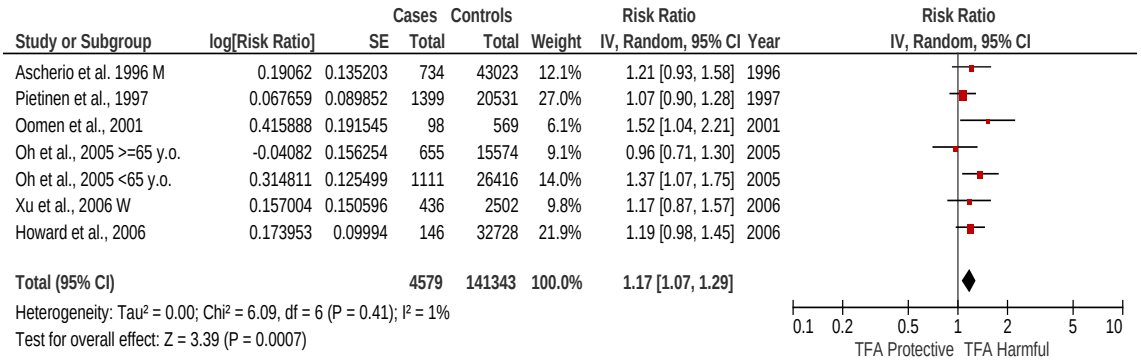

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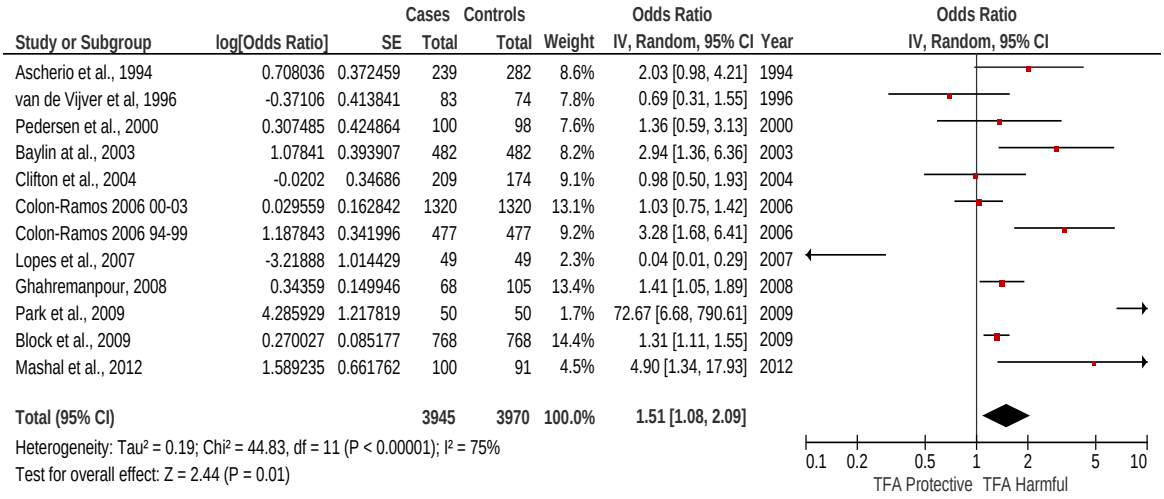

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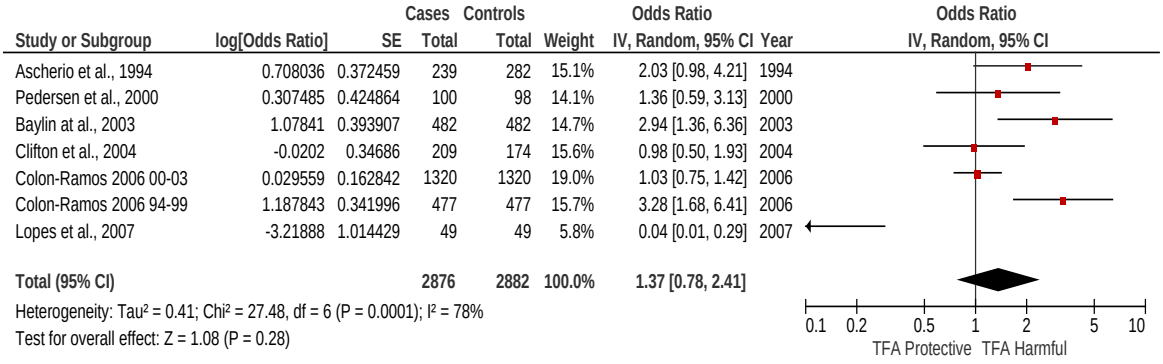

