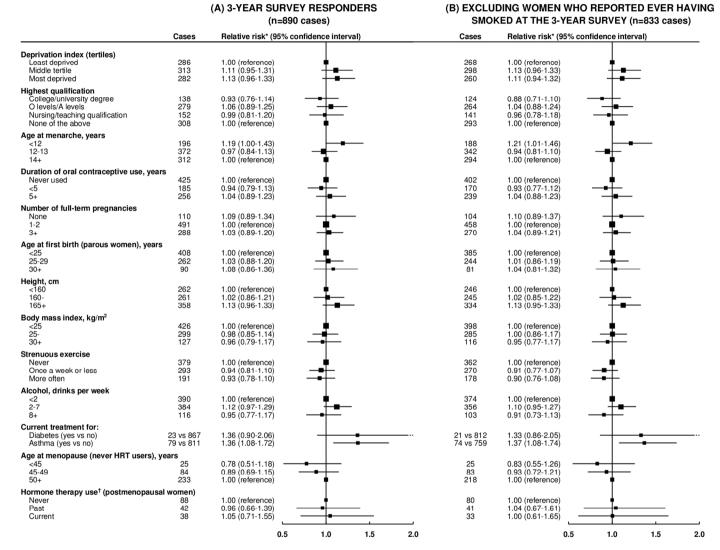
Web Table 1: Annual lung cancer incidence rates per 100,000 prospectively observed UK female never-smokers, by age at risk

		All lung cancer		Adenocarcinoma		Small-cell, squamous- cell and large-cell		Other specified type*	
Age at risk	Person-years	Cases	Rate**	Cases	Rate	Cases	Rate	Cases	Rate
50-54	758,866	39	5.1	22	2.9	4	0.5	4	0.5
55-59	1,746,857	115	6.6	50	2.9	16	0.9	7	0.4
60-64	2,499,932	340	13.6	161	6.4	44	1.8	40	1.6
65-69	2,170,829	425	19.6	204	9.4	47	2.2	45	2.1
70-74	1,212,951	343	28.3	153	12.6	48	4.0	39	3.2
75-79	438,427	178	40.6	83	18.9	17	3.9	15	3.4
80-84	57,690	29	50.3	9	15.6	3	5.2	2	3.5

^{*} Mainly carcinoid (ICD-O 8240/3) or neuroendocrine (ICD-O 8246/3) tumours. Of the total of 1469 lung cancers, only 1013 were of a specified type; of the remaining 456 tumours, half were completely unspecified and half were specified incompletely (ie, specified only as not being small cell cancers; ICD-O 8046/3).

^{**} The 6 age-specific lung cancer incidence rates at ages 50-79 are remarkably similar to the lung cancer mortality rates at these ages observed prospectively among US female never-smokers, which were 5, 8, 14, 18, 28, and 42 per 100,000 (Lancet 1992;339:1268-78).

Web Figure 1. Never smokers at recruitment: Relative risk* of incident lung cancer by various factors; (A) restricted to 422,009 responders to the 3-year survey, and (B) excluding 20,515 women who reported at the 3-year survey that they had ever smoked.



Numbers do not always add up to totals due to missing values. *Adjusted for age, region, deprivation quintile and height, where appropriate. †Updated at the 3-year survey and censored 4 years after last known use.

There were 890 cases among women who responded to the 3-year survey and 646 in those who did not. Of the 890, 57 (890-833) were among the women who were excluded from all later analyses as they reported at the 3-year survey that they had in fact smoked, mostly decades previously (and had RR 1.36, suggesting 15 of these 57 lung cancers were due to smoking).

This suggests that of the 1469 cases kept in our main analyses, 0.7% (646 x 15/890 = 11 cases) were caused by previous smoking that could have been revealed by the 3-year questionnaire.

Web Figure 2. Never smokers at recruitment and at the 3-year survey: Relative risk* of incident adenocarcinoma and small-cell, squamous-cell and large-cell tumours of the lung by exposure to secondhand tobacco smoke.

ADENOCARCINOMA SMALL-CELL, SQUAMOUS-CELL AND LARGE-CELL Cases Cases (exposed vs not) Relative risk* (95% confidence interval) Relative risk* (95% confidence interval) (exposed vs not) Living with a partner Yes vs no 1.07 (0.82-1.39) 1.11 (0.64-1.93) 323 vs 67 71 vs 16 Secondhand smoke exposure: As a child 0.85 (0.66-1.09) 1.15 (0.64-2.09) 285 vs 78 69 vs 13 As an adult[†] 37 vs 281 0.92 (0.65-1.30) 12 vs 57 1.45 (0.77-2.73) As a child and as an adult^{†‡} 23 vs 50 0.73 (0.44-1.20) 10 vs 10 1.48 (0.79-2.76) 0.5 1.0 1.5 2.0 2.5 0.5 1.0 1.5 2.0 2.5 3.0

^{*}Adjusted for age, region, deprivation quintile and height.

[†]Restricted to those who lived with a partner (and therefore at risk of exposure to secondhand smoke through living with a partner who smokes). ‡Reference group are those with neither exposure.