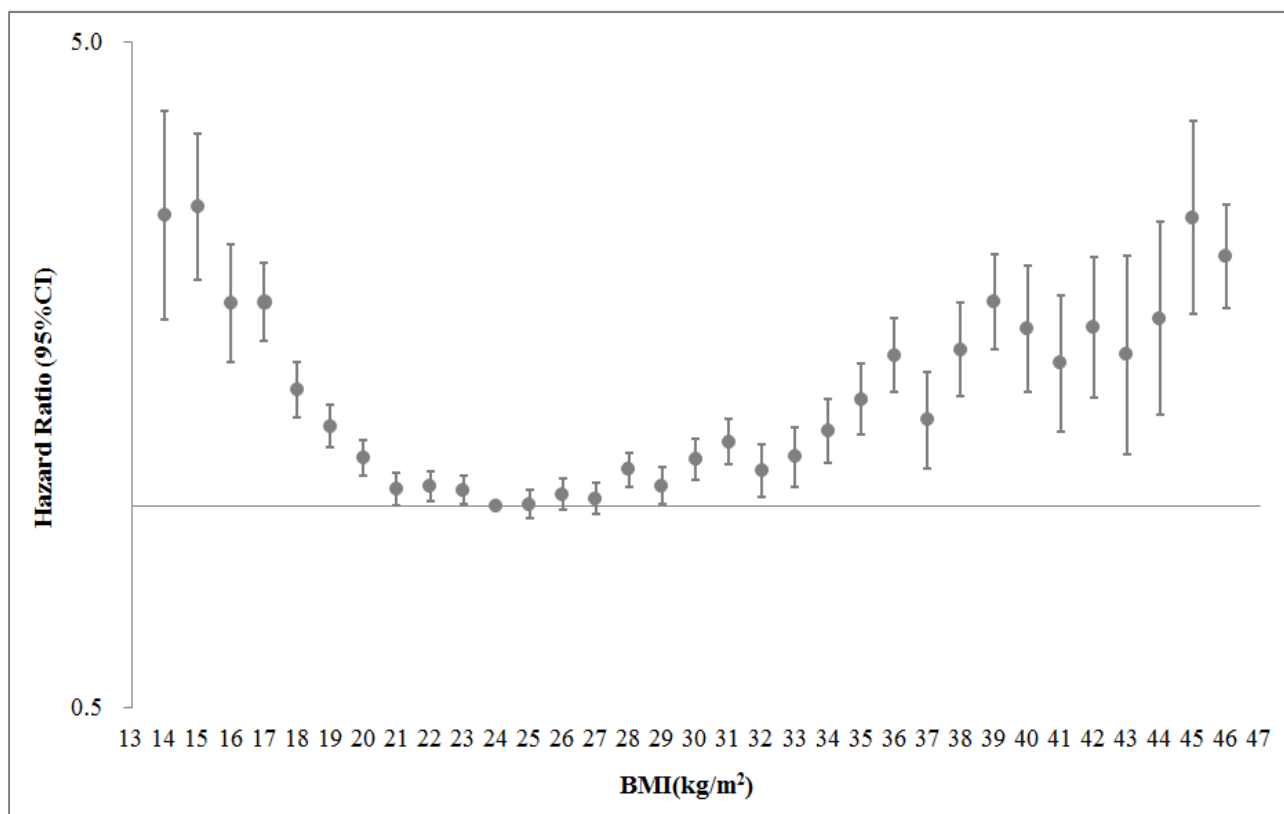