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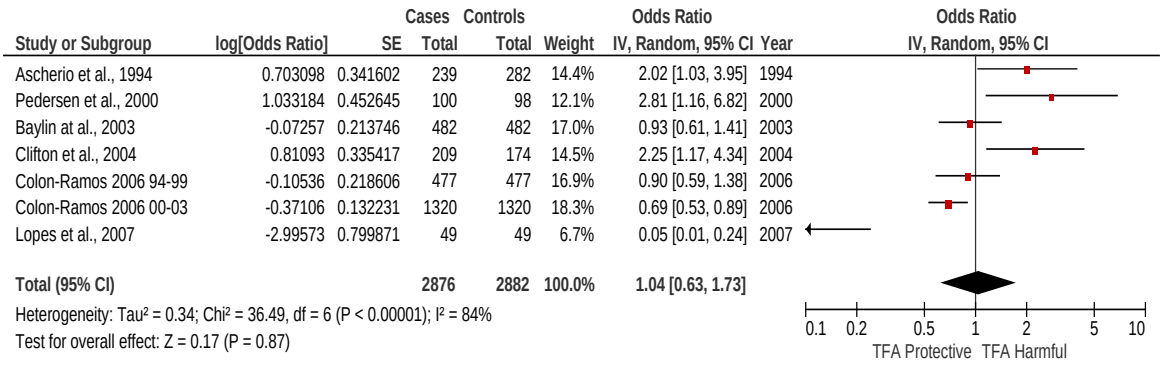
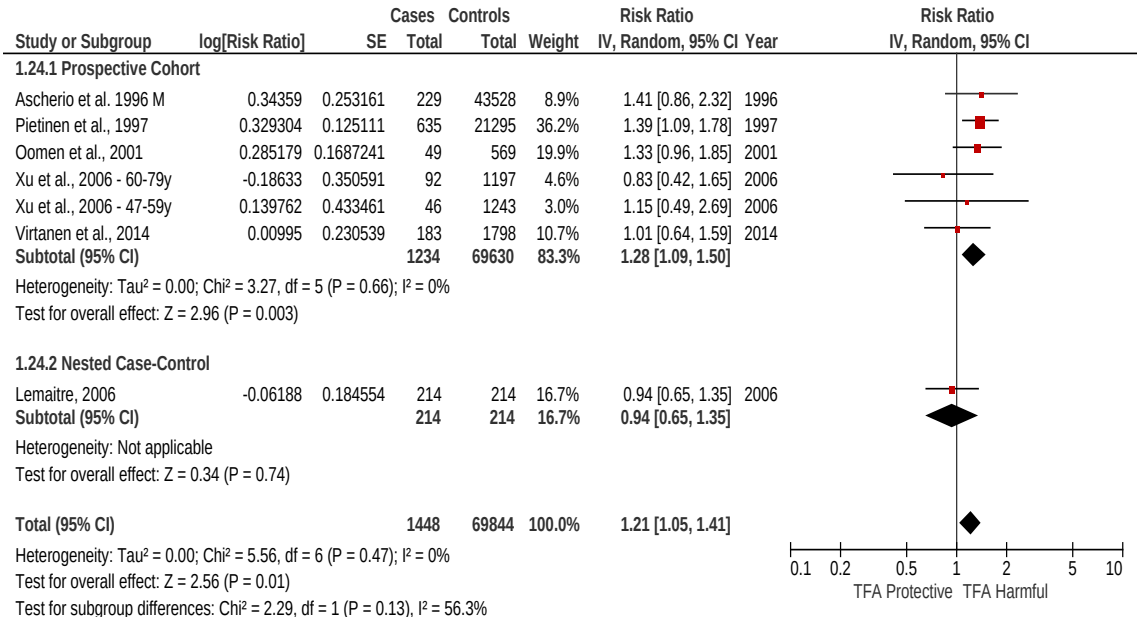
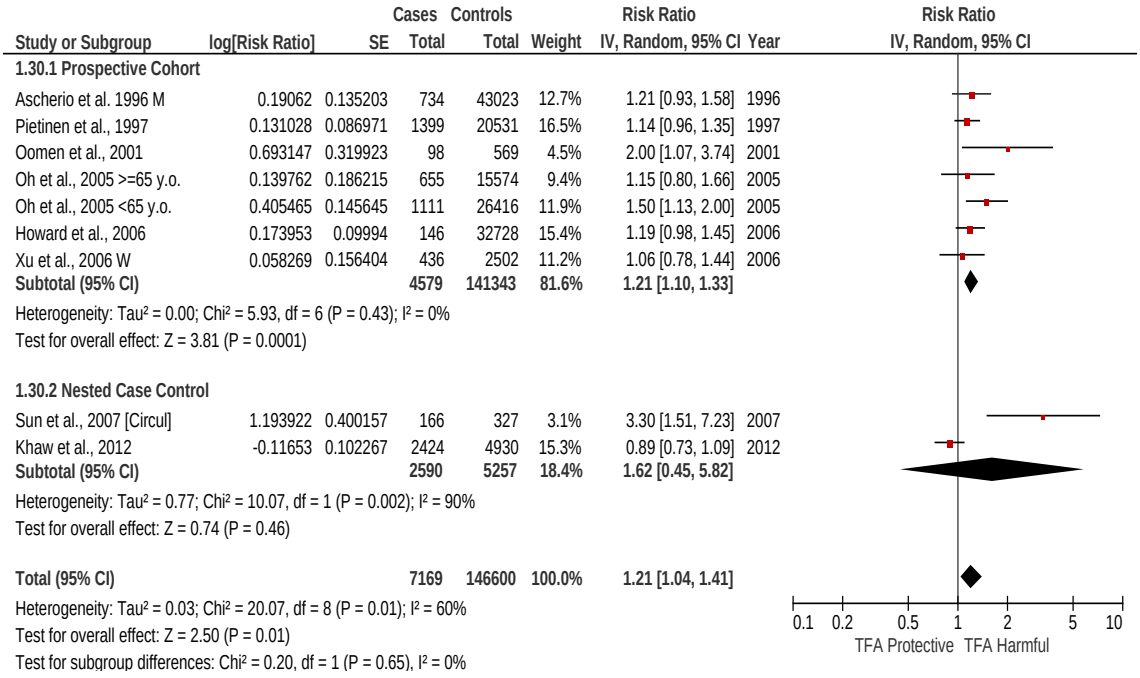


