Supplemental Online Content

Bommareddy K, Hamade H, Lopez-Olivo MA, Wehner M, Tosh T, Barbieri JS. Association of spironolactone use with risk of cancer: a systematic review and meta-analysis. *JAMA Dermatol*. Published online February 9, 2022. doi:10.1001/jamadermatol.2021.5866

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

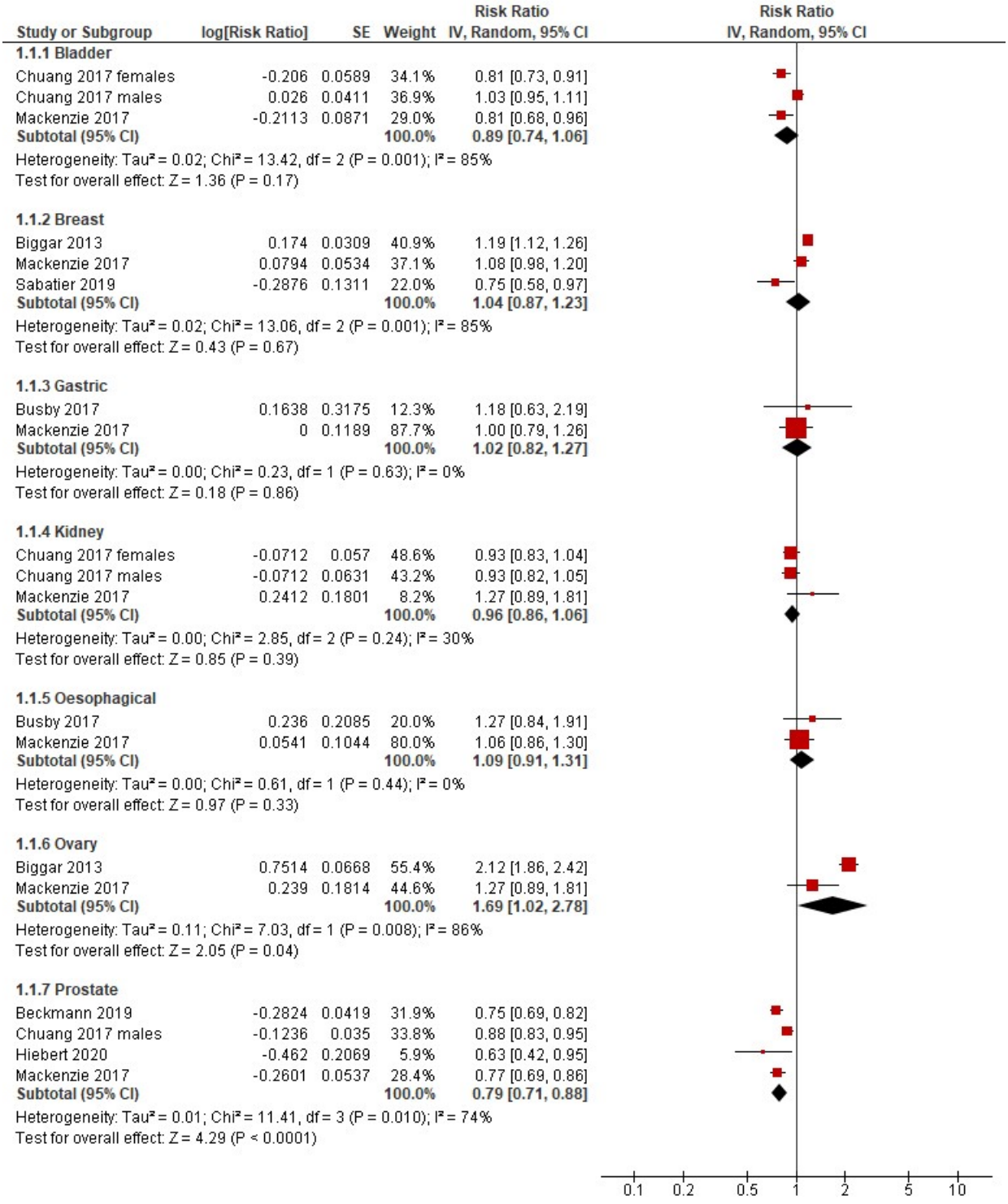
eAppendix. Search Strategy

PubMed Search Syntax:
1. (spironolactone OR aldactone OR spiractin OR verospiron OR Aldactone-A OR Berlactone, CaroSpir OR Espironolactona OR Espironolactona Genfar OR Novo-Spiroton, OR Spiridon OR Spirix OR Spiroctan OR Spiroderm OR Spirogamma OR Spirohexal OR Spirolon OR Spirolone OR Spiron OR Spironolactone Actavis OR Spironolactone Orion OR Spironolactone Teva OR Spirotone OR Uractone OR Uractonum OR Vivitar)
2. (cancer OR neoplasms OR adenoma OR malignancy OR tumor)
3. #1 AND #2

