

Supplemental Table 1. Hazard ratios of the association between the dietary inflammatory index and breast cancer incidence and death after excluding women whose breast cancer was not a first primary cancer; Women's Health Initiative (n=122,788), 1993-2014

	Q1 (-7.055, < -3.142) (more anti-inflammatory diet)	Q2 (-3.142, < -2.016)	Q3 (-2.016, < -0.360)	Q4 (-0.360, <1.898)	Q5 (1.898, <5.519) (more pro-inflammatory diet)	^aP_{trend}
Breast cancer incidence, n=7,093, n (%)^b	1521 (6.21%)	1443 (5.90%)	1357 (5.54%)	1443 (5.90%)	1329 (5.43%)	
^c HR (95%CI), age and energy-adjusted model	1.00	0.96 (0.90, 1.04)	0.91 (0.84, 0.98)	0.97 (0.90, 1.04)	0.92 (0.89, 0.99)	0.08
^c HR (95%CI), multivariable-adjusted model ^d	1.00	0.97 (0.90, 1.04)	0.93 (0.86, 1.00)	0.99 (0.92, 1.07)	0.98 (0.90, 1.07)	0.86
	Q1 (-7.055, <-3.162)	Q2 (-3.162, <-2.032)	Q3 (-2.032, < -0.374)	Q4 (-0.374, <1.874)	Q5 (1.874, 5.519)	
Breast cancer death; n=632, n (%)^b	100 (0.50%)	119 (0.59%)	136 (0.68%)	147 (0.73%)	130 (0.65%)	
^c HR (95%CI), age and energy-adjusted model	1.00	1.23 (0.94, 1.60)	1.43 (1.10, 1.86)	1.57 (1.22, 2.04)	1.51 (1.15, 1.99)	0.001
^c HR (95%CI), multivariable-adjusted model ^d	1.00	1.17 (0.89, 1.53)	1.33 (1.02, 1.73)	1.44 (1.11, 1.88)	1.31 (0.98, 1.76)	0.04

^athe p-value for trend was obtained by assigning the median value of each DII quintile to all participants in each quintile; ^bthe proportion of breast cancer events (cases or deaths) in the quintile; ^cHR=hazard ratio, CI=confidence interval; ^dadjusted for age, energy intake, race/ethnicity, income, education, smoking status, mammography within 2 years of baseline, age at menarche, number of live births, oophorectomy status, hormone therapy use, NSAID use, dietary modification trial arm, hormone therapy trial arm, body mass index and physical activity. Calcium and vitamin D (CaD) trial arm violated the proportional hazards assumption and all multivariable-adjusted models were stratified by CaD.

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