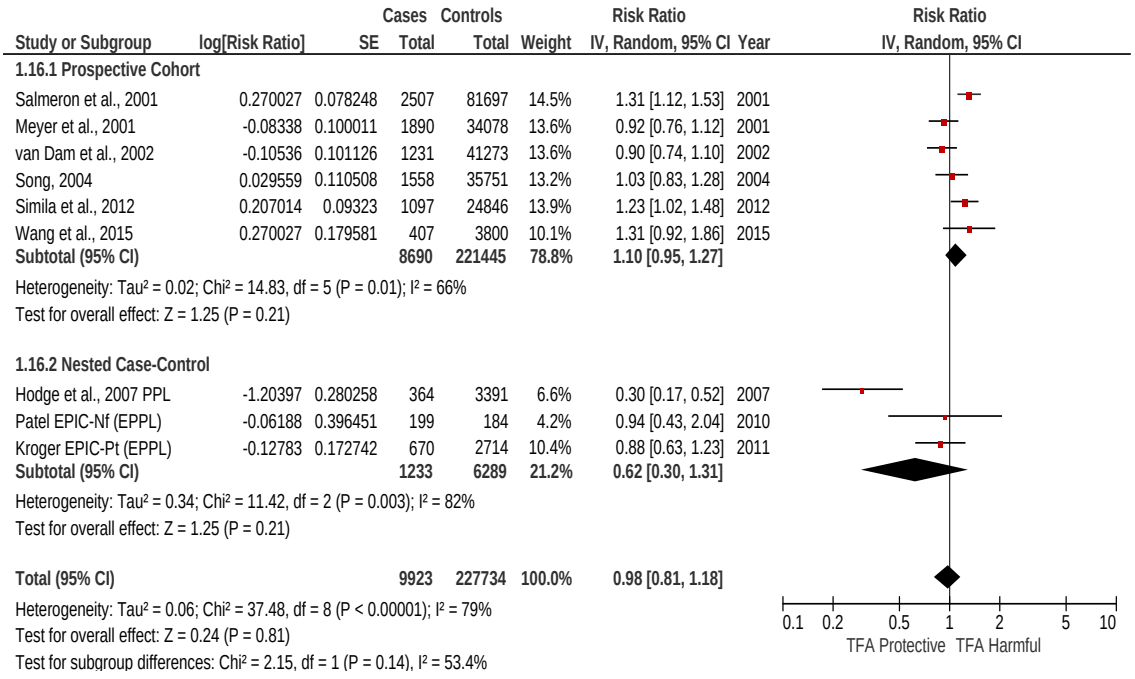
eFigure 50. Pooled least-adjusted (random effects) odds ratios of total trans-unsaturated fatty acids and CHD in 6 high-quality retrospective case-control studies.



