Supplemental Table S1. Interactions Between Regular Use of NSAIDs and BMI/Smoking in Relation to Colorectal Cancer Risk Using Multiple Imputation

	Any NSAID				Aspirin				Non-aspirin NSAIDs			
	Cases	Controls	OR (95% CI) ^a	P value	Cases	Controls	OR (95% CI) a	P value	Cases	Controls	OR (95% CI) a	P value
BMI, kg/m ²												
Normal (18.5-24.9)	4,113	6,311	0.71 (0.64, 0.78)	<0.001	4,080	6,286	0.76 (0.68, 0.85)	< 0.001	3,944	6,028	0.73 (0.63, 0.86)	< 0.001
Overweight (25-29.9)	4,827	6,322	0.76 (0.69, 0.83)	<0.001	4,783	6,284	0.74 (0.67, 0.82)	< 0.001	4,663	6,139	0.80 (0.70, 0.91)	0.001
Obese (≥30)	2,647	2,957	0.86 (0.76, 0.97)	0.014	2,623	2,939	0.92 (0.79, 1.06)	0.234	2,621	2,928	0.82 (0.69, 0.96)	0.015
P value for interaction ^b				0.078				0.092				0.822
Smoking, pack-years ^c												
Non-smoker	4,902	6,930	0.70 (0.64, 0.77)	<0.001	4,854	6,889	0.71 (0.64, 0.79)	<0.001	4,882	6,911	0.74 (0.65, 0.84)	<0.001
≤ median	2,934	4,211	0.79 (0.71, 0.89)	<0.001	2,913	4,192	0.81 (0.71, 0.92)	0.001	2,915	4,204	0.81 (0.69, 0.95)	0.012
> median	3,444	4,053	0.78 (0.70, 0.87)	<0.001	3,412	4,030	0.83 (0.73, 0.94)	0.003	3,434	4,040	0.80 (0.68, 0.94)	0.007
P value for interaction ^b				0.076				0.021				0.260

^{*} CRC: colorectal cancer; PMH: postmenopausal hormone; BMI: body mass index

^a Study-specific ORs and 95% CIs are estimated using logistic regression models, adjusting for age, sex, education (less than high school, high school graduate or GED, some college, college graduate, graduate degree), first-degree family history of colorectal cancer (yes/no), history of endoscopy (yes/no), postmenopausal hormone use among women (yes/no), history of diabetes(yes/no), body mass index (kg/m²), moderate/vigorous activity (hours/week), smoking (non-smokers and quartiles of pack-years), alcohol intake (none, 1-28g/day, >28g/day), dietary intakes (quartiles) of fruit, vegetables, red meat, processed meat and fiber, total energy intake (quartiles), total (dietary and supplemental) intakes of calcium and folate (quartiles). Covariates in quartiles are adjusted as group linear variables in the model. For aspirin or non-aspirin NSAID use only, the other type was also adjusted for

^b P for interaction based on interaction of dichotomous NSAID variable and linear (trend) effect modifier variable, using fixed-effect meta-analysis. The p values for heterogeneity were all >0.05, except for age. More details are described in methods.

[°] PHS was excluded in subgroup and interaction analyses for smoking since cases and controls were matched on smoking status in PHS.