Supplemental Table S1. Association for venous thromboembolism type based on statin, aspirin use.

Statin	Aspirin	No VTE	DVT alone	PE*	*P*-value[†]
		1,888 (94.0%)	72 (3.6%)	48 (2.4%)	0.06
	+	124 (97.6%)	1 (0.8%)	2 (1.6%)	
+		292 (97.3%)	5 (1.7%)	3 (1.0%)	
+	+	91 (98.9%)	1 (1.1%)	0	

Percentages are per column. *PE without or without DVT. †Chi-square test for *Ptrend*-value. Abbreviations: HR, hazard ratio; CI, confidence interval; Aspirin, low-dose aspirin; VTE, venous thromboembolism; DVT, deep venous thromboembolism; and PE, pulmonary embolism.

Supplemental Table S2. Adjustment models for association of statin, aspirin use and venous thromboembolism risk.

Adjustment model	HR (95%CI)	*P*-value
Demographics alone		
Statin		
No	1	
Yes	0.41 (0.21-0.82)	**0.011**
ASA		
No	1	
Yes	0.28 (0.10-0.79)	**0.014**
Demographics and comorbidity		
Statin		
No	1	
Yes	0.35 (0.16-0.78)	**0.010**
ASA		
No	1	
Yes	0.31 (0.11-0.87)	**0.025**
Demographics, comorbidity, and tumor factors		
Statin		
No	1	
Yes	0.36 (0.16-0.79)	**0.011**
ASA		
No	1	
Yes	0.40 (0.14-1.12)	0.081
Demographics, comorbidity, tumor factors, and treatment type		
Statin		
No	1	
Yes	0.41 (0.19-0.92)	**0.030**
ASA		
No	1	
Yes	0.39 (0.14-1.089	0.072
Demographics, comorbidity, tumor factors, and treatment type, and survival factors		
Statin		
No	1	
Yes	0.45 (0.20-0.99)	**0.049**
ASA		
No	1	
Yes	0.51 (0.18-1.43)	0.20

Cox proportional hazard regression models for *P*-values. Significant *P*-values are emboldened. Demographics included age (every quartile), country (USA *versus* Japan), and obesity (<30.0, 30-34.9, 35.0-39.9, and ≥40.0). Comorbidities included hypertension (yes *versus* no), diabetes mellitus (yes *versus* no), and hypercholesterolemia (yes *versus* no). Tumor factors included histology (type I *versus* type II), cancer stage (I-II *versus* III-IV), and CA-125 (<35 *versus* ≥35 IU/L). Treatment factors included hysterectomy (none, minimally-invasive, and laparotomy).