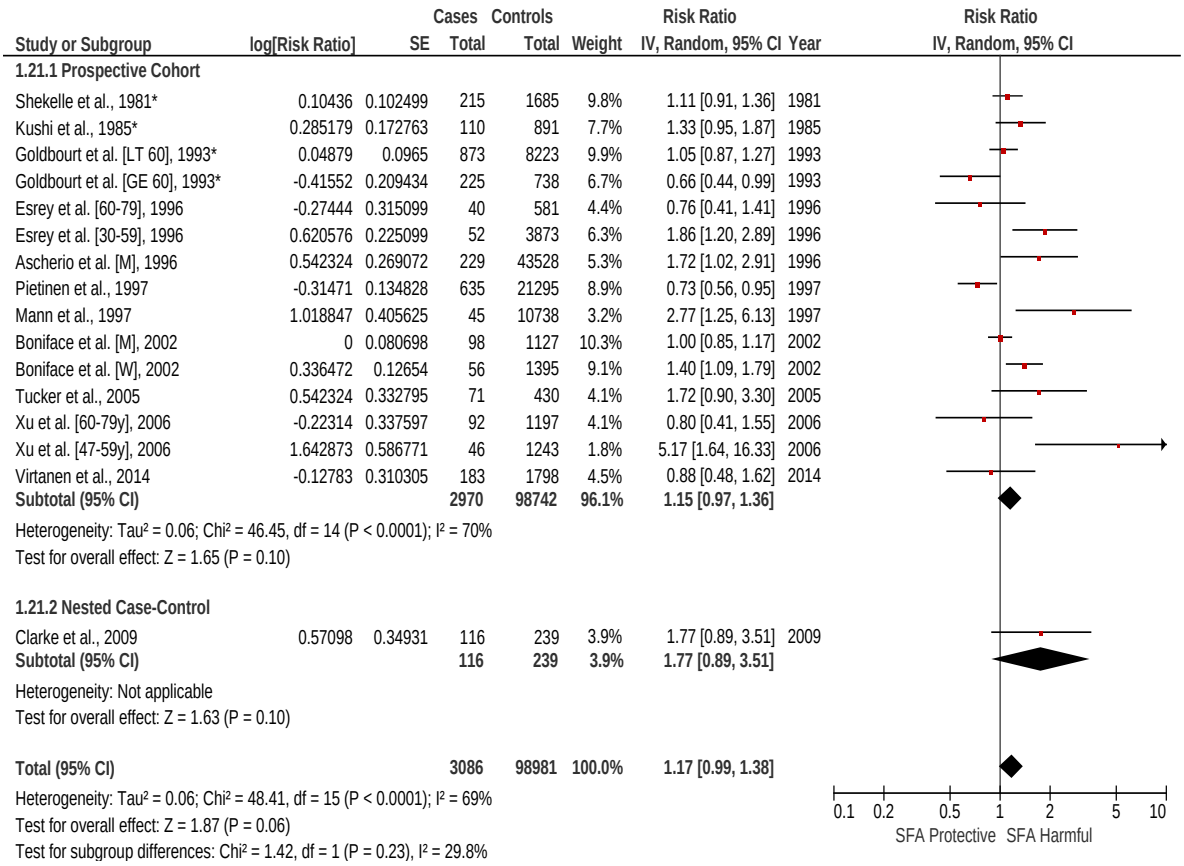
eFigure 51. Pooled most-adjusted (random effects) risk ratios of total trans-unsaturated fatty acids and CHD mortality in 4 prospective cohort and 1 nested case-control study.



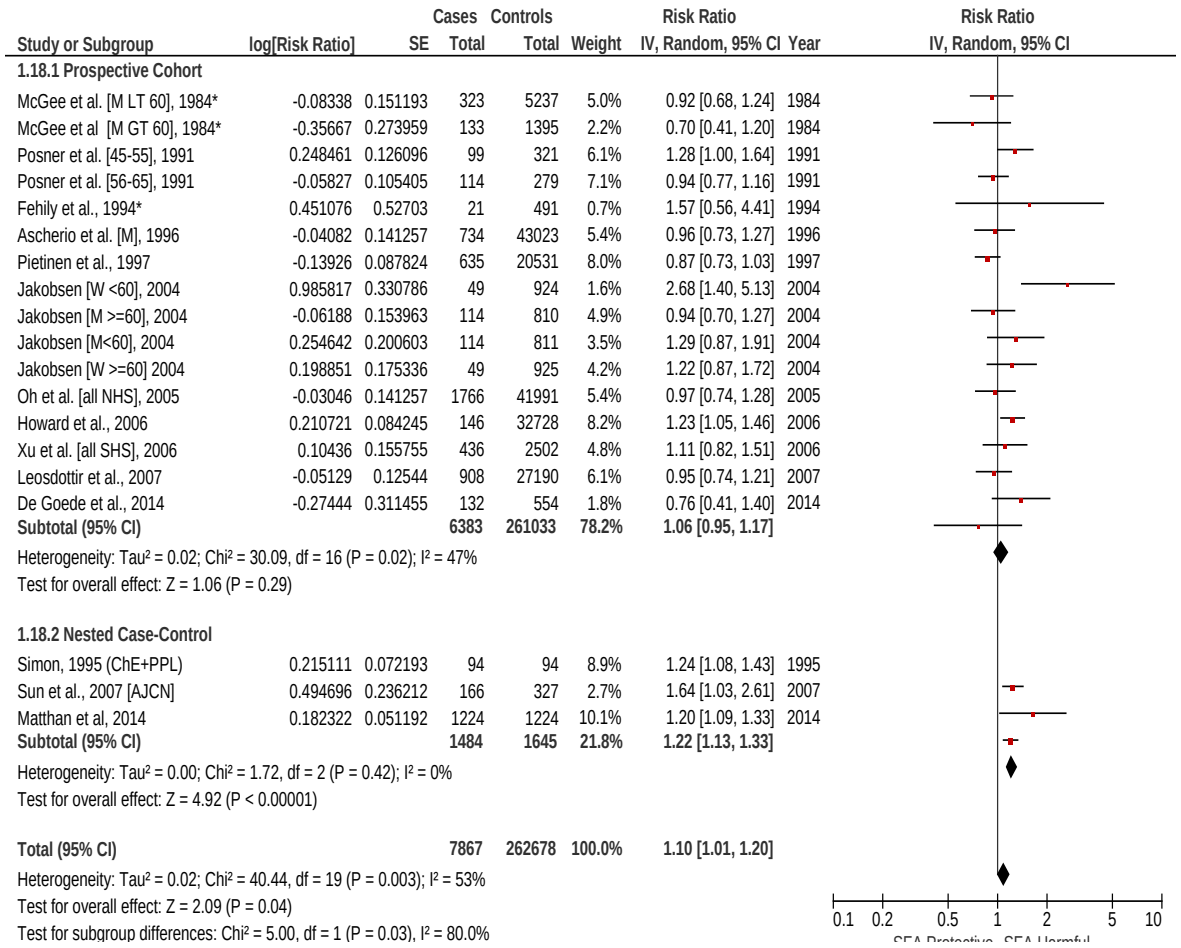
eFigure 52. Pooled most-adjusted (random effects) risk ratios of total trans-unsaturated fatty acids and CHD in 6 prospective cohort and 2 nested case-control studies. (M=men; W=women; Circul=citation from journal *Circulation*)



