

Online supporting data File S3 for manuscript ‘the impact of dietary patterns
and the main food groups on mortality and recurrence in cancer survivors:
systematic review of current epidemiological literature’

Jochems et al., 11-08-2017

The Grading of Recommendations Assessment, Development and Evaluation (GRADE)

GRADE is a systematic and explicit approach to making judgements about quality of evidence and strength of recommendations. The focus is on clinical outcomes that patients themselves are aware of in relation to their condition – in this systematic review these include overall mortality, cancer-specific mortality, death from other causes, and cancer recurrence. With the use of GRADE, the evidence is not rated study by study but across studies for each individual outcome. Individual study quality was assessed with the Cochrane Collaboration risk of bias assessment tools; the RoB 2.0 tool for randomised trials and the ROBINS-I tool for cohort studies. Even before assessing the individual study quality, studies were excluded from the systematic review if the sample size for the analysis was <200 (comparisons containing less than 200 participants in total are described as sparse data), the follow-up period was <4 years (for most cancer types, the risk of cancer recurrence is the greatest within the first three years), no adjustments in the statistical analysis were made for age and disease stage and, where possible, for cancer treatment (e.g. studies adjusting for age and energy intake only were excluded). Additionally, outcomes combining cancer recurrence with cancer progression, or confirmed cancer-specific mortality combined with a diagnosis of metastasis, or prostate cancer recurrence is determined by a rising PSA level only, were excluded. Therefore, methodological flaws within the component studies will not cause any problems in the GRADE evaluation - inconsistency of results across different studies will.

1. Quality of evidence

Grade	Definition
High	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low	Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.
Very Low	We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

2. Included study design

Study	Consequence
Randomised trials	without important limitations – high quality evidence (+ 4 points)
Cohort studies	without strengths or important limitations – low quality evidence (+ 2 points)

3. Determining the quality of evidence

Factor	Consequence
Limitations in study design or execution	↓ 1 or 2 levels
Inconsistency of results	↓ 1 or 2 levels
Indirectness of evidence	↓ 1 or 2 levels
Imprecision	↓ 1 or 2 levels
Publication bias	↓ 1 or 2 levels
Large magnitude of effect	↑ 1 or 2 levels
Dose-response gradient	↑ 1 level
All plausible confounding would reduce the demonstrated effect or increase the effect if no effect was observed	↑ 1 level

4. Study limitations randomised trials

Factor	Explanation
Lack of allocation concealment	Those enrolling patients are aware of the group (or period in a crossover trial) to which the next enrolled patient will be allocated (a major problem in "pseudo" or "quasi" randomized trials with allocation by day of week, birth date, chart number, etc.)
Lack of blinding	Patient, caregivers, those recording outcomes, those adjudicating outcomes, or data analysts are aware of the arm to which patients are allocated (or the medication currently being received in a crossover trial)
Incomplete accounting of patients and outcome events	Loss to follow-up and failure to adhere to the intention-to-treat principle in superiority trials; or in non-inferiority trials, loss to follow-up, and failure to conduct both analyses considering only those who adhered to treatment, and all patients for whom outcome data are available. The significance of rates of loss to follow-up, however, varies widely and is dependent on the relation between loss to follow-up and number of events. The higher the proportion lost to follow-up in relation to intervention and control group event rates, and differences between intervention and control groups, the greater the threat of bias
Selective outcome reporting	Incomplete or absent reporting of some outcomes and not others based on the results
Other limitations	Stopping trial early for benefit. Substantial overestimates are likely in trials with fewer than 500 events and that large overestimates are likely in trials with fewer than 200 events. Empirical evidence suggests that formal stopping rules do not reduce this bias. Use of invalidated outcome measures (e.g. patient-reported outcomes). Carryover effects in crossover trial. Recruitment bias in cluster-randomized trials

5. Study limitations cohort studies

Factor	Explanation
Failure to develop and apply appropriate eligibility criteria (inclusion of control population)	Selection of exposed and unexposed in cohort studies from different populations
Flawed measurement of both exposure and outcome	Differences in measurement of exposure Differential surveillance for outcome in exposed and unexposed in cohort studies
Failure to adequately control confounding	Failure of accurate measurement of all known prognostic factors Failure to match for prognostic factors and/or adjustment in statistical analysis
Incomplete or inadequately short follow-up	Especially within prospective cohort studies, both groups should be followed for the same amount of time

6. Grading assessors

A first assessor will grade the quality of evidence for each outcome (cancer recurrence or overall mortality or cancer-specific mortality or death from other causes) for each cancer type with data on pre- or post-diagnosis dietary patterns or foods as exposure (bladder cancer, bowel cancer, breast cancer, laryngeal cancer, prostate cancer). The first assessor will summarize the findings in summary of findings tables for all evidence obtained. A second assessor will check the consistency of the ratings of the first assessor. Disagreement about evidence were resolved through consensus or a third party.

