#### **Supplementary Methods**

### **Ascertainment of Malignant Brain Cancers and Meningioma**

 Multiethnic Cohort (MEC) participants were followed prospectively for diagnosis of incident invasive brain cancer [malignant brain cancer, (C70.0, C71.0-C71.9), spinal cord and other CNS tumors (C72.0-C72.9) and histologies (9120-9161, 9380-9480, 9540-9560, 9370, 9494, 9505)] through routine linkage with the California Cancer Registry and the Hawaii Tumor Registry, which are a part of the National Cancer Institute's Surveillance, Epidemiology, and End Results Program (SEER), and for vital status through linkages to the National Death Index and death certificate files. MEC participants older than 65 years were linked to Centers for Medicare Services claims (1999-2016)[1]; 89% of these participants have been linked. The California participants were also linked to the California Office of Statewide Health Planning and Development (OSHPD) for hospital discharge data (1993-2014). To ascertain meningioma cases, we first utilized a subpopulation of MEC participants who have been linked to Medicare data using well-established methods [1]. Because participants who are enrolled in managed care plans were unlikely to have complete claim histories, the study population was restricted to California MEC fee-for-service participants. Second, we identified meningioma cases using cancer registry information on non-malignant brain tumors (meninges (C70.0-C70.9) and spinal cord and other CNS tumors (C72.0-C72.9)) that became a reportable disease on January 1, 2004 [2] according to the SEER mandated Benign Brain Tumor Cancer Registries Amendment Act. The International Classification of Diseases (ICD) 9<sup>th</sup> Revision codes 192.1, 192.3, 225.2, 225.4, and 237.6, and  $10<sup>th</sup>$  Revision codes C70.0, C70.1, D32.0, and D32.1 were used from the Medicare hospitalization claim (MedPAR) or from OSHPD files to identify meningioma cases. Additional cases were identified from Medicare outpatient and carrier files if there were two or more claims with the ICD codes as above and the claims were greater than 30 days apart. In addition, we included tumors of the meninges (C70.0-C70.9) and meningioma histology codes

(9530-9539) [2]. We selected the earliest claim date from either Medicare or OSHPD as the discovery date. For meningioma diagnosis identified by both SEER and Medicare or OSHPD, we compared the date of diagnosis/identification (month/year) and used the earlier date of diagnosis/identification. Of the meningioma cases included in this analysis, 32.7% were identified by both SEER and Medicare/OSHPD, 56.0% from Medicare/OSHPD only, and 11.3% from SEER only.

### **Address History, Geocoding, and Air Pollution Exposure Assessment**

For the 103,308 male and female MEC participants included in this study, there were 178,714 addresses recorded during the follow-up period. Residential addresses were geocoded to latitude and longitude coordinates of parcels, or street segments whenever parcels could not be identified. Geocoded addresses from 1993 through 2013 were linked to 1990 (1993-1996 addresses), 2000 (1997-2005 addresses), and 2010 (2006-2013 addresses) US Census block groups. Each MEC participant was assigned a composite measure of neighborhood socioeconomic status (nSES) [3, 4] based on the Census block group of his/her residential history across the study period that was categorized into quintiles based on the nSES distribution of Los Angeles County block groups.

Details of our air pollution exposure assessment methods for criteria air pollutants, using kriging interpolation, land use regression (LUR), and California line source dispersion model (CALINE4) have been presented recently [5]. In brief, kriging interpolation was used to estimate largely regional air pollution exposures for gaseous and PM pollutants based on routine  $NO<sub>2</sub>$ ,  $NO<sub>x</sub>, O<sub>3</sub>, CO, PM<sub>10</sub>, and PM<sub>2.5</sub> [6]. Measured concentrations of NO<sub>2</sub>, NO<sub>x</sub>, PM<sub>10</sub>, CO, and O<sub>3</sub> in$ 1993-2013 and PM $_{2.5}$  in 2000-2013 were obtained from US EPA routine air monitoring data. PM2.5 concentrations in 1993-1999 were estimated from our published spatiotemporal model that used  $PM_{10}$ , meteorological and spatial variables [7]. The LUR models were used to estimate regional and local  $NO<sub>2</sub>$  and  $NO<sub>x</sub>$  exposures based on air monitoring data from spatially

