

## Supplementary Materials

### **Relationships of sarcopenia symptoms, dietary patterns, with lung cancer risk: a prospective cohort study**

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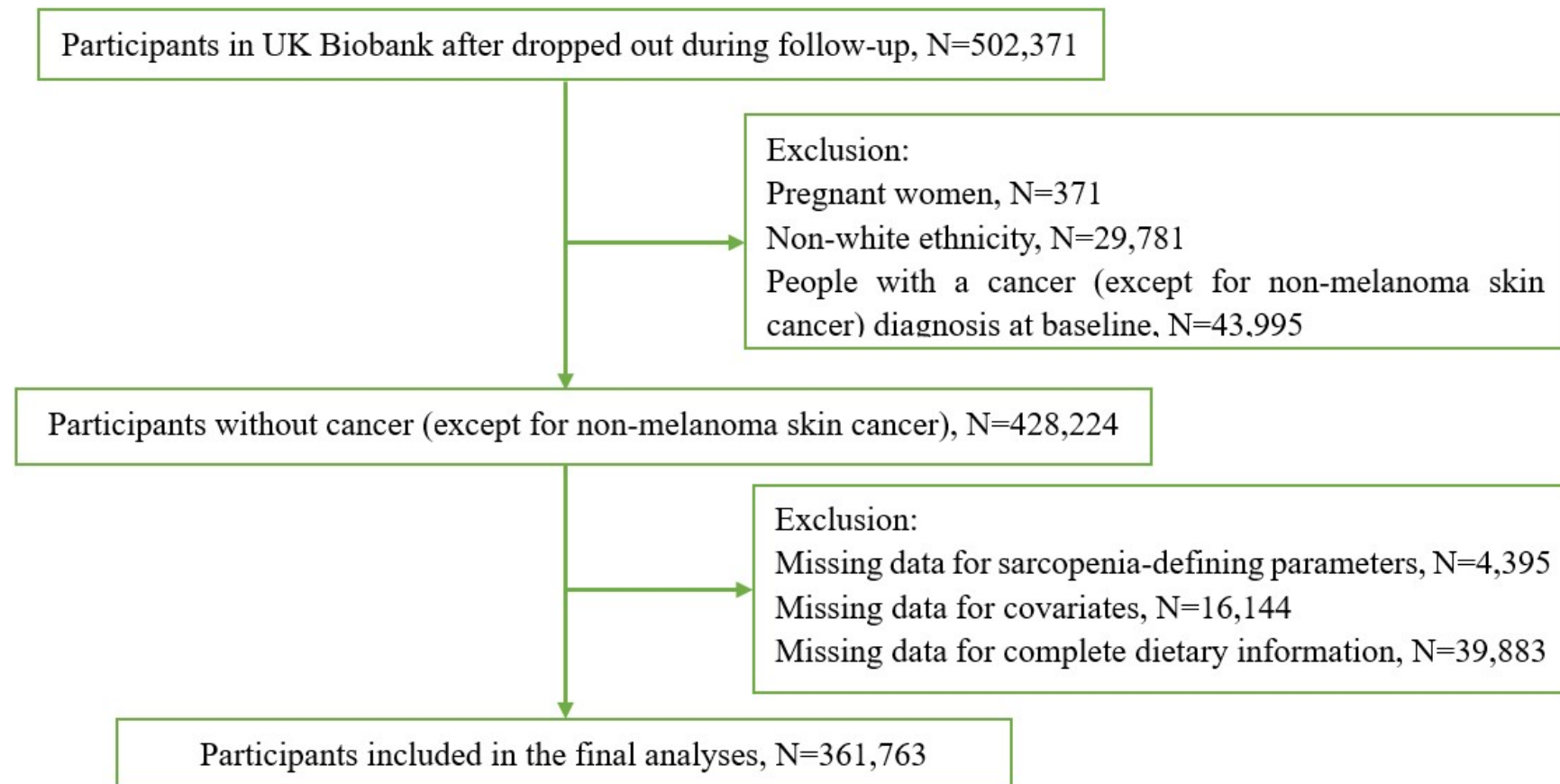