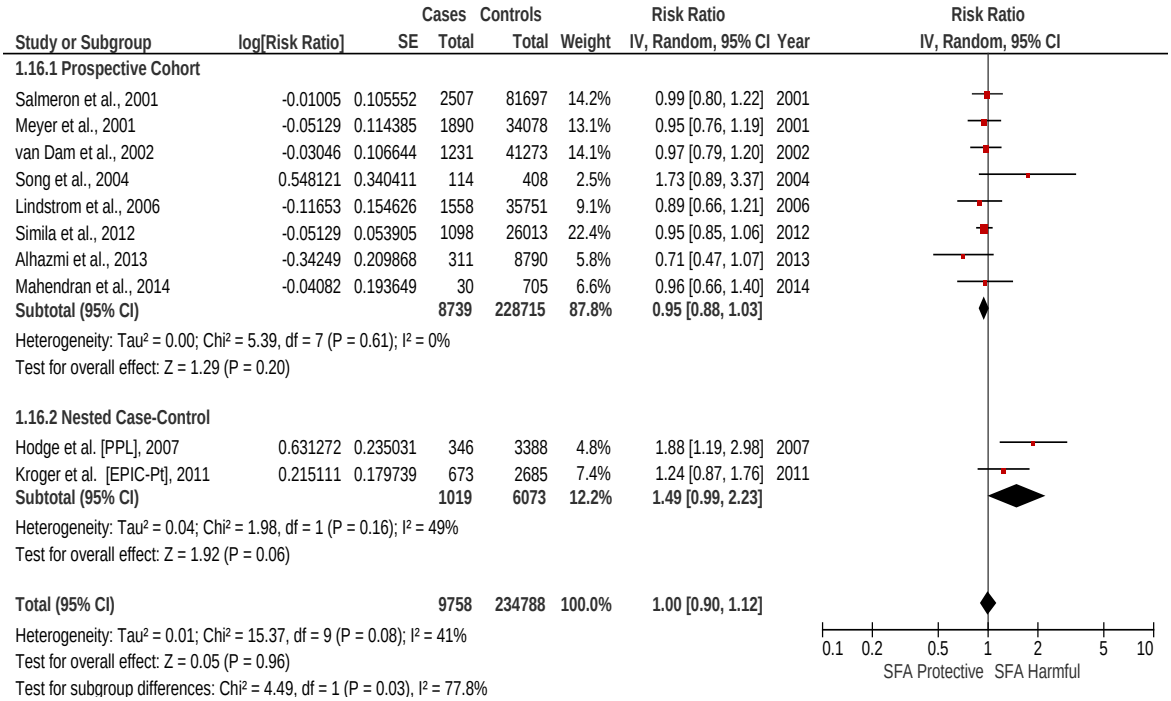
eFigure 53. Pooled most-adjusted (random effects) risk ratios of total trans-unsaturated fatty acids and type 2 diabetes in 5 prospective cohort and 3 nested case-control studies. (PPL=phospholipid; EPPL=erythrocyte phospholipid)



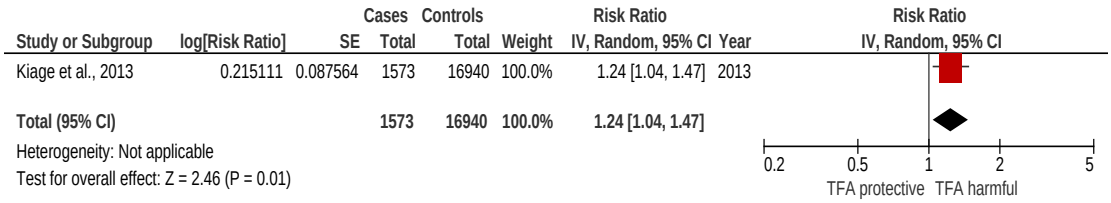
eFigure 54. Pooled most-adjusted (random effects) risk ratios of total saturated fatty acids and CHD mortality in 10 prospective cohort and 1 nested case-control study.