7. Summary of findings tables

Bladder cancer

Outcomes	Hazard ratio / Relative risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Total fruit: HR= 0.91; 95% CI 0.62-1.33	239 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Total vegetables: HR= 0.91; 95% CI 0.62-1.36	239 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Cruciferous vegetables: HR= 0.87; 95% CI 0.60-1.26	239 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Raw cruciferous vegetables: HR= 0.73; 95% CI 0.50-1.06	239 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Total fruit: HR= 1.09; 95% CI 0.66-1.81	239 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Total vegetables: HR= 1.06; 95% CI 0.63-1.78	239 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Cruciferous vegetables: HR= 0.89; 95% CI 0.53-1.48	239 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Raw cruciferous vegetables: HR= 0.73; 95% CI 0.44-1.21	239 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Bowel cancer

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	HEI-2005: HR= 0.95; 95% CI 0.78-1.16	5727 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	WCRF/AICR score: HR= 0.79; 95% CI 0.65-0.98	3292 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	HEI-2005: HR= 0.99; 95% CI 0.77-1.27	5727 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	WCRF/AICR score: HR= 0.70; 95% CI 0.56-0.89	3292 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Post-diagnosis diet quality indices				
Overall mortality	AHEI-2010: HR= 0.71; 95% CI 0.52-0.98	1201 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	DASH: HR= 0.98; 95% CI 0.71-1.35	1201 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	AMED: HR= 0.87; 95% CI 0.63-1.21	1201 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	MMDS: HR= 0.48; 95% CI 0.32-0.74	1404 (1)	+	Cohort ++ and downgraded one level; data of only 1 study. Although the study has a large estimate HR<0.5, it is based on 1 study only and will therefore be downgraded
	HNFI: HR= 0.63; 95% CI 0.39-1.04	1404 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	AHEI-2010L HR= 0.72; 95% CI 0.43-1.21	1201 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	DASH: HR= 0.87; 95% CI 0.52-1.45	1201 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	AMED: HR= 0.84; 95% CI 0.50-1.42	1201 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 3: Bowel cancer and pre-diagnosis prudent/healthy diet				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Prudent vegetable pattern: HR= 1.03; 95% CI 0.61-1.75	529 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Prudent vegetable pattern: HR= 1.12; 95% CI 0.69-1.84	529 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Post-diagnosis prudent/healthy diet				
Cancer recurrence	Prudent diet: HR= 1.13; 95% CI 0.77-1.67	1009 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Overall mortality	Prudent diet: HR= 1.32; 95% CI 0.86-2.04 HR= 0.93; 95% CI 0.65-1.34	2210 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 (downgrade for consistency lack of agreement between studies)
Cancer-specific mortality	Prudent diet: HR= 0.67; 95% CI 0.37-1.22	1201 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 4: Bowel cancer and pre-diagnosis Western/unhealthy diet				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Processed meat pattern: HR= 1.53; 95% CI 0.85-2.74	529 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	High sugar pattern: HR= 1.27; 95% CI 0.72-2.25	529 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Processed meat pattern: HR= 1.82; 95% CI 1.07-3.09	529 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	High sugar pattern: HR= 1.02; 95% CI 0.62-1.69	529 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Post-diagnosis Western/unhealthy diet				
Cancer recurrence	Western diet: HR= 2.85; 95% CI 1.75-4.63	1009 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Overall mortality	Western diet: HR= 2.32; 95% CI 1.36-3.96 HR= 1.32; 95% CI 0.89-1.97	2210 (2)	+	Cohort ++ and downgraded one level; 1 study found no 'statistically significant' association whilst the other found a 'statistically significant' association with an increased risk of overall mortality. We strongly believe that 'statistically non-significant' (p-value>0.05) results should always be interpreted together with the sample size and number of events, size of the RR/HR, and the confidence intervals around the estimate to make the judgement on whether results have an impact or not. The GRADE guidelines do not recommend downgrading for statistically non-significant results - however, as only one estimate is 'statistically significant' and only two studies have investigated the association, we did decide to downgrade the evidence despite both estimates are in the same direction and that there is an overlap in confidence intervals of both studies (downgrade for effect on whether estimates are significant)