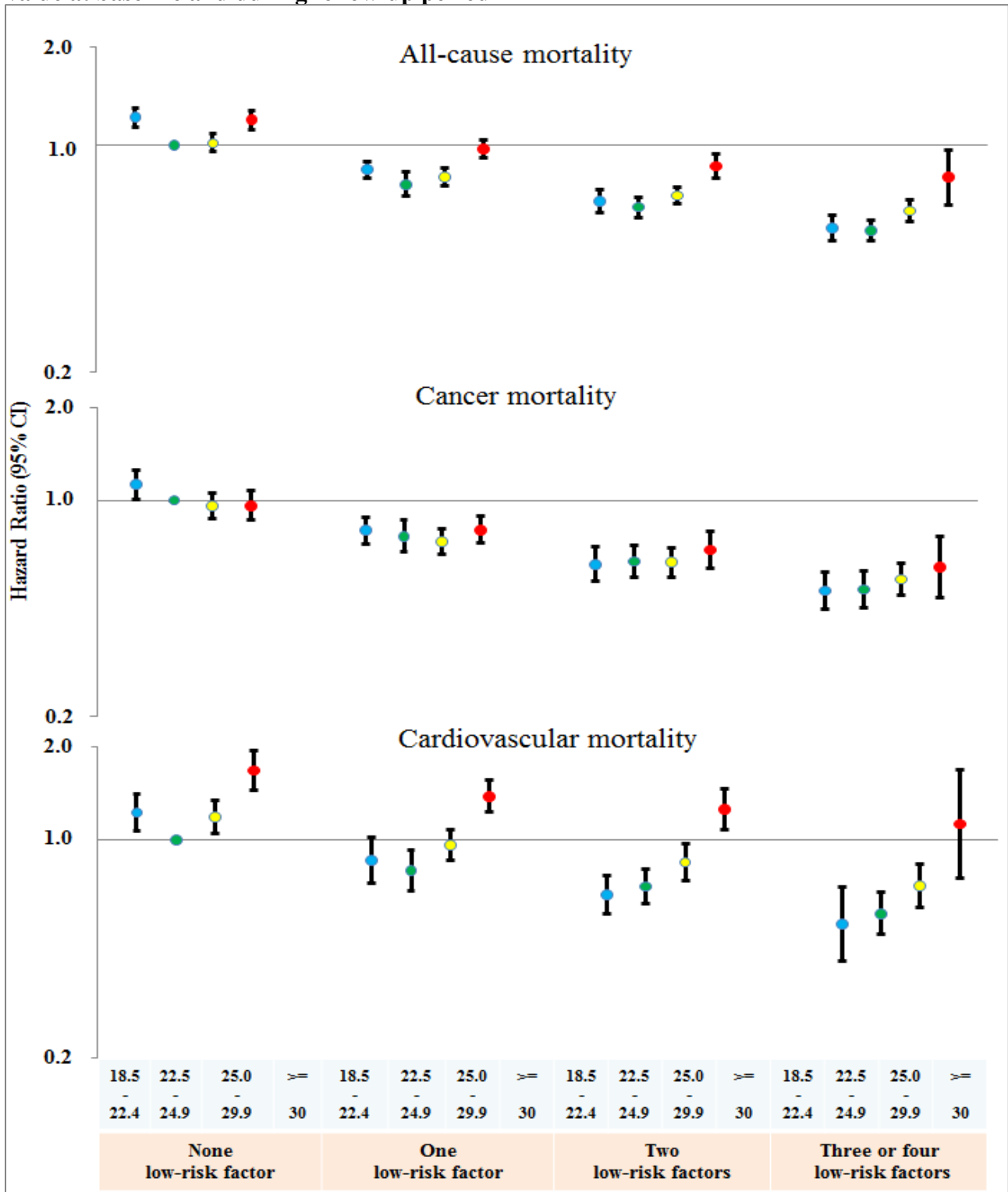