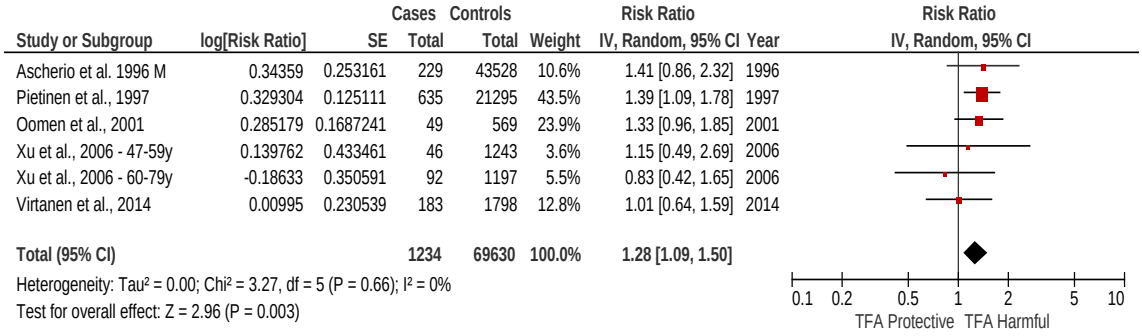
eFigure 55. Pooled most-adjusted (random effects) risk ratios of total saturated fatty acids and CHD in 10 prospective cohort and 2 nested case-control studies.



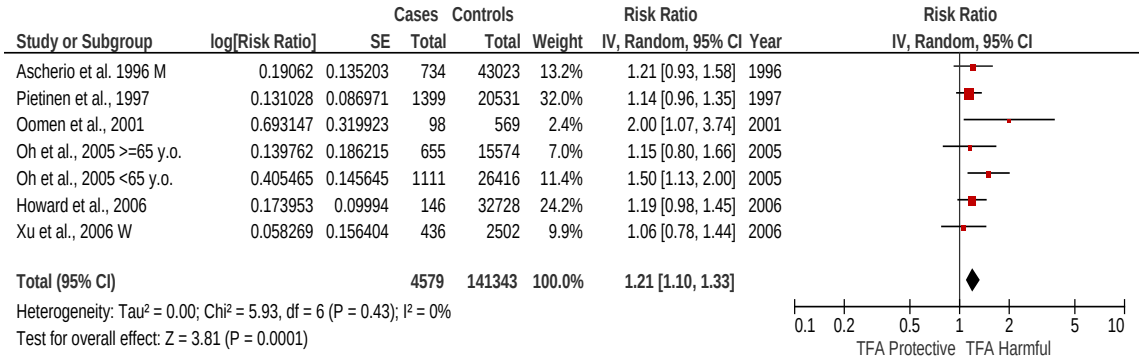
eFigure 56. Pooled most-adjusted (random effects) risk ratios of total saturated fatty acids and type 2 diabetes in 6 prospective cohort and 2 nested case-control studies.



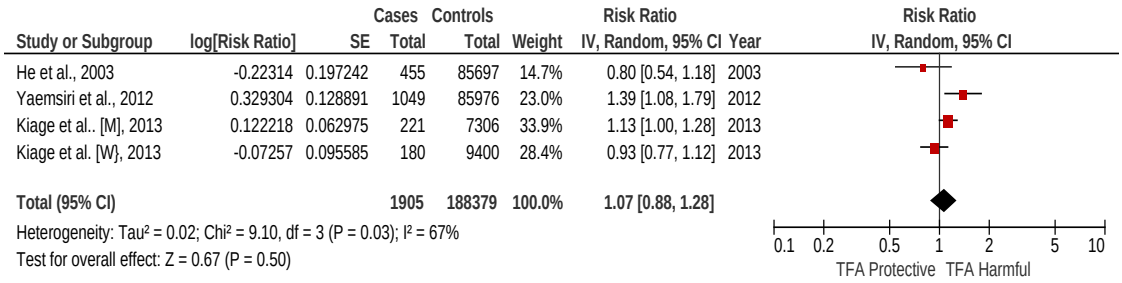
eFigure 57: Most-adjusted risk ratio of total trans fatty acids and all-cause mortality in 1 prospective cohort study in which the highest category of *trans* fatty acid intake was ≥1% energy.



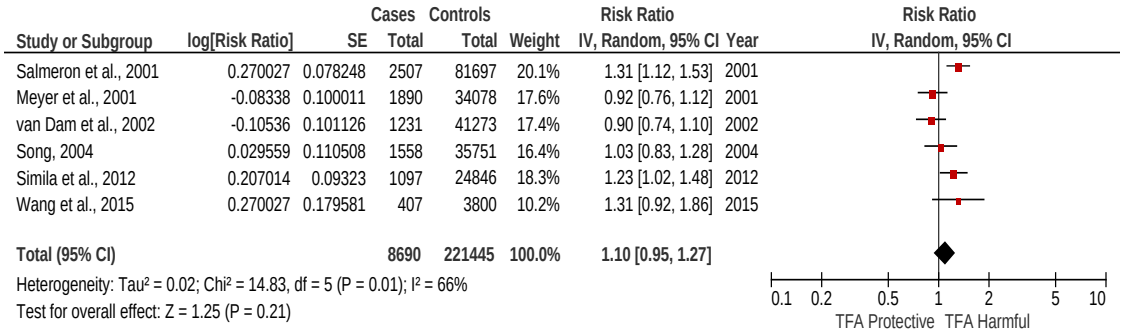
eFigure 58: Most-adjusted risk ratio of total trans fatty acids and CHD mortality in 5 prospective cohort studies in which the highest category of *trans* fatty acid intake was ≥1% energy.



