Supplementary Tables

Supplementary Table 1. Summary of lung cancer cases (N=360) included in		NOOLO NOO	001.0	
	Adenocarcinoma	Squamous cell	NSCLC, NOS	SCLC
Cases identified during active follow-up (1994 to 2005)				
Included in our risk analysis ^a	135	96	9	67 ^b
Unable to be matched to controls for our risk analysis ^a	9	12	0	9
Cases with unknown histotype who were classified as a specific histotype post-2005	1	6	0	4
Case with SCLC histotype whose histotype was re-assigned post-2005	0	0	1 ^b	0
Cases ascertained during passive follow-up (2005 to 2013)	3	1	6	1
Total in the present study	148	115	16	81

^aGrieshober, L., et al. (2018). "Methylation-derived Neutrophil-to-Lymphocyte Ratio and Lung Cancer Risk in Heavy Smokers." <u>Cancer Prevention Research</u> **11**(11): 727-734. ^bOne SCLC case was re-classified as NSCLC, NOS for a total of 68 SCLC cases included in our risk analysis^a.

Supplementa blood draw.	ary Tabl	e 2. md	INLR and mortali	ty ^a for lu	ung car	ncer cases by his	stotype,	exclud	ing those diagno	sed wit	hin two	years of
	NSCLC							SCLC				
		All N	ISCLC ^a		Adenoc	arcinoma	Squamous cell carcinoma					
mdNLR	Death	Case	HR (95% CI)	Death	Case	HR (95% CI)	Death	Case	HR (95% CI)	Death	Case	UD (05% CI)
	N	N	HR (95% CI)	N	N	HK (95% CI)	N	N		N	N	HR (95% CI)
Lung cancer-specific mortality												
Continuous	179	225	0.96 (0.87, 1.07)	86	112	1.10 (0.89, 1.36)	82	99	0.92 (0.81, 1.05)	59	62	1.21 (0.96, 1.53)
Q1 (lowest inflammation)	44	58	Ref	27	38	Ref	16	18	Ref	20	20	Ref
Q2	37	51	0.80 (0.51, 1.25)	16	23	0.83 (0.43, 1.61)	20	26	0.69 (0.33, 1.46)	16	17	1.21 (0.58, 2.51)
Q3	46	54	1.07 (0.70, 1.63)	19	21	1.17 (0.63, 2.19)	21	26	0.92 (0.44, 1.92)	12	14	1.39 (0.60, 3.20)
Q4 (highest inflammation)	52	62	0.98 (0.63, 1.51)	24	30	1.24 (0.67, 2.32)	25	29	0.66 (0.34, 1.30)	11	11	3.54 (1.37, 9.14)
	F	P-trend	0.75	F	P-trend	0.32	F	P-trend	0.38	F	P-trend	0.01
					All-caus	e mortality						
Continuous	211	225	0.97 (0.89, 1.06)	101	112	1.12 (0.94, 1.35)	97	99	0.91 (0.81, 1.03)	62	62	1.19 (0.95, 1.50)
Q1 (lowest inflammation)	53	58	Ref	33	38	Ref	18	18	Ref	20	20	Ref
Q2	47	51	0.86 (0.57, 1.29)	20	23	0.86 (0.47, 1.56)	26	26	0.80 (0.40, 1.60)	17	17	1.28 (0.63, 2.62)
Q3	52	54	1.07 (0.72, 1.59)	20	21	1.07 (0.60, 1.92)	25	26	0.99 (0.50, 1.99)	14	14	1.44 (0.64, 3.25)
Q4 (highest inflammation)	59	62	0.94 (0.63, 1.41)	28	30	1.24 (0.70, 2.19)	28	29	0.65 (0.34, 1.24)	11	11	3.37 (1.33, 8.57)

Abbreviations: BMI = Body Mass Index; CI = Confidence Interval; HR = Hazard Ratio; mdNLR = Methylation-Derived Neutrophil-to-Lymphocyte Ratio; NSCLC = Non-Small Cell Lung Cancer; NOS = Not Otherwise Specified; SCLC = Small Cell Lung Cancer

aMortality was estimated using Cox proportional hazards models adjusted for age, sex, smoking status, pack years at blood draw, and time between blood draw and diagnosis;

0.35

P-trend

0.29

P-trend

P-trend

0.95

P-trend

0.02

stage (early (I/II), late (III/IV), unknown) is included as a strata variable

b"All NSCLC" includes adenocarcinoma, squamous cell, and 16 cases with histotype NSCLC, NOS

Supplementary Table 3. Participating CARET Institutions and Federalwide Assurance Numbers by Study Center						
Study center	Institution(s)	Federalwide Assurance Number (FWA)				
Seattle	Fred Hutchinson Cancer Research Center, Seattle, Washington	1920				
	University of Washington, Seattle, Washington	6878				
Baltimore	University of Maryland, Baltimore, Maryland	7145				
Portland	Kaiser Foundation Research Institute on behalf of Kaiser Foundation Hospitals (Kaiser Permanente Center for Health Research, Portland, Oregon was the CARET-specific site)	2344				
New Haven	Yale University, New Haven, Connecticut	2571				
	Lawrence & Memorial Hospital, New London, Connecticut	3097				
San Francisco	University of California, San Francisco, California	68				
Irvine	University of California, Irvine, California	4071				