Fig A. Hazard ratios for all-cause mortality according to BMI by each unit



Adjusted for age; race; current multivitamin use, and current aspirin use; family history of diabetes mellitus, myocardial infarction, or cancer; and, for women, menopausal status and hormone use, smoking status (never smoker, former smoker, current smoker: 1-14, 15-24 or ≥ 25 cigarettes/d), exercise (hours/week: 0, 0.01-1.0, 1.0-3.5, 3.5-6.0, ≥ 6), alternate healthy eating index (quintile) and alcohol drinking (g/d: 0, 0.1-4.9, 5.0-14.9, 15.0-19.9, 20.0-29.9, and ≥ 30).

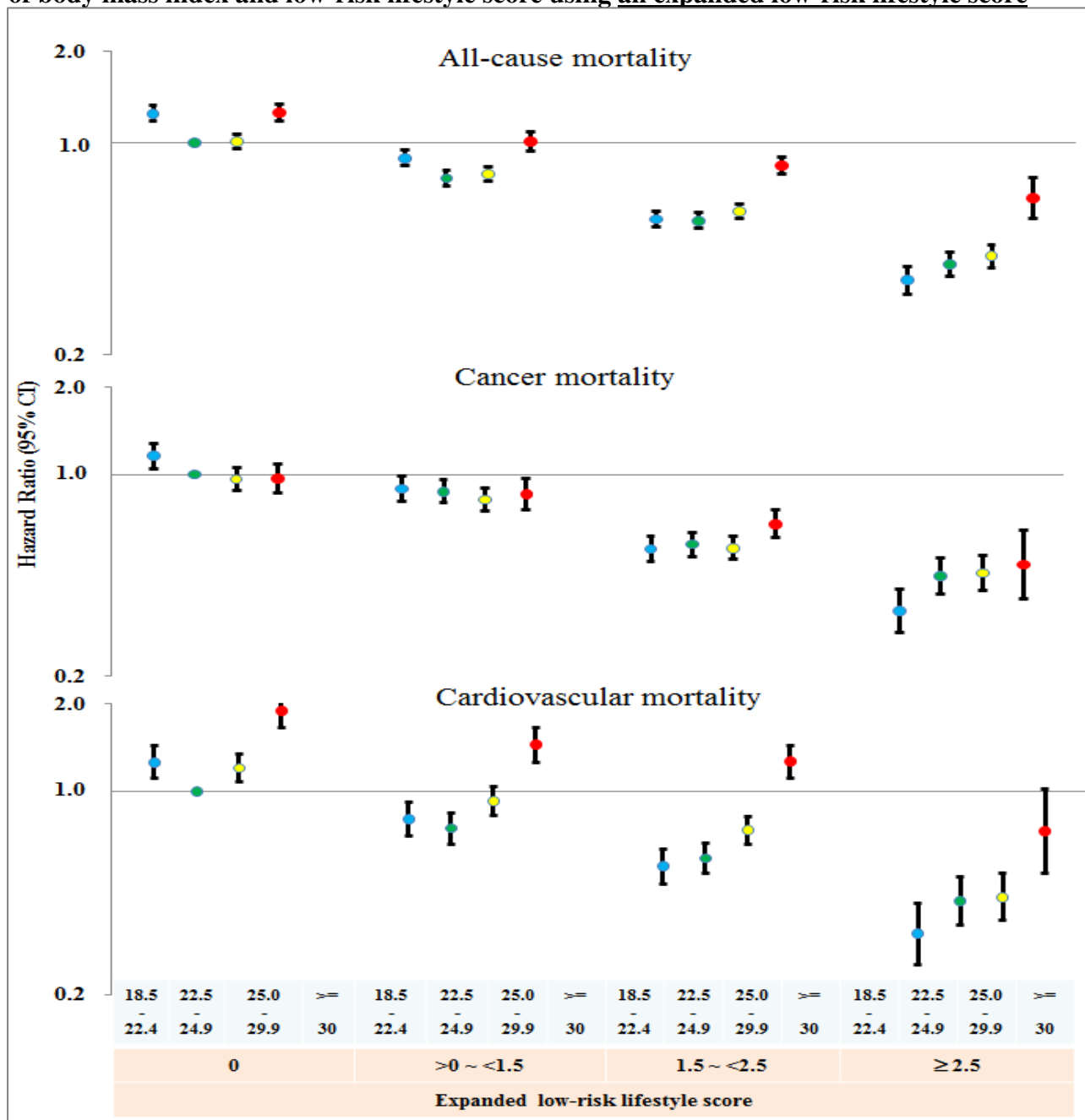
Fig B. Hazard ratios for all-cause and cause-specific mortality according to joint classification of low-risk lifestyle score and body mass index based on multiple imputations for missing value at baseline and during follow-up period



Low risk lifestyles include never-smoking, exercise ≥ 30 min/d at moderate or vigorous intensity, the Alternate Healthy Eating Index score in the upper two fifth (quintiles), and moderate alcohol consumption (moderate: 5 to 15 g alcohol/d in women, 5–30 g alcohol/d in men). Each factor was coded as 0 or 1 and sum three scores together, so the healthy lifestyles scores were 0, 1, 2, 3 or 4 (healthiest).

Adjusted for age; race; current multivitamin use, and current aspirin use; family history of diabetes mellitus, myocardial infarction, or cancer; and, for women, menopausal status and hormone use.

Fig C. Hazard ratios for all-cause and cause-specific mortality according to joint classification of body mass index and low-risk lifestyle score using an expanded low-risk lifestyle score