Cancer-specific mortality	Western diet: HR= 1.66; 95% CI 0.85-3.23	1201(1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 5: Bowel cancer and pre-diagnosis grain foods				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Men Total whole grains: HR= 1.00; 95% CI 0.67-1.48 Women Total whole grains: HR= 0.91; 95% CI 0.60-1.39	1119 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Men Whole grain wheat: HR= 0.97; 95% CI 0.64-1.49 Women Whole grain wheat: HR= 1.35; 95% CI 0.72-2.53	1119 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Men Whole grain rye: HR= 0.90; 95% CI 0.60-1.36 Women Whole grain rye: HR= 0.93; 95% CI 0.60-1.46	1119 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Men Whole grain oats: HR= 1.11; 95% CI 0.72-1.70 Women Whole grain oats: HR= 0.83; 95% CI 0.55-1.26	1119 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Men Whole grain products: HR= 1.06; 95% CI 0.71-1.56 Women Whole grain products: HR= 1.10; 95% CI 0.74-1.64	1119 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 6: Bowel cancer and pre-diagnosis protein foods				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Cancer recurrence	Red and processed meat: HR= 1.03; 95% CI 0.80-1.33	3122 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Overall mortality	Unprocessed red meat: RR= 1.12; 95% CI 0.92-1.38 HR= 0.95; 95% CI 0.78-1.14	6104 (2)	+	Cohort ++ and downgraded one level; both studies found no statistically significant association, the estimates are inconsistent HR>1 and HR<1 (downgrade one level for consistency lack of agreement between studies)
	Red and processed meat: RR= 1.29; 95% CI 1.05-1.59 HR= 1.00; 95% CI 0.83-1.20 HR= 0.85; 95% CI 0.67-1.09	9226 (3)	+	Cohort ++ and downgraded one level; both studies found no statistically significant association, the estimates are inconsistent HR>1 and HR<1 and HR=1.0 (downgrade one level for consistency lack of agreement between studies)
	Poultry: HR= 0.87; 95% CI 0.73-1.03	3789 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer- specific mortality	Unprocessed red meat: RR= 1.16; 95% CI 0.84-1.58 HR= 0.93; 95% CI 0.75-1.15	6104 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 (downgrade for consistency lack of agreement between studies)
	Red and processed meat: RR= 1.09; 95% CI 0.79-1.51 HR= 1.00; 95% CI 0.81-1.23 HR= 0.83; 95% CI 0.61-1.14	9226 (3)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 and HR=1.0 (downgrade for consistency lack of agreement between studies)
	Poultry: HR= 0.91; 95% CI 0.75-1.10	3789 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Death from other causes	Unprocessed red meat: RR= 1.19; 95% CI 0.87-1.64	2315 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Red and processed meat: RR= 1.39; 95% CI 1.00-1.92	2315 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Bowel cancer and post-diagnosis protein foods				
Overall mortality	Unprocessed red meat: RR= 0.75; 95% CI 0.55-1.03	2315 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Red and processed meat: RR= 0.94; 95% CI 0.68-1.30	2315 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Unprocessed red meat: RR= 1.13; 95% CI 0.62-2.06	2315 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Red and processed meat: RR= 1.10; 95% CI 0.61-1.98	2315 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Death from other causes	Unprocessed red meat: RR= 0.64; 95% CI 0.40-1.03	2315 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Red and processed meat: RR= 0.87; 95% CI 0.54-1.41	2315 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 7: Bowel cancer and pre-diagnosis dairy and alternatives				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Total dairy: RR= 0.88; 95% CI 0.72-1.09 HR= 1.16; 95% CI 0.98-1.36	6143 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 (downgrade one level for consistency lack of agreement between studies)
	Milk: HR= 1.21; 95% CI 1.03-1.43 RR= 0.95; 95% CI 0.79-1.15	6143 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 (downgrade one level for consistency lack of agreement between studies)
	Yoghurt: HR= 1.08; 95% CI 0.92-1.28	3859 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Cheese: HR= 0.87; 95% CI 0.74-1.04	3859 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Total dairy: HR= 1.17; 95% CI 0.96-1.43 RR= 0.89; 95% CI 0.65-1.22	6143 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 (downgrade one level for consistency lack of agreement between studies)
	Milk: HR= 1.21; 95% CI 0.99-1.48 RR= 0.98; 95% CI 0.73-1.32	6143 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 and HR=1.0 (downgrade one level for consistency lack of agreement between studies)
	Yoghurt: HR= 1.09; 95% CI 0.88-1.34	3859 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Cheese: HR= 0.93; 95% CI 0.76-1.14	3859 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Post-diagnosis dairy and alternatives				
Overall mortality	Total dairy: RR= 0.75; 95% CI 0.56-1.01	2284 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Milk: RR= 0.72; 95% CI 0.55-0.94	2284 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Total dairy: RR= 0.73; 95% CI 0.44-1.23	2284 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Milk: RR= 0.93; 95% CI 0.59-1.49	2284 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Breast cancer