Figure S1. Flow chart

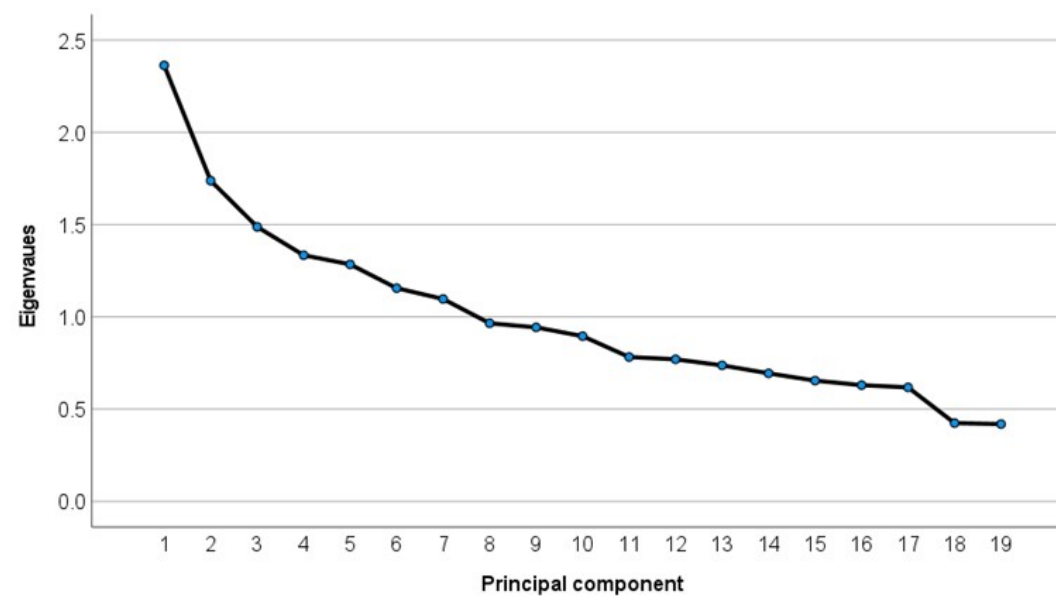


Figure S2. The scree plot for the principal component analysis of different dietary components from the baseline food frequency questionnaire