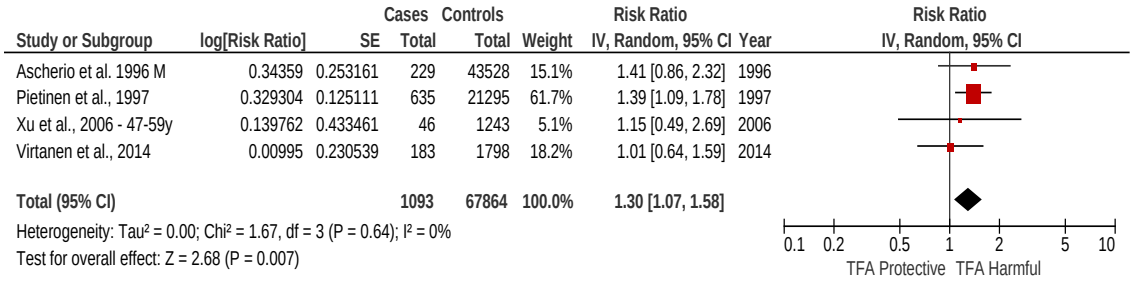
eFigure 59: Most-adjusted risk ratio of total trans fatty acids and total CHD in 6 prospective cohort studies in which the highest category of *trans* fatty acid intake was ≥1% energy.



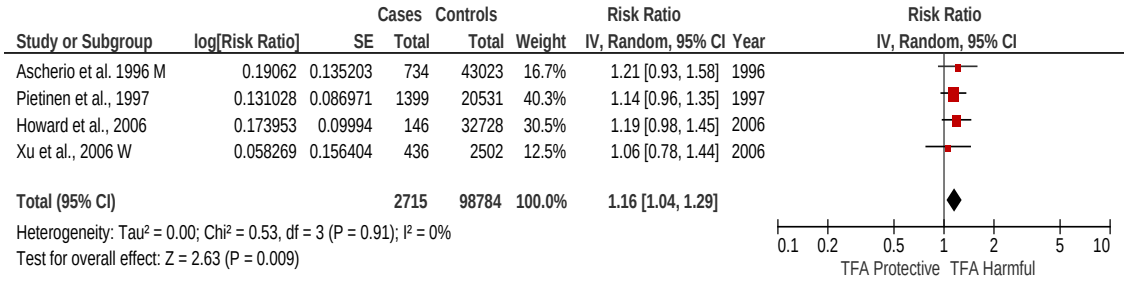
eFigure 60: Most-adjusted risk ratio of total trans fatty acids and ischemic stroke in 3 prospective cohort studies in which the highest category of *trans* fatty acid intake was ≥1% energy.



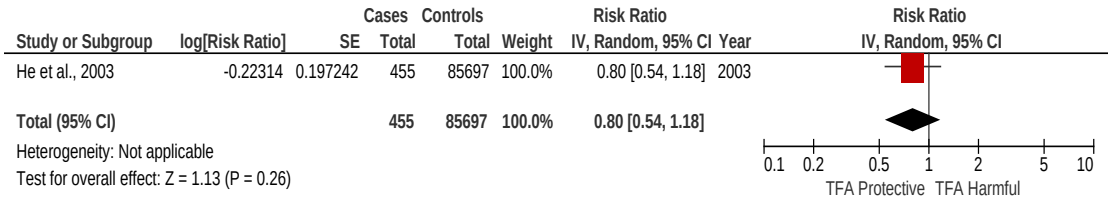
eFigure 61: Most-adjusted risk ratio of total trans fatty acids and type 2 diabetes in 6 prospective cohort studies in which the highest category of *trans* fatty acid intake was ≥1% energy.



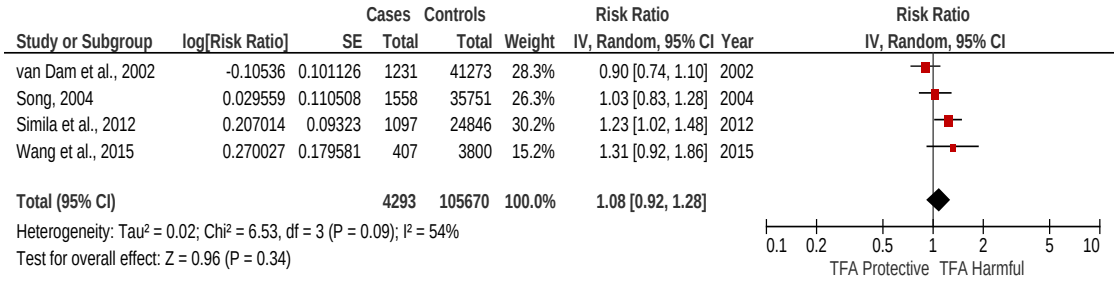
eFigure 62: Most-adjusted risk ratio of total trans fatty acids and CHD mortality in 4 prospective cohort studies in which the lowest category of *trans* fatty acid intake was <1% energy.



