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Supplemental Material

Long-term Fine Particulate Matter Exposure and Nonaccidental and Cause-specific Mortality in a Large National Cohort of Chinese Men

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Figure S2. Comparison of hazard ratios associated with $10\mu g/m^3$ increase of PM_{2.5} between our study and major cohort studies.

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Supplementary materials:

Table S1: Hazard ratio (95%CI) per 10ug/m³ increase of PM_{2.5}^a for models with and without hypertension

Cause of death	Main model ^b	Main model + hypertension			
Non accidental	1.09 (1.08-1.09)	1.08 (1.08, 1.09)			
Cardiovascular	1.09 (1.08-1.10)	1.08 (1.07, 1.10)			
IHD	1.09 (1.06-1.12)	1.09 (1.06, 1.12)			
Stroke	1.14 (1.13-1.16)	1.14 (1.12, 1.15)			
COPD	1.12 (1.10-1.13)	1.12 (1.10-1.13)			
Lung cancer	1.12 (1.07-1.14)	1.12 (1.07-1.14)			

 $^{^{\}rm a}$ PM $_{\rm 2.5}$ levels were based on mean exposures during 2000–2005 at each participant's baseline cohort site.

^bAdjusted for age, individual-level covariates including marital status, educational level, smoking status, years of smoking, cigarettes per day, passive smoking, occupational exposure, alcohol drinking, units of alcohol per week, BMI, consumption of fresh fruit and vegetables, and indoor air pollution, and area-level covariates including urban/rural, region and mean years of education. This model corresponds to "model 2" in Table 3 in the manuscript.

Table S2: Hazard ratios (95%CI) of mortality associated with 10ug/m³ increase in PM_{2.5} levels^a by incremental adjustment for risk factors, -2LL and percent change in the –2LL relative to the age-adjusted basic model

Cause of death	Age-adjusted	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7	Model 8
	basic model								
Non-accidental									
HR (95%CI)	1.03(1.02-1.03)	1.04(1.03-1.04)	1.03(1.02-1.03)	1.05(1.05-1.06)	1.03(1.03-1.04)	1.07(1.07-1.08)	1.03(1.03-1.04)	1.05(1.05-1.06)	1.09(1.08-1.09)
-2LL(% change)	813238(0)	761946(-6.3)	712884(-12.3)	601543(-26.0)	761916(-6.3)	554665(-31.8)	712864(-12.3)	601542(-26.0)	554590(-31.8)
Cardiovascular									
HR (95%CI)	1.07(1.06-1.07)	1.06(1.05-1.07)	1.06(1.05-1.07)	1.08(1.07-1.09)	1.04(1.03-1.05)	1.09(1.08-1.10)	1.04(1.03-1.05)	1.07(1.06-1.09)	1.09(1.08-1.10)
-2LL(% change)	287716(0)	285040(-0.9)	266691(-7.3)	224310(-22.0)	284962(-1.0)	206935(-28.1)	266587(-7.3)	224310(-22.0)	206934(-28.1)
IHD									
HR (95%CI)	1.14(1.12-1.15)	1.11(1.09-1.13)	1.09(1.07-1.11)	1.14(1.11-1.16)	1.05(1.03-1.07)	1.11(1.08-1.13)	1.05(1.03-1.07)	1.09(1.07-1.12)	1.09(1.06-1.12)
-2LL(% change)	56530(0)	55849(-1.2)	51416(-9.0)	43491(-23.1)	55662(-1.5)	39457(-30.2)	51266(-9.3)	43451(-23.1)	39451(-30.2)
Stroke									
HR (95%CI)	1.08(1.07-1.09)	1.07(1.06-1.08)	1.07(1.06-1.08)	1.09(1.08-1.11)	1.06(1.05-1.07)	1.13(1.11-1.14)	1.06(1.04-1.07)	1.11(1.10-1.13)	1.14(1.13-1.16)
-2LL(% change)	173814(0)	171875(-1.1)	161299(-7.2)	134790(-22.5)	171853(-1.1)	124435(-28.4)	161252(-7.2)	134761(-22.5)	124408(-28.4)
COPD									
HR (95%CI)	0.98(0.97-0.98)	1.00(0.99-1.01)	1.00(0.99-1.01)	1.01(1.00-1.02)	1.05(1.04-1.06)	1.05(1.04-1.07)	1.07(1.06-1.08)	1.06(1.05-1.08)	1.12(1.10-1.13)
-2LL(% change)	180580(0)	177215(-1.9)	167847(-7.1)	139296(-22.9)	176712(-2.1)	130292(-27.8)	166999(-7.5)	139005(-23.0)	129895(-28.1)
Lung cancer									
HR (95%CI)	1.03(1.01-1.05)	1.04(1.02-1.07)	1.01(0.99-1.03)	1.12(1.10-1.15)	0.98(0.96-1.00)	1.13(1.10-1.16)	0.98(0.96-1.00)	1.11(1.10-1.14)	1.10(1.07-1.14)
-2LL(% change)	40049(0)	39625(-1.1)	36395(-9.1)	30944(-22.7)	39419(-1.6)	27968(-30.2)	36336(-9.3)	30868(-22.9)	27957(-30.2)

^aPM_{2.5} levels were based on mean exposures during 2000–2005 at each participant's baseline cohort site.