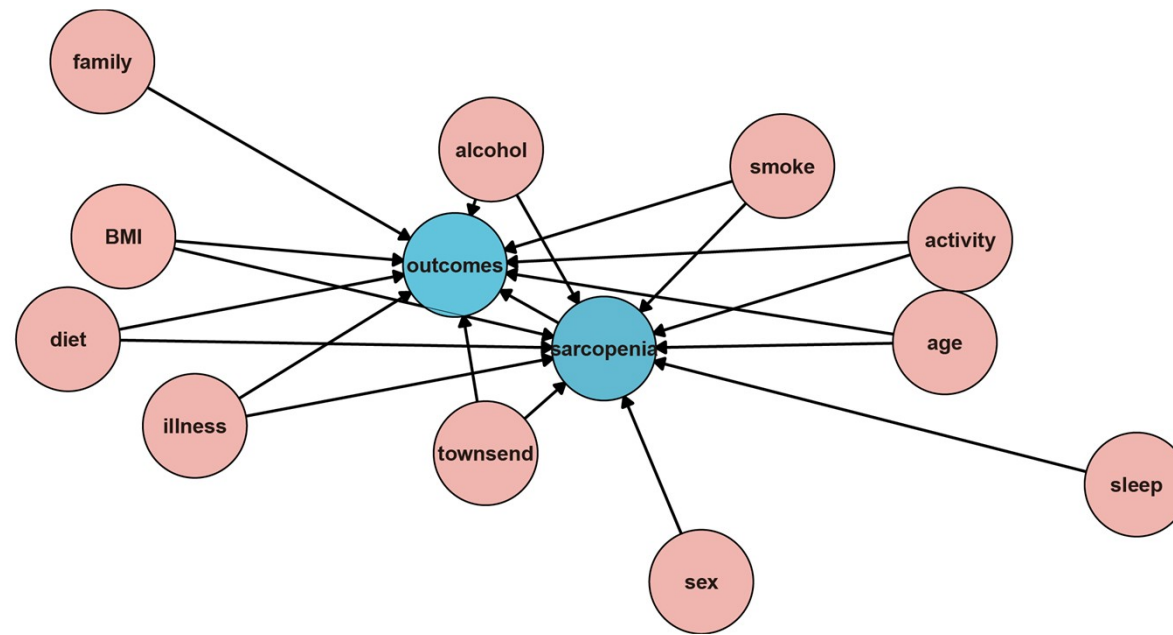


Figure S3. Visualization of variable associations using Directed Acyclic Graph (DAG)

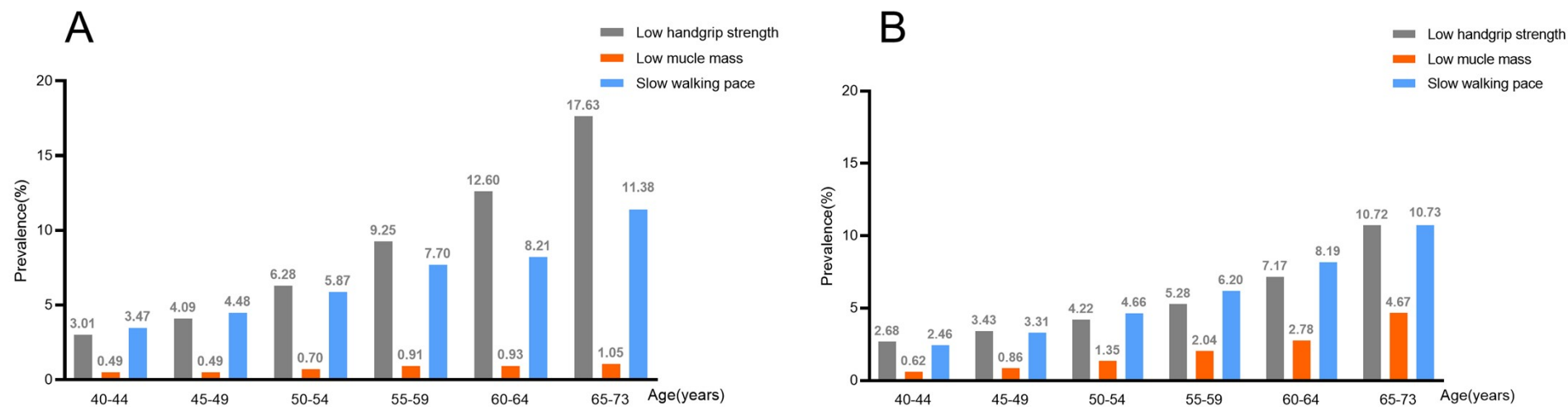


Figure S4. Age-specific prevalence of sarcopenia symptoms in women (A) and men (B)  
 There were no participants aged 38-39 years with sarcopenia symptoms, so this group was not shown in the figure.

