Supplementary Online Content

Ospina-Romero M, Glymour MM, Hayes-Larson E, et al. Association between Alzheimer disease and cancer with evaluation of study biases: a systematic review and meta-analysis incorporating evaluation of study biases. *JAMA Netw Open*. 2020;3(11):e2025515. doi:10.1001/jamanetworkopen.2020.25515

eFigure 1. PRISMA Flow Diagram of Screening and Inclusion Process

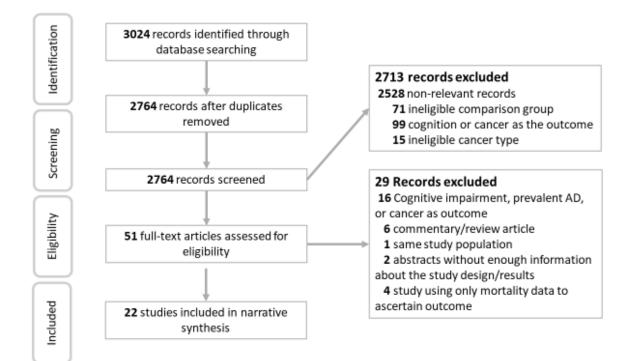
eTable 1. Study Methods of Cancer Diagnosis Ascertainment

eTable 2. Cancer Types Reported in Studies in the Category "All Cancer Types"

eTable 3. Overview of Methodological Study Biases

eFigure 2. Funnel Plot of Study Standard Error (a Function of Sample Size) by lnHR for Longitudinal Cohort Studies Estimating HRs for AD Risk (k = 16)

This supplementary material has been provided by the authors to give readers additional information about their work.



eFigure 1. PRISMA Flow Diagram of Screening and Inclusion Process. Studies considered ineligible cancer type were studies that investigated one type of cancer and this cancer was not breast, prostate, colorectal, or non-melanoma skin cancer.

Method of ascertainment	Defined in the analysis as:	Study	
Self-reported cancer	Three groups: prevalent, time-varying incident cancer, and no cancer during follow-up.	White 2013	
	Two groups: Cancer (prevalent and incident cases) and no cancer. Cancer variable was updated to include new cases during follow-up.	Driver 2012	
	Two groups: Prevalent cancer and no cancer at baseline	Roe 2005	
		Roe 2010	
	Two groups: history of cancer or no history of cancer at the time of	Nudelman 2014	
	AD diagnosis	Realmuto 2012	
Linking data from cancer registries or surveillance research programs (e.g. Surveillance, Epidemiology, and End Result (SEER) program)	Three groups: prevalent cancer, time-varying incident cancer, and no cancer. Prevalent cancer cases assigned to incident cancer group if they had a new malignancy during follow-up.	Bowles 2017	
	Two groups: Cancer (prevalent and incident combined) and no cancer. Cancer variable was updated to include new cases during follow-up.	Driver 2012	
	Multiple approaches to define cancer groups. Authors aimed to demonstrate biases introduced by these analytical approaches.	Hanson 2017	
	Two groups: Incident cancer and random sample of cancer-free	Musicco 2013	
	controls.	Ording 2020	
		Prinelli 2018	
		Robinson 2018	
		Shahinian 2006	
		Schmidt 2017	
		Sun 2020	
		Freedman 2016	
Medical claims (hospitals, ambulatory centers,	New cancer diagnosis, recurrent primary or metastatic cancer (Roe 2010).	Frain 2017	
procedures)		Roe 2010	
		Chung 2016	

eTable 1. Study Methods of Cancer Diagnosis Ascertainment

	Wu 2011 Sun 2016 Smith 2018
First dispensed use of androgen deprivation therapy for prostate cancer vs no cancer controls.	Ng 2018

Study	Cancer types				
Bowles et al. 2017	Oral cavity/pharynx, colon and rectum, other digestive system, lungs and				
	bronchus, soft tissue including heart, skin, breast, female genital system,				
	prostate, urinary system, lymphoma.				
Driver et al. 2012	Head and neck, esophagus or stomach, colon, rectum, pancreas, lung,				
	hematological, connective tissue, melanoma, breast, uterus and endometrium,				
	cervix, ovary, prostate, kidney, brain lymph nodes, other.				
Frain et al. 2017	Prostate, lung, colorectal, breast, bladder, melanoma, lymphoma, leukemia,				
	renal, myeloma, esophagus, pancreas, stomach, other				
Freedman et al. 2016	Oral cavity, esophageal, stomach, small intestine, colon, rectum, pancreas,				
	larynx, lung and bronchus, melanoma, breast, cervix, uterus, ovary, prostate,				
	bladder, kidney/renal pelvis, thyroid, leukemia,				
Hanson et al. 2017					
	Non-malignant neoplasms and non-melanoma skin cancer were excluded.				
Musicco et al. 2013	Breast, prostate, colon, lung, urinary bladder, gastric, metastases with/without				
	unspecified primary tumor, rectal, liver, pancreas, kidney, lymphomas, uterine				
	body, leukemias, multiple myeloma, brain, biliary system, larynx, ovary, other.				
Nudelman et al. 2014	Breast, female other types, gastrointestinal, bladder, renal, oral cavity,				
	glandular, leukemia, lymphoma, melanoma, non-melanoma skin cancer,				
	prostate, male other types, other.				
Ording et al 2020	Bladder, brain, breast, colon, kidney, leukemia, lung, melanoma skin cancer,				
	non-melanoma skin cancer, pancreatic, prostate, others.				
Prinelli et al. 2018					
	Included cancer sites/types were not reported				
Realmuto et al 2012					
	Prostate, intestines, ovary, uterus, breast, skin, central nervous system, others				
Roe et al. 2005					
	Included cancer sites/types were not reported				
Roe et al 2010					
	Included cancer sites/types were not reported				
Sun et al. 2020	Oral cavity, salivary gland, esophageal, stomach, small intestine, colon, rectum,				
	anus, liver, pancreas, nose, lung, breast, cervix, endometrium, ovary, other				
	female genitals, prostate, testis, other male genitals, kidney, urinary bladder,				
	melanoma, skin, eye, nervous system, thyroid gland, endocrine glands,				
	connective tissue, non-Hodgkin lymphoma, Hodgkin lymphoma, myeloma,				
	leukemia				