Model 1: age-adjusted basic model + individual-level covariates including marital status, educational level, smoking status, years of smoking, cigarettes per day, passive smoking, occupational exposure, alcohol drinking, units of alcohol per week, BMI, consumption of fresh fruit and vegetables, and indoor air pollution. Model 1 corresponds to "model 1" in Table 3 in the manuscript.

Model 2: model 1 + urban/rural

Model 3: model 1 + region

Model 4: model 1 + area-level mean years of education

Model 5: model 1 + urban/rural + region

Model 6: model 1 + urban/rural + area-level mean years of education

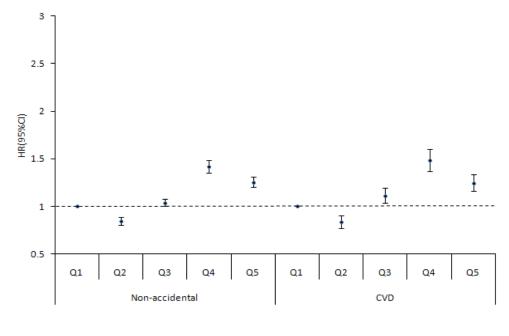
Model 7: model 1 + region + area-level mean years of education

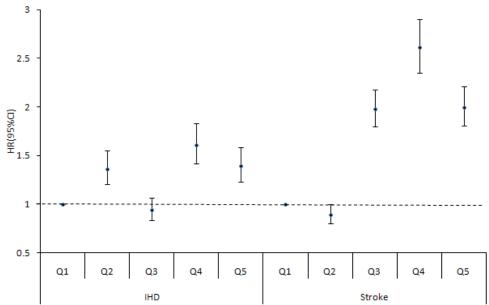
Model 8: model 1 + region + urban/rural + area-level mean years of education. Model 8 corresponds to "model 2" in Table 3 in the manuscript.

Table S3: Characteristics of cohort participants according to region and urban/rural

	No. of	Mean PM _{2.5} (range)	Non-accidental		CVD		COPD		Lung cancer	
	participants		No. of deaths	Mortality rate*	No. of deaths	Mortality rate*	No. of deaths	Mortality rate*	No. of deaths	Mortality rate*
Northeast	19413	22.7(16.5-33.2)	5065	2543	2103	1074	640	351	430	202
Urban	4424	27.1(18.7-33.2)	1297	2539	589	1159	155	310	102	197
Rural	14989	20.8(16.5-25.1)	3768	2567	1514	1048	485	372	328	205
North	16577	45.5(20.7-56.5)	4579	2837	2104	1295	783	530	270	155
Urban	6523	39.8(30.1-52.1)	1468	2052	669	948	139	202	171	220
Rural	10054	48.0(20.7-56.5)	3111	3517	1435	1592	644	828	99	101
Northwest	21363	44.8(25.9-55.0)	6466	3181	2630	1318	1652	858	223	100
Urban	4930	33.0(25.9-43.9)	1513	3216	415	894	507	1100	56	111
Rural	16433	48.7(39.1-55.0)	4953	3168	2215	1436	1145	785	167	97
Southwest	39267	39.5(15.5-71.1)	11811	2770	3488	818	4190	996	466	102
Urban	4527	38.8(24.3-63.8)	2078	4121	624	1241	378	728	157	324
Rural	34740	39.6(15.5-71.1)	9733	2584	2864	763	3812	1031	309	75
South-central	78103	46.2(28.3-69.6)	18340	2240	7315	898	3680	474	834	94
Urban	10805	43.1(34.5-60.1)	2083	2063	863	867	272	302	157	132
Rural	67298	46.4(28.3-69.6)	16257	2275	6452	907	3408	500	677	89
East	15070	43.8(27.3-75.1)	3761	2186	1219	712	1044	629	300	164
Urban	7054	62.6(46.1-75.1)	1490	1636	578	637	186	208	151	155
Rural	8016	27.3(27.3-27.3)	2271	2795	641	788	858	1132	149	163

^{*}age-adjusted mortality rate (per 100,000 person years)