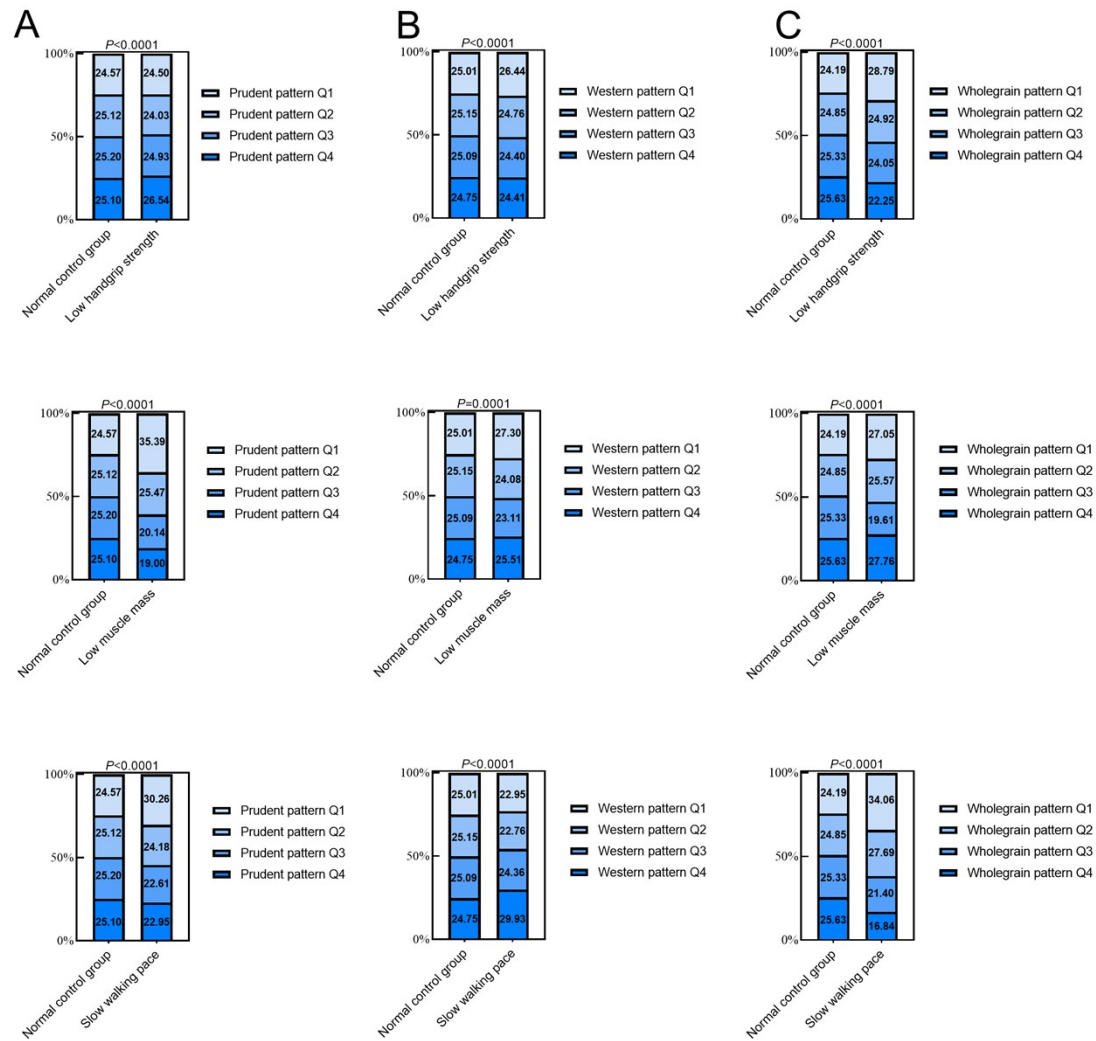


Figure S5. Distribution of quartiles of dietary patterns by sarcopenia symptoms

(A) Distribution of quartiles of Prudent pattern by sarcopenia symptoms

(B) Distribution of quartiles of Western pattern by sarcopenia symptoms

(C) Distribution of quartiles of Wholegrain pattern by sarcopenia symptoms

Chi-square tests were used for testing distribution of quartiles of dietary patterns by sarcopenia symptoms.

Abbreviations: Q, quartile.