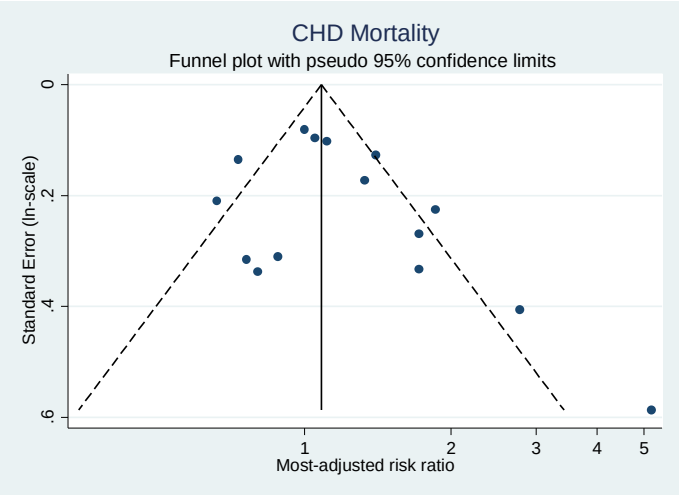
eFigure 63: Most-adjusted risk ratio of total trans fatty acids and total CHD in 4 prospective cohort studies in which the lowest category of *trans* fatty acid intake was <1% energy.



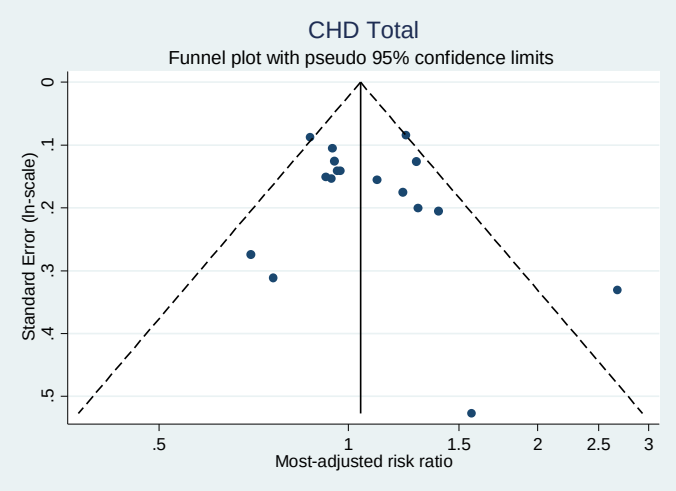
eFigure 64: Most-adjusted risk ratio of total trans fatty acids and ischemic stroke in 1 prospective cohort study in which the lowest category of *trans* fatty acid intake was <1% energy.



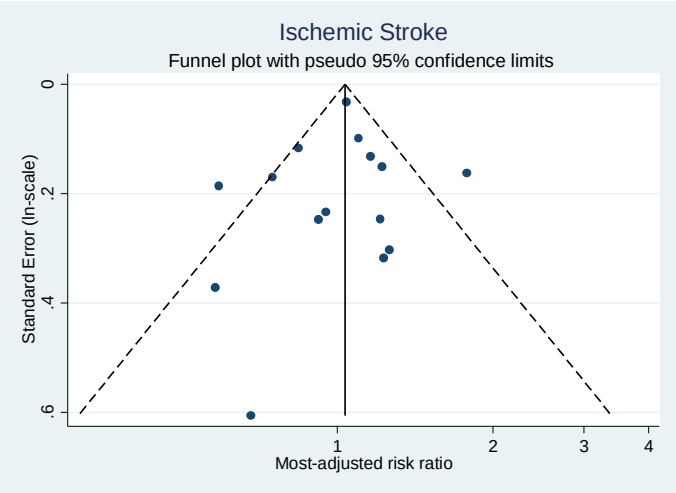
eFigure 65 : Most-adjusted risk ratio of total trans fatty acids and type 2 diabetes in 4 prospective cohort studies in which the lowest category of *trans* fatty acid intake was <1% energy.



eFigure 66. Funnel plot for publication bias (Saturated fat and CHD mortality). Egger's test of no small-study effects: bias term=1.27; P=0.191. Begg's test of no small-study effects: Kendall's score=31 (SD=20.2); P=0.138 (continuity corrected). Trim-and-fill imputed 2 "missed" studies; their inclusion would shift the estimate of association to 1.09 (95% CI: 0.91 to 1.30; P=0.361; P_{het}<0.001)



eFigure 67. Funnel plot for publication bias (Saturated fat and CHD total). Egger's test of no small-study effects: bias term=0.75; P=0.394. Begg's test of no small-study effects: Kendall's score=27 (SD=24.3); P=0.284 (continuity corrected). Trim-and-fill imputed 2 "missed" studies; their inclusion would shift the estimate of association to 1.03 (95% CI: 0.92 to 1.15; P=0.586; P_{het}=0.003).



eFigure 68. Funnel plot for publication bias (Saturated fat and ischemic stroke). Egger's test of no small-study effects: bias term=-0.26; P=0.665. Begg's test of no small-study effects: Kendall's score=-15 (SD=20.2); P=0.488 (continuity corrected). Trim-and-fill identified no "missed" studies.