In addition, to ensure potentially relevant articles were not excluded, PubMed was searched using appropriate medical subject heading (MeSH) terms listed in the table. These terms were identified by reviewing the MeSH terms associated with the most relevant articles identified by the initial search. A similar search was performed in Cochrane library. Initial search strategy AND MeSH term were used in the search.

MeSH Terms
Spironolactone
Aldactone
Young Adult
Breast Neoplasms
Breast Adenoma
Breast Cancer
Ovarian Cancer
Cohort Studies
Case-Control Studies
Incidence
Retrospective Studies

eFigure. Forest Plot Including All Individual Studies



eTable 1. Sensitivity Analyses

Cancer	# estimates	Converted RRs [95% CI]*	DATA AS REPORTED IN THE ORIGINAL PUBLICATION**					
			# estimates	Reported OR [95% CI]	# estimates	Reported IRRs [95% CI]	# estimates	Reported HRs [95% CI]
Bladder	3 (Chuang 2017 females, Chuang 2017 males, Mackenkie 2017)	0.89 [0.71, 1.07]	2 (Chuang 2017 females, Chuang 2017 males)	0.92 [0.72, 1.16]	1 (Mackenzie 2017)	**0.81 [0.68, 0.96]**	-	
Breast	3 (Biggar 2013, Mackenzie 2017, Sabatier 2019)	1.04 [0.86, 1.22]	1 (Sabatier 2019)	**0.75 [0.58, 0.97]**	2 (Biggar 2013, Mackenzie 2017)	**1.15 [1.05, 1.26]**	-	
Gastric	2 (Busby 2017, Mackenzie 2017)	1.02 [0.80, 1.24]	1 (Busby 2017)	1.18 [0.63, 2.21]	1 (Mackenzie 2017)	1.00 [0.79, 1.26]	-	
Kidney	(Chuang 2017 females, Chuang 2017 males, Mackenkie 2017)	0.96 [0.85, 1.07]	2 (Chuang 2017 females, Chuang 2017 males)	0.93 [0.86, 1.01]	1 (Mackenzie 2017)	1.27 [0.89, 1.81]	-	
Esophageal	2 (Busby 2017, Mackenzie 2017)	1.09 [0.91, 1.27]	1 (Busby 2017)	1.27 [0.84, 1.92]	1 (Mackenzie 2017)	1.06 [0.86, 1.30]	-	
Ovary	2 (Biggar 2013, Mackenzie 2017)	1.52 [0.84, 2.20]	-	-	1 (Biggar 2013)	**2.12 [1.86, 2.42]**	1 (Mackenzie 2017)	1.28 [0.90, 1.82]
Prostate	4 (Beckmann 2019, Chuang 2017 males, Hiebert 2020, Mackenzie 2017)	**0.79 [0.68, 0.90]**	2 (Beckmann 2019, Chuang 2017 males)	**0.81 [0.70, 0.95]**	2 (Hiebert 2020, Mackenzie 2017)	**0.71 [0.55, 0.91]**	2 (Hiebert 2020, Mackenzie 2017)	0.77 [0.53, 1.13]

Boldtype font indicates statistical significance p≤0.05.

*Converted RRs refers to the use of previously published formulas to convert ORs or HRs into RRs.[17-19] [RR = OR / (1 - p + (p * OR); and RR=(1-$e^{HR\ ln(1-r))}$/r]

**Data reported in the original publication without any imputations.

eTable 2. Subgroup Analysis to Explore Heterogeneity (only analyses with I2>50%)

Cancer	Determinant (# studies)	RR [95% CI]	P-value
Bladder	Female (1)	0.81 [0.73, 0.91]	0.001
	Male (1)	1.03 [0.95, 1.11]	
Prostate	Heart failure (1)	0.63 [0.42, 0.95]	0.04
	Hypertension (1)	0.88 [0.83, 0.95]	
	Any (2)	0.76 [0.71, 0.81]	