Table 8: Breast cancer and pre-diagnosis diet quality indices				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	ACS: RR= 1.00; 95% CI 0.84-1.18	4452 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	ACS: RR= 1.06; 95% CI 0.79-1.42	4452 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Death from other causes	ACS: RR= 1.02; 95% CI 0.79-1.31	4452 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Breast cancer and post-diagnosis diet quality indices				
Overall mortality	HEI-2005: HR= 0.40; 95% CI 0.17-0.94 HR= 0.74; 95% CI 0.55-0.99	2987 (2)	++	Cohort ++; both studies found a 'statistically significant' association and a decreased risk with overall mortality. Both studies have the same direction HR<1.0 (one study has a large estimate HR<0.5) (no downgrade nor upgrade of the evidence)
	AHEI: RR= 0.85; 95% CI 0.63-1.17	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	DQIR: RR= 0.78; 95% CI 0.58-1.07	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	RFS: RR= 1.03; 95% CI 0.74-1.42	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	AMED: RR= 0.87; 95% CI 0.64-1.17	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	ACS: RR= 0.93; 95% CI 0.73-1.18	2152 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	HEI-2005: HR= 0.12; 95% CI 0.02-0.99 HR= 0.91; 95% CI 0.60-1.40	2987 (2)	+	Cohort ++ and downgraded one level; 1 study found no 'statistically significant' association whilst the other found a 'statistically significant' association with a decreased risk of overall mortality. We strongly believe that 'statistically non-significant' (p-value>0.05) results should always be interpreted together with the sample size and number of events, size of the RR/HR, and the confidence intervals around the estimate to make the judgement on whether results have an impact or not. The GRADE guidelines do not recommend downgrading for statistically non-significant results - however, as only one estimate is 'statistically significant' and only two studies have investigated the association, we did decide to downgrade the evidence despite both estimates are in the same direction and that there is an overlap in confidence intervals of both studies (downgrade for effect on whether estimates are significant). In addition, there will be no upgrade of the evidence based on the other study that found an HR larger than <0.50 as it is only true for one of the studies
	AHEI: RR= 1.53; 95% CI 0.98-2.39 RR= 1.07; 95% CI 0.77-1.49	6832 (2)	+	Cohort ++ and downgraded one level; both studies found a 'statistically non-significant' association and a RR> 1.0. However, as the estimate of one study is relatively high (RR=1.53) and the other study RR=1.07, which almost indicates no increased nor decreased risk of cancer-specific mortality, we made the decision to downgrade the evidence with one level for inconsistency of the results
	DQIR: RR= 0.81; 95% CI 0.53-1.24	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	RFS: RR= 1.54; 95% CI 0.95-2.47	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	AMED: RR= 1.15; 95% CI 0.74-1.77	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	DASH: RR= 0.85; 95% CI 0.61-1.19	4103 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	ACS: RR= 1.44; 95% CI 0.90-2.30	2152 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	HEI-2005: HR= 0.58; 95% CI 0.38-0.87	2317 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Death from other causes	AHEI: RR= 0.52; 95% CI 0.32-0.83 RR= 0.57; 95% CI 0.42-0.77	6832 (2)	++	Cohort ++; both studies found a 'statistically significant' association in the same direction HR>1.0 (one study even has a large estimate HR<0.5). Therefore, we will not downgrade nor upgrade the evidence as both HRs are in the same direction and the overlap in confidence intervals of both studies
	DQIR: RR= 0.85; 95% CI 0.54-1.34	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	RFS: RR= 0.86; 95% CI 0.54-1.37	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	AMED: RR= 0.80; 95% CI 0.50-1.26	2729 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

	DASH: RR= 0.72; 95% CI 0.53-0.99	4103 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	ACS: RR= 0.78; 95% CI 0.56-1.07	2152 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 9: Breast cancer and post-diagnosis low-fat diet RCTs				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Cancer recurrence	<i>Intervention versus control</i> HR= 0.76; 95% CI 0.60-0.98	2437 (1)	+++	RCT ++++ and downgraded by one level; data of only 1 study (even though it is a RCT with a low risk of bias)
Overall mortality	<i>Intervention versus control</i> HR= 0.89; 95% CI 0.65-1.21 HR= 0.91; 95% CI 0.72-1.15	5525 (2)	+++	RCT ++++ and downgraded by one level; although both studies present a HR<1 for overall mortality, both estimates are statistically non-significant. We strongly believe that 'statistically non-significant' (p-value>0.05) results should always be interpreted together with the sample size and number of events, size of the RR/HR, and the confidence intervals around the estimate to make the judgement on whether results have an impact or not. The GRADE guidelines do not recommend downgrading for statistically non-significant results - however, as both estimates are 'statistically non-significant' and only two studies have investigated the association, we did decide to downgrade the evidence despite both estimates are in the same direction and that there is an overlap in confidence intervals of both studies (downgrade for effect on whether estimates are significant)