dense air monitoring campaigns and incorporated spatial predictors on land use and traffic characteristics; monthly scaling factors for temporal adjustment were applied based on routinely collected long-term air monitoring data nearest to the participant's home [8]. The CALINE4 model was used to estimate local concentrations of  $NO<sub>x</sub>$  based on traffic emissions data within 1500 meters of a residential location and meteorological and roadway data [9]. The correlation coefficients between the air pollutants measured at the closest monitor (benzene) and modeled by kriging, LUR, and CALINE4 were similar in men and women and by race/ethnicity; we presented results for all subjects combined **(see Supplementary Table 1).**

# **Statistical Analysis**

 Hazard ratios (HRs) and corresponding 95% confidence intervals (CI) were calculated for each pollutant based on fixed units (50 ppb for  $NO<sub>x</sub>$ , 20 ppb for  $NO<sub>2</sub>$ , 10 ppb for  $O<sub>3</sub>$ , 1000 ppb for CO, 10  $\mu$ g/m<sup>3</sup> for PM<sub>2.5</sub>, 10  $\mu$ g/m<sup>3</sup> for PM<sub>10</sub> and 1 ppb for benzene). These fixed units were chosen to be close to the respective interquartile ranges (IQRs) of pollutants determined by LUR and kriging interpolation. For the pollutants determined by LUR, the IQRs were 41.7 ppb for NO<sub>x</sub> and 18.2 ppb for NO<sub>2</sub>. For the pollutants determined by kriging, the IQRs were 51.4 ppb for NO<sub>x</sub>, 16.4 ppb for NO<sub>2</sub>, 9.3 for O<sub>3</sub>, 742.6 ppb for CO, 3.8  $\mu$ g/m<sup>3</sup> for PM<sub>2.5</sub>, and 9.0  $\mu$ g/m<sup>3</sup> for PM<sub>10</sub> and 1.2 ppb for benzene.

# **References**

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Supplementary Table 1. Pairwise correlation between air pollutant exposures by kriging, CALINE4, and LUR models, and benzene from baseline through study end date, MEC participants residing in California

\* Results as shown

Supplementary Table 2. Risk of malignant brain cancer and meningioma and exposure to gaseous air pollutants determined by land use regression (LUR) and California Line Source Dispersion model (CALINE4)



\* Stratified by age at entry, adjusted for race/ethnicity, sex, education, baseline body mass index, hypertension, neighborhood SES (nSES) at baseline, current nSES, smoking, occupation, and for women also included oral contraceptive use, type of menopause, hormone replacement therapy, and age at first livebirth. Categories of the covariate variables are shown in Table 1.

† Two-sided P value for a given air pollutant was obtained from the Cox proportional hazards model with adjustment as specified for all subjects combined, and in men and women separately.

‡ Stratified by age at entry, adjusted for race/ethnicity, education, baseline body mass index, hypertension, nSES at baseline, current nSES, smoking, and occupation

§ Stratified by age at entry, adjusted for race/ethnicity, education, baseline body mass index, hypertension, nSES at baseline, current nSES, smoking, occupation, oral contraceptive use, type of menopause, hormone replacement therapy, and age at first livebirth

|| Two-sided P value for heterogeneity by sex for a given air pollutant was obtained by including an interaction term for each pollutant with sex

 $\P$  HRs calculated per 50 ppb  $NO_x$  and per 20 ppb  $NO_2$ 

Supplementary Table 3. Risk of malignant brain cancer and exposure to kriging determined gaseous and particulate matter air pollutants and benzene in non-Latinos



\* Stratified by age at entry, adjusted for sex, race/ethnicity, education, baseline body mass index, hypertension, neighborhood SES (nSES) at baseline, current nSES, smoking, occupation, and for women also included oral contraceptive use, type of menopause, hormone replacement therapy, and age at first livebirth. Categories of the covariate variables are shown in Table 1.

† Two-sided P value for a given air pollutant was obtained from the Cox proportional hazards model with adjustment as specified for all subjects combined, and in men and women separately.