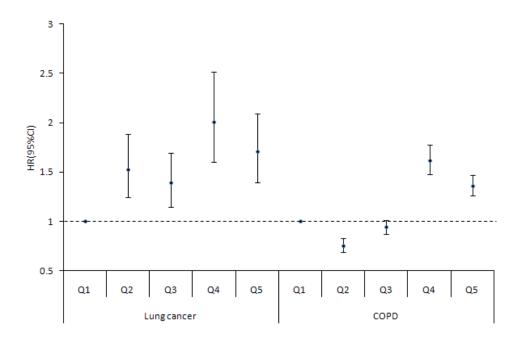
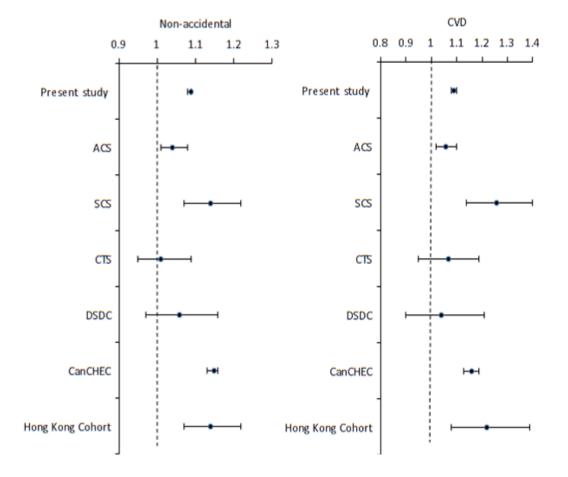
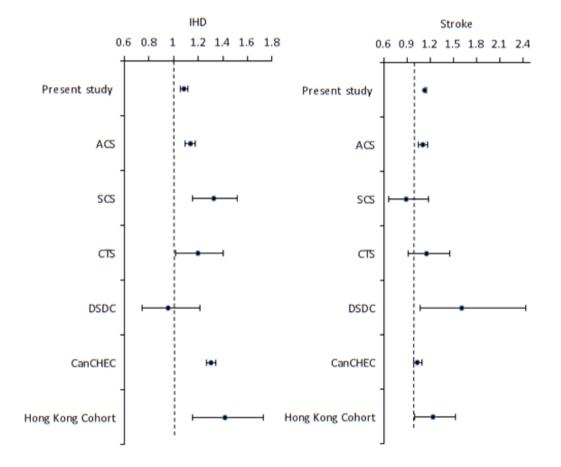


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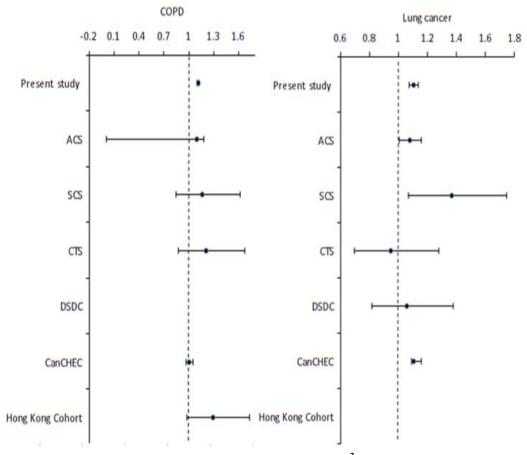


Figure S2. Comparison of hazard ratios associated with 10ug/m^3 increase of PM_{2.5} between our study and major cohort studies.

ACS: American Cancer Society Cancer Prevention Study II (Krewski et al, 2009);

SCS: Six City Study (Lepeule et al, 2012);

CTS: California Teachers Study (Lispett et al, 2011);

DSDC: Dutch Study of Diet and Cancer (Beelen et al, 2008);

CanCHEC: Canadian Census Health and Environment Cohort (Crouse et al, 2012);

Hong Kong cohort (Wong et al, 2015).

References:

Beelen R, Hoek G, van den Brandt PA, Goldbohm RA, Fischer P, Schouten LJ, et al. 2008. Long-term effects of traffic-related air pollution on mortality in a dutch cohort (nlcs-air study). Environ Health Perspect 116:196-202.

Crouse DL, Peters PA, van Donkelaar A, Goldberg MS, Villeneuve PJ, Brion O, et al. 2012. Risk of nonaccidental and cardiovascular mortality in relation to long-term exposure to low concentrations of fine particulate matter: A canadian national-level cohort study. Environ Health Perspect 120:708-714.

Krewski D, Jerrett M, Burnett RT, Ma R, Hughes E, Shi Y, et al. 2009. Extended follow-up and spatial analysis of the american cancer society study linking particulate air pollution and mortality. Research report:5-114; discussion 115-136.

Lepeule J, Laden F, Dockery D, Schwartz J. 2012. Chronic exposure to fine particles and mortality: An extended follow-up of the harvard six cities study from 1974 to 2009. Environ Health Perspect 120:965-970.

Lipsett MJ, Ostro BD, Reynolds P, Goldberg D, Hertz A, Jerrett M, et al. 2011. Long-term exposure to air pollution and cardiorespiratory disease in the california teachers study cohort. Am J Respir Crit Care Med 184:828-835.

Wong CM, Lai HK, Tsang H, Thach TQ, Thomas GN, Lam KB, et al. 2015. Satellite-based estimates of long-term exposure to fine particles and association with mortality in elderly hong kong residents. Environ Health Perspect 123:1167-1172.