Table 10: Breast cancer and pre-diagnosis prudent/healthy diet				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Cancer recurrence	Prudent diet: HR= 0.71; 95% CI 0.48-1.06	2522 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Overall mortality	Prudent diet: Not shown HR= 0.87; 95% CI 0.61-1.23	5141 (2)	+	Cohort ++ and downgraded; data available of only 1 study as the results of the other study are not shown in the article (downgrade one level for publication bias)
Cancer-specific mortality	Prudent diet: Not shown HR= 0.89; 95% CI 0.59-1.35	5141 (2)	+	Cohort ++ and downgraded; data available of only 1 study as the results of the other study are not shown in the article (downgrade one level for publication bias)
Death from other causes	Prudent diet: Not shown HR= 0.81; 95% CI 0.40-1.61	5141 (2)	+	Cohort ++ and downgraded; data available of only 1 study as the results of the other study are not shown in the article (downgrade one level for publication bias)
Breast cancer and post-diagnosis prudent/healthy diet				
Cancer recurrence	Prudent diet: HR= 0.95; 95% CI 0.63-1.43	1901 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Overall mortality	Prudent diet: RR= 0.78; 95% CI 0.54-1.12 HR= 0.57; 95% CI 0.36-0.90	4520 (2)	+	Cohort ++ and downgraded one level; 1 study found no 'statistically significant' association whilst the other found a 'statistically significant' association with a decreased risk of overall mortality. We strongly believe that 'statistically non-significant' (p-value>0.05) results should always be interpreted together with the sample size and number of events, size of the RR/HR, and the confidence intervals around the estimate to make the judgement on whether results have an impact or not. The GRADE guidelines do not recommend downgrading for statistically non-significant results - however, as only one estimate is 'statistically significant' and only two studies have investigated the association, we did decide to downgrade the evidence despite both estimates are in the same direction and that there is an overlap in confidence intervals of both studies (downgrade for effect on whether estimates are significant)
Cancer-specific mortality	Prudent diet: RR= 1.07; 95% CI 0.66-1.73 HR= 0.79; 95% CI 0.43-1.43	4520 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 and HR=1.0 (downgrade one level for consistency lack of agreement between studies)
Death from other causes	Prudent diet: RR= 0.54; 95% CI 0.31-0.95 HR= 0.35; 95% CI 0.17-0.73	4520 (2)	++	Cohort ++; both studies found a 'statistically significant' association with a decreased risk of death from other cause in the same direction HR<1.0 (one study even has a large estimate HR<0.5). Therefore, we will not downgrade nor upgrade the evidence as both HRs are in the same direction and the overlap in confidence intervals of both studies

Table 11: Breast cancer and pre-diagnosis Western/unhealthy diet				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Cancer recurrence	Western diet: HR= 0.91; 95% CI 0.61-1.36	2522 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Overall mortality	Western diet: RR= 1.40; 95% CI 0.93-2.09 HR= 1.34; 95% CI 0.93-1.94	5141 (2)	+	Cohort ++ and downgraded one level; both studies found a 'statistically non-significant' association. We strongly believe that 'statistically non-significant' (p-value>0.05) results should always be interpreted together with the sample size and number of events, size of the RR/HR, and the confidence intervals around the estimate to make the judgement on whether results have an impact or not. The GRADE guidelines do not recommend downgrading for statistically non-significant results - however, as both estimates are 'statistically non-significant' and only two studies have investigated the association, we did decide to downgrade the evidence despite both estimates are in the same direction and that there is an overlap in confidence intervals of both studies (downgrade for effect on whether estimates are significant)
Cancer-specific mortality	Western diet: RR= 1.01; 95% CI 0.59-1.72 HR= 0.99; 95% CI 0.64-1.52	5141 (2)	+	Cohort ++ and downgraded one level; although both studies found a 'statistically non-significant' association and indicate no increase nor decrease with cancer-specific mortality, there is no reason for downgrading the evidence
Death from other causes	Western diet: RR= 1.95; 95% CI 1.06-3.60 HR= 3.69; 95% CI 1.66-8.17	5141 (2)	++	Cohort ++; both studies found a 'statistically significant' association with an increased risk of death from other cause in the same direction HR>1.0 (one study even has a large estimate HR>2.0). Therefore, we will not downgrade nor upgrade the evidence as both HRs are in the same direction and the overlap in confidence intervals of both studies, even though the confidence intervals are broad
Breast cancer and post-diagnosis Western/unhealthy diet				
Cancer recurrence	Western diet: HR= 0.98; 95% CI 0.62-1.54	1901 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Overall mortality	Western diet: RR= 1.53; 95% CI 1.03-2.29 HR= 1.76; 95% CI 1.10-2.81	4520 (2)	++	Cohort ++; both studies found a 'statistically significant' association with an increased risk of death from other cause in the same direction HR>1.0. Therefore, we will not downgrade nor upgrade the evidence as both HRs are in the same direction and the overlap in confidence intervals of both studies
Cancer-specific mortality	Western diet: RR= 1.01; 95% CI 0.60-1.70 HR= 1.20; 95% CI 0.62-2.32	4520 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR=1.0 (downgrade for consistency lack of agreement between studies)
Death from other causes	Western diet: RR= 2.09; 95% CI 1.30-3.36 HR= 2.15; 95% CI 0.97-4.77	4520 (2)	+	Cohort ++ and downgraded one level; 1 study found no 'statistically significant' association whilst the other found a 'statistically significant' association with a decreased risk of overall mortality. We strongly believe that 'statistically non-significant' (p-value>0.05) results should always be interpreted together with the sample size and number of events, size of the RR/HR, and the confidence intervals around the estimate to make the judgement on whether results have an impact or not. The GRADE guidelines do not recommend downgrading for statistically non-significant results - however, as only one estimate is 'statistically significant' and only two studies have investigated the association, we decided to downgrade the evidence despite both estimates are in the same direction, are large (HR>2), and the overlap in confidence intervals of both studies – although the 95% CI are wide (downgrade for effect on whether estimates are significant)