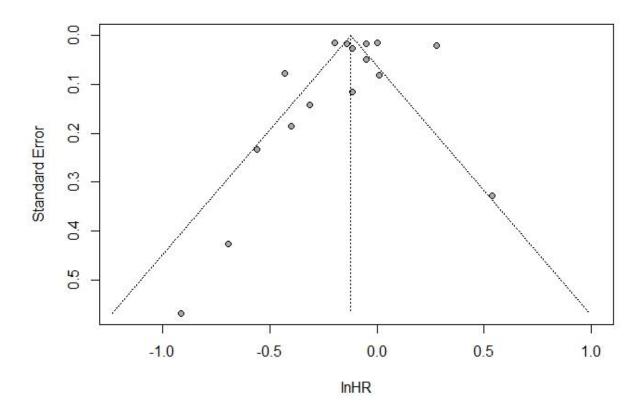
eTable 2. Cancer Types Reported in Studies in the Category "All Cancer Types"

eTable 3. Overview of Methodological Study Biases

	Types of Methodological Study Biases								
	Bias from handling of potential confounders		Diagnostic bias		Competing risks	Survival bias and related biases			
	Missing adjustment for age, sex, or education	Adjusted for factors influenced by cancer	Cognitively impaired individuals not excluded at baseline	Cancer status might influence AD diagnosis	Estimated cumulative risks (as opposed to incidence or hazard rates)	Prevalent cancers not separated from incident cancers	Cancer type that raises subsequent mortality risk	High % of missing data	Restrictive inclusion and exclusion criteria
Meta-regressions ^a									
Pooled lnHR (95% CI) in studies without the bias	-0.15 (-0.34, 0.04)	-0.15 (-0.28, -0.02)	-0.09 (-0.22, 0.03)	-0.32 (-0.54, -0.10)	-0.13 (-0.26, 0.00)	-0.09 (-0.20, 0.02)	-0.19 (-0.57, 0.20)	-0.10 (-0.22, 0.01)	-0.12 (-0.24, 0.00)
Difference in lnHR (95% CI) for studies with the bias	0.04 (-0.20, 0.29)	0.13 (-0.13, 0.39)	-0.14 (-0.45, 0.16)	0.26 (0.01, 0.52)	0.09 (-0.32, 0.50)	-0.34 (-0.71, 0.03)	0.07 (-0.33, 0.48)	-0.46 (-1.13, 0.22)	-0.01 (-0.92, 0.90)
R^2	1.6%	32.4%	22.1%	16.7%	6.7%	21.1%	5.5%	16.3%	6.2%
Studies of all cancer typ	pes	1	1	1	1	1			L
Bowles et al. 2017									
Driver et al. 2012									
Frain et al. 2017									
Freedman et al. 2016									
Hanson et al. 2017 ^b									
Musicco et al. 2013									
Nudelman et al. 2014				*					
Ording et al. 2020									
Prinelli et al. 2018									
Realmuto et al. 2012				*					
Roe et al. 2005									
Roe et al. 2010									
Sadahiro et al. 2019									
Sun et al. 2020									

© 2020 Ospina-Romero M et al. JAMA Network Open.

Yarchoan et al. 2017									
Studies of prostate cancer									
Chung et al. 2016									
Ng et al. 2018									
Robinson et al. 2018									
Shahinian et al. 2006									
Smith et al. 2018 ^b									
Studies of nonmelanon	na skin cancer				·	•		•	
Schmidt et al. 2017 ^c									
White et al. 2013									
Wu et al. 2011									
Studies of breast cance	r				•		•	•	•
Sun et al. 2016					**				
^a Meta-regressions addit	^a Meta-regressions additionally adjusted for study design (case-control vs cohort) as a covariate								•
	^b Studies not included in meta-regression because only age-stratified measures of association were reported								
^c Study not included in meta-regression to prevent double counting people from Denmark									
* Case-control studies in which AD status might influence cancer ascertainment									
**Estimated HR from Cox regression with Lunn-McNeil approach that incorporates competing risks									
Abbreviations: AD, Alzheimer's disease; CI, Confidence interval									



eFigure 2. Funnel Plot of Study Standard Error (a Function of Sample Size) by lnHR for Longitudinal Cohort Studies Estimating HRs for AD Risk (k = 16).