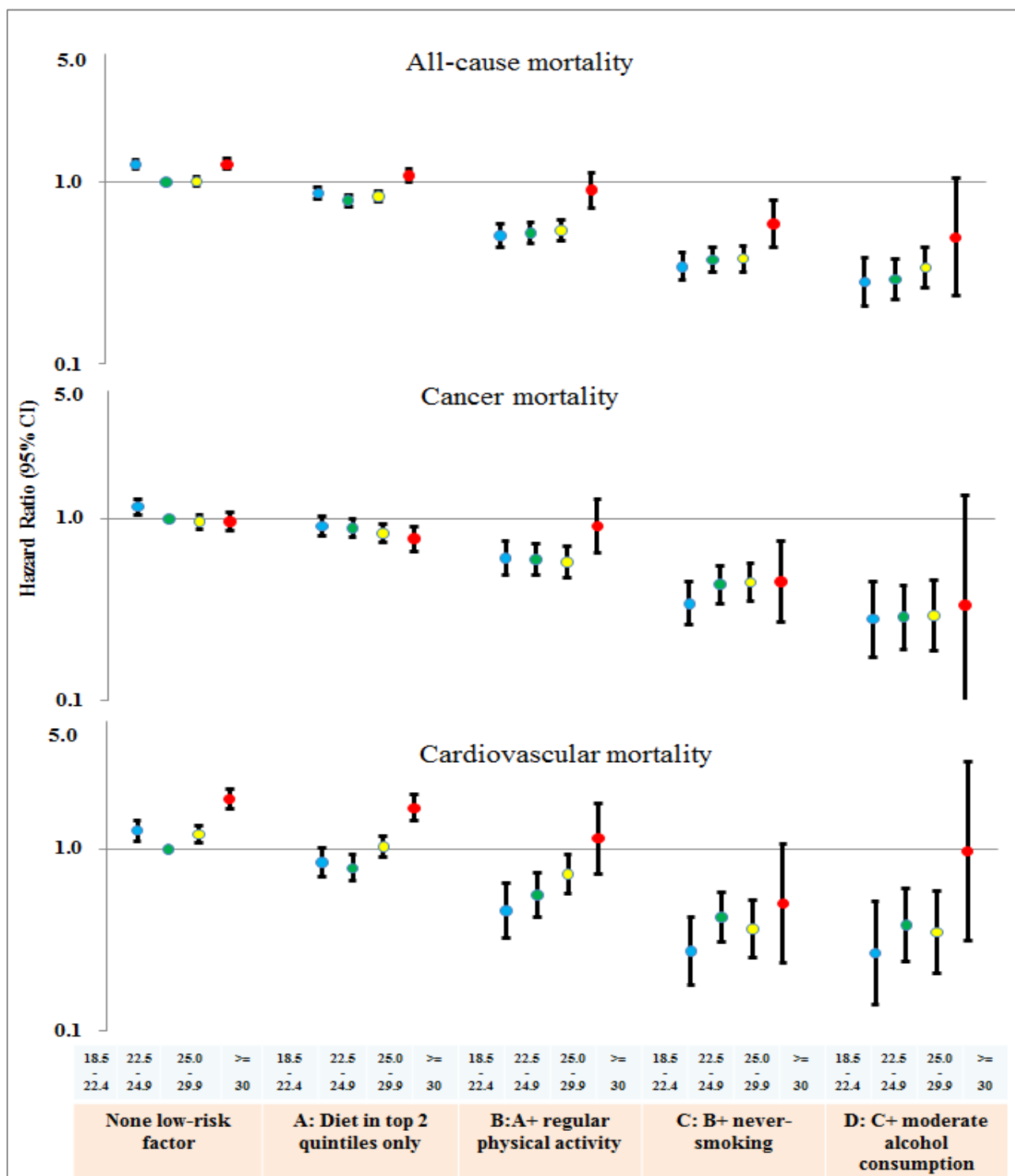


Low risk lifestyles include never-smoking, exercise ≥ 30 min/d at moderate or vigorous intensity, the Alternate Healthy Eating Index score in the upper two fifth (quintiles), and moderate alcohol consumption (moderate: 5 to 15 g alcohol/d in women, 5–30 g alcohol/d in men). Each factor was coded as 0 or 1 and sum three scores together, so the healthy lifestyles scores were 0, 1, 2, 3 or 4 (healthiest).

To calculate the expanded low-riskscore, we assigned weights to each binary low-risk factor based on the beta-coefficients from the multivariable-adjusted Cox model with all-cause mortality as the outcome. We then summed up the products of each binary lifestyle score multiplied by its weight, divided it by the sum of all beta coefficient values, and then multiplied by 4, to make the low-risk lifestyle score easier to interpret. In this way, the expanded low-risk lifestyle score ranged from 0 to 4, and each unit of low-risk lifestyle score represented the change in one risk factor

Adjusted for age; race; current multivitamin use, and current aspirin use; family history of diabetes mellitus, myocardial infarction, or cancer; and, for women, menopausal status and hormone use.

Fig D. Hazard ratios for all-cause mortality and cause-specific mortality by specific combinations of lifestyle factors in the low-risk category



Not listed factors in each combination were 0, such as participants in “A: Diet in top 2 quintiles” group did not had any other low risk factors, only “AHEI score in score in the upper two fifth”; “B: A + regular physical activity” group had “AHEI score in the upper two fifth” and “exercise ≥30 min/d at moderate or vigorous intensity”, without any other factors.

Not all potential combinations of lifestyle factors were presented.

Adjusted for age; race; current multivitamin use, and current aspirin use; family history of diabetes mellitus, myocardial infarction, or cancer; and, for women, menopausal status and hormone use.