Table 12: Breast cancer and pre-diagnosis fruit and vegetables				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Total vegetables: RR= 0.98; 95% CI 0.62-1.53 HR= 0.57; 95% CI 0.35-0.94 HR= 1.09; 95% CI 0.80-1.48	4673 (3)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 and HR= 1.0 (almost) downgrade for consistency lack of agreement between studies)
	Total fruit: HR= 0.63; 95% CI 0.38-1.05 HR= 0.84; 95% CI 0.61-1.16	3169 (2)	+	Cohort ++ and downgraded one level; both studies found a 'statistically non-significant' association. We strongly believe that 'statistically non-significant' (p-value>0.05) results should always be interpreted together with the sample size and number of events, size of the RR/HR, and the confidence intervals around the estimate to make the judgement on whether results have an impact or not. The GRADE guidelines do not recommend downgrading for statistically non-significant results - however, as both estimates are 'statistically non-significant' and only two studies have investigated the association, we decided to downgrade the evidence despite both estimates are in the same direction and that there is an overlap in confidence intervals of both studies (downgrade for effect on whether estimates are significant)
	Total fruit + vegetables: HR= 1.27; 95% CI 1.00-1.61 (low versus high intake!) RR= 1.06; 95% CI 0.85-1.33 (high versus low intake!)	5905 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 (downgrade for consistency lack of agreement between studies)
Cancer-specific mortality	Total vegetables: Not shown HR= 1.01; 95% CI 0.70-1.46	4157 (2)	+	Cohort ++ and downgraded; data available of only 1 study as the results of the other study are not shown in the article (downgrade one level for publication bias)
	Total fruit: HR= 0.86; 95% CI 0.59-1.25	2653 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Total fruit + vegetables: HR= 1.26; 95% CI 0.96-1.64 (low versus high intake!) RR= 1.00; 95% CI 0.66-1.50	5905 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR=1 (downgrade for consistency lack of agreement between studies)
Death from other causes	Total fruit + vegetables: RR= 1.11; 95% CI 0.81-1.52	4452 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Breast cancer and post-diagnosis fruit and vegetables				
Cancer recurrence	Cruciferous vegetables: HR= 1.10; 95% CI 0.95-1.28	11390 (1)	+	Cohort ++ and downgraded one level; data of only 1 study although large sample because participants of 4 cohort studies combined
Overall mortality	Total vegetables: RR= 0.81; 95% CI 0.59-1.11 HR= 1.44; 95% CI 0.91-2.27	6423 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 (downgrade for consistency lack of agreement between studies)
	Cruciferous vegetables: HR= 1.02; 95% CI 0.80-1.30 HR= 0.99; 95% CI 0.86-1.13	15831 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 (downgrade for consistency lack of agreement between studies)
	Total fruit: HR= 1.38; 95% CI 0.88-2.17	4441 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Total fruit + vegetables: RR= 1.03; 95% CI 0.80-1.33	2152 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Total vegetables: Not shown HR= 0.96; 95% CI 0.38-2.45	6423 (2)	+	Cohort ++ and downgraded one level; data available of only 1 study as the results of the other study are not shown in the article (downgrade one level for publication bias)
	Cruciferous vegetables: HR= 0.95; 95% CI 0.59-1.54	4441 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Total fruit: HR= 1.39; 95% CI 0.64-2.99	4441 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Total fruit + vegetables: RR= 1.31; 95% CI 0.83-2.06	2152 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Death from other causes	Total fruit + vegetables: RR= 0.93; 95% CI 0.65-1.34	2152 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 13: Breast cancer and pre-diagnosis grain foods				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Bread: HR= 1.31; 95% CI 0.93-1.83	2653 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Bread: HR= 1.10; 95% CI 0.74-1.63	2653 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 14: Breast cancer and pre-diagnosis protein foods				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Poultry RR= 0.60; 95% CI 0.39-0.92	1504 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Fish RR= 0.94; 95% CI 0.62-1.43	1504 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Red meat: Not shown	1504 (1)	+	Cohort ++ and downgraded; results of the study are not shown in the article (downgrade one level for publication bias)
	Red and processed meat: RR= 0.88; 95% CI 0.73-1.06	4452 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Sunflower/pumpkinseeds: HR= 0.87; 95% CI 0.66-1.15	2653 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Sesame/flaxseeds: HR= 0.90; 95% CI 0.68-1.19	2653 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Poultry: Not shown	1504 (1)	+	Cohort ++ and downgraded; results of the study are not shown in the article (downgrade one level for publication bias)
	Fish: Not shown	1504 (1)	+	Cohort ++ and downgraded; results of the study are not shown in the article (downgrade one level for publication bias)
	Red meat: Not shown	1504 (1)	+	Cohort ++ and downgraded; results of the study are not shown in the article (downgrade one level for publication bias)
	Red and processed meat: RR= 1.10; 95% CI 0.80-1.52	4452 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Sunflower/pumpkinseeds: HR= 1.12; 95% CI 0.79-1.57	2653 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Sesame/flaxseeds: HR= 1.21; 95% CI 0.87-1.68	2653 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Death from other causes	Red and processed meat: RR= 0.81; 95% CI 0.62-1.07	4452 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Breast cancer and post-diagnosis protein foods				
Cancer recurrence	Red meat: RR= 1.12; 95% CI 0.66-1.89	472 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Overall mortality	Red meat: RR= 1.06; 95% CI 0.76-1.49	1982 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Total meat (poultry, fish, beef, and processed meat): HR= 1.12; 95% CI 0.83-1.51	4441 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Red and processed meat: RR= 0.64; 95% CI 0.49-0.84	2152 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Red meat: RR= 2.60; 95% CI 0.96-7.03 Not shown	2454 (2)	+	Cohort ++ and downgraded; data available of only 1 study as the results of the other study are not shown in the article (downgrade one level for publication bias)
	Poultry: Not show	1982 (1)	+	Cohort ++ and downgraded; results of the study are not shown in the article (downgrade one level for publication bias)
	Fish: Not shown	1982 (1)	+	Cohort ++ and downgraded; results of the study are not shown in the article (downgrade one level for publication bias)
	Total meat (poultry, fish, beef, and processed meat): HR= 0.89; 95% CI 0.50-1.60	4441 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Red and processed meat: RR= 0.88; 95% CI 0.54-1.43	2152 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Death from other causes	Red and processed meat: RR= 0.57; 95% CI 0.39-0.82	2152 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 15: Breast cancer and pre-diagnosis dairy and alternatives				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Total dairy RR= 0.71; 95% CI 0.44-1.14	1504 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Breast cancer and post-diagnosis dairy and alternatives				
Cancer recurrence	Total dairy: HR= 1.13; 95% CI 0.83-1.54	1893 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Low fat dairy: HR= 1.01; 95% CI 0.78-1.32	1893 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	High fat dairy: HR= 1.22; 95% CI 0.92-1.55	1893 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Overall mortality	Total dairy: RR= 0.72; 95% CI 0.52-1.00 HR= 1.39; 95% CI 1.02-1.90 HR= 1.18; 95% CI 0.90-1.54	3875 (3)	+	Cohort ++ and downgraded one level; 2 studies found no 'statistically significant' association whilst one study found a 'statistically significant' association with an increased risk of overall mortality. We strongly believe that 'statistically non-significant' (p-value>0.05) results should always be interpreted together with the sample size and number of events, size of the RR/HR, and the confidence intervals around the estimate to make the judgement on whether results have an impact or not. Nevertheless, we will downgrade the evidence with two HRs in the same direction and the third with in an opposite direction (downgrade for consistency lack of agreement between studies)
	Low fat dairy: HR= 1.05; 95% CI 0.80-1.36	1893 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	High fat dairy: HR= 1.64; 95% CI 1.24-2.17	1893 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Total dairy: Not shown HR= 0.94; 95% CI 0.56-1.59	1982 (1)	+	Cohort ++ and downgraded; results of the study are not shown in the article (downgrade one level for publication bias)