‡ Stratified by age at entry, adjusted for education, baseline body mass index, hypertension, nSES at baseline, current nSES, smoking, and occupation

§ Stratified by age at entry, adjusted for education, baseline body mass index, hypertension, nSES at baseline, current nSES, smoking, occupation, oral contraceptive use, type of menopause, hormone replacement therapy, and age at first livebirth

|| Two-sided P value for heterogeneity by sex for a given air pollutant was obtained by including an interaction term for each pollutant with sex

 $\P$  HRs calculated per 50 ppb NO, per 20 ppb NO<sub>2</sub>, per 10 ppb of O<sub>3</sub>, per 1000 ppb CO, and per 10  $\mu$ g/m<sup>2</sup> of PM<sub>2.5</sub> and PM<sub>10</sub>

# HRs calculated per 1 ppb benzene, within <20 km distance from monitoring stations

Supplementary Table 4. Risk of malignant glioma (C710-C719) and exposure to kriging determined gaseous and particulate matter air pollutants and benzene



Of the 165 malignant gliomas, the top subsites were temporal lobe (C71.2, n=40), frontal lobe (C71.1, n=35), parietal lobe (C71.3, n=22) and overlapping sites (C71.8, n=38). Stratified by age at entry, adjusted for race/ethnicity, sex, education, baseline body mass index, hypertension, neighborhood SES (nSES) at baseline, current nSES, smoking, occupation, and for women also included oral contraceptive use, type of menopause, hormone replacement therapy, and age at first livebirth. Categories of the covariate variables are shown in Table 1.

† Two-sided P value for a given air pollutant was obtained from the Cox proportional hazards model with adjustment as specified for all subjects combined, and in men and women separately.

‡ Stratified by age at entry, adjusted for race/ethnicity, education, baseline body mass index, hypertension, nSES at baseline, current nSES, smoking, and occupation

§ Stratified by age at entry, adjusted for race/ethnicity, education, baseline body mass index, hypertension, nSES at baseline, current nSES, smoking, occupation, oral contraceptive use, type of menopause, hormone replacement therapy, and age at first livebirth

|| HRs calculated per 50 ppb NO, per 20 ppb NO<sub>2</sub>, per 10 ppb of O<sub>3</sub>, per 1000 ppb CO, and per 10  $\mu q/m^2$  of PM<sub>2.5</sub> and PM<sub>10</sub>

¶ HRs calculated per 1 ppb benzene, within <20 km distance from monitoring stations.

#. HRs calculated per 1 ppb benzene, within <10 km distance from monitoring stations.



Supplementary Table 5. Risk of meningioma and exposure to kriging determined gaseous and particulate matter air pollutants, and benzene

\* Stratified by age at entry, adjusted for race/ethnicity, sex, education, baseline body mass index, hypertension, neighborhood SES (nSES) at baseline, current nSES, smoking, occupation, and for women also included oral contraceptive use, type of menopause, hormone replacement therapy, and age at first livebirth. Categories of the covariate variables are shown in Table 1.

† Two-sided P value for a given air pollutant was obtained from the Cox proportional hazards model with adjustment as specified for all subjects combined, and in men and women separately.

‡ Stratified by age at entry, adjusted for race/ethnicity, education, baseline body mass index, hypertension, nSES at baseline, current nSES, smoking, and occupation

§ Stratified by age at entry, adjusted for race/ethnicity, education, baseline body mass index, hypertension, nSES at baseline, current nSES, smoking, occupation, oral contraceptive use, type of menopause, hormone replacement therapy, and age at first livebirth

|| Two-sided P value for heterogeneity by sex for a given air pollutant was obtained by including an interaction term for each pollutant with sex

 $\parallel$  HRs were conducted per 50 ppb NO, per 20 ppb NO<sub>2</sub>, per 10 ppb of O<sub>3</sub>, per 1000 ppb CO, and per 10  $\mu$ g/m<sup>2</sup> of PM<sub>2.5</sub> and PM<sub>10</sub>

#. HRs were conducted per 1 ppb benzene, within <20 km, <15 km, <10 km, and <7 km from benzene monitoring stations