Table 16: Breast cancer and post-diagnosis oils and spreads				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Cancer recurrence	Butter/margarine/lard: RR= 1.30; 95% CI 1.03-1.64	472 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Butter/margarine/lard: RR= 1.03; 95% CI 0.61-1.76	472 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Laryngeal cancer

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Citrus fruits: HR= 0.76; 95% CI 0.49-1.19	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Other fruits: HR= 0.65; 95% CI 0.39-1.07	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Vegetables: HR= 0.57; 95% CI 0.35-0.94	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Meat: HR= 0.50; 95% CI 0.30-0.83	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Poultry: HR= 0.90; 95% CI 0.55-1.46	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Fish: HR= 0.91; 95% CI 0.59-1.39	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Eggs: HR= 1.22; 95% CI 0.74-2.00	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Bread: HR= 0.54; 95% CI 0.32-0.90	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Pasta: HR= 1.25; 95% CI 0.76-2.04	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Potatoes: HR= 1.02; 95% CI 0.64-1.64	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Milk: HR= 1.58; 95% CI 0.99-2.55	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Cheese: HR= 0.70; 95% CI 0.44-1.12	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Butter: HR= 1.11; 95% CI 0.69-1.80	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Olive oil: HR= 0.71; 95% CI 0.44-1.16	213 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Non-Hodgkin Lymphoma

Table 22: Non-Hodgkin Lymphoma and pre-diagnosis fruit and vegetables				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Total fruit and vegetables: HR= 0.68; 95% CI 0.49-0.95	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Total fruit: HR= 0.91; 95% CI 0.70-1.18 HR= 1.03; 95% CI 0.90-1.19	2907 (2)	+	Cohort ++ and downgraded one level; the estimates are inconsistent HR>1 and HR<1 (downgrade for consistency lack of agreement between studies). Additionally, one study analysed women only whilst the other study analysed men and women together (downgrade one level for directness)
	Total vegetables: HR= 0.58; 95% CI 0.38-0.89 HR= 0.98; 95% CI 0.85-1.12	2907 (2)	+	Cohort ++ and downgraded one level; one study analysed women only whilst the other study analysed men and women together (downgrade one level for directness)
	Cruciferous vegetables: HR= 0.91; 95% CI 0.67-1.24	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Bean vegetables: HR= 1.14; 95% CI 0.85-1.54	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Green leafy vegetables: HR= 0.71; 95% CI 0.51-0.98	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Red vegetables: HR= 1.03; 95% CI 0.76-1.38	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Yellow vegetables: HR= 0.93; 95% CI 0.69-1.25	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Citrus fruits: HR= 0.73; 95% CI 0.54-0.99	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Total fruit and vegetables: HR= 0.70; 95% CI 0.45-1.10	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Total fruit: HR= 1.04; 95% CI 0.74-1.45 HR= 1.04; 95% CI 0.88-1.24	2907 (2)	+	Cohort ++ and downgraded one level; one study analysed women only whilst the other study analysed men and women together (downgrade one level for directness)
	Total vegetables: HR= 0.58; 95% CI 0.33-1.03 HR= 0.98; 95% CI 0.83-1.16	2907 (2)	+	Cohort ++ and downgraded one level; one study analysed women only whilst the other study analysed men and women together (downgrade one level for directness)
	Cruciferous vegetables: HR= 0.75; 95% CI 0.49-1.14	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Bean vegetables: HR= 1.05; 95% CI 0.71-1.55	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Green leafy vegetables: HR= 0.82; 95% CI 0.54-1.23	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Red vegetables: HR= 1.11; 95% CI 0.76-1.62	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Yellow vegetables: HR= 1.11; 95% CI 0.77-1.61	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Citrus fruits: HR= 0.81; 95% CI 0.54-1.20	568 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 23: Non-Hodgkin Lymphoma and pre-diagnosis protein foods				
Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Red meat: HR= 1.00; 95% CI 0.87-1.15	2339 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Fish: HR= 0.90; 95% CI 0.78-1.03	2339 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Legumes: HR= 0.88; 95% CI 0.76-1.01	2339 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Red meat: HR= 0.95; 95% CI 0.81-1.13	2339 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Fish: HR= 0.91; 95% CI 0.76-1.08	2339 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Legumes: HR= 0.86; 95% CI 0.72-1.02	2339 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Table 24: Non-Hodgkin Lymphoma and pre-diagnosis dairy and alternatives

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Total dairy: HR= 1.14; 95% CI 1.00-1.31	2339 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Total dairy: HR= 1.16; 95% CI 0.98-1.37	2339 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Prostate cancer

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Med diet score: HR= 0.78; 95% CI 0.67-0.90	4538 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Med diet score: HR= 1.01; 95% CI 0.75-1.38	4538 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Prudent diet: RR= 0.64; 95% CI 0.44-0.93	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Prudent diet: RR= 0.46; 95% CI 0.17-1.24	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Western diet: RR= 1.67; 95% CI 1.16-2.42	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Western diet: RR= 2.53; 95% CI 1.00-6.42	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Cancer-specific mortality	Fish: HR= 0.52; 95% CI 0.30-0.91	2161 (1)	+	Cohort ++ and downgraded one level; data of only 1 study

Outcomes	Hazard Ratio / Relative Risk (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
Overall mortality	Total dairy: HR = 1.76; 95% CI 1.21-2.55	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	High-fat dairy: HR= 1.22; 95% CI 1.08-1.38	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Low-fat dairy: HR= 1.17; 95% CI 1.05-1.29	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
Cancer-specific mortality	Total dairy: HR = 2.41; 95% CI 0.96-6.02	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	High-fat dairy: HR= 1.30; 95% CI 0.97-1.73	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study
	Low-fat dairy: HR= 1.16; 95% CI 0.88-1.53	926 (1)	+	Cohort ++ and downgraded one level; data of only 1 study