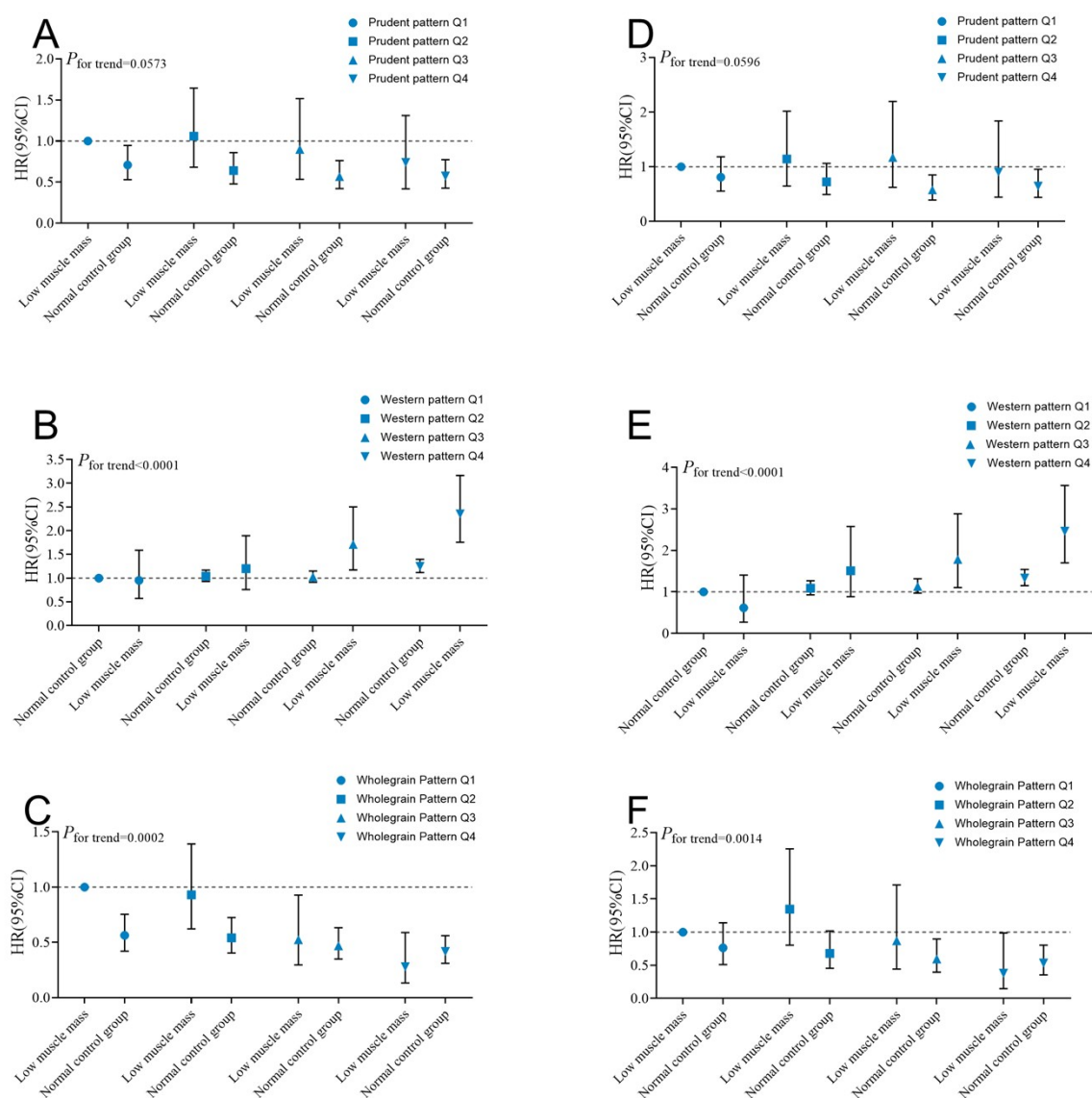


Figure S6. The combined effects of low muscle mass and PCA-derived dietary patterns on lung cancer incidence (A, B, C) and mortality (D, E, F)

The Cox proportional hazards regression models were adjusted for age, sex, Townsend deprivation index, body mass index, alcohol frequency, smoking status, family history of cancer, No. of long-term conditions, physical activity, sleep duration. Abbreviations: CI, confidence interval; HR, hazard ratio; PCA, principal component analysis;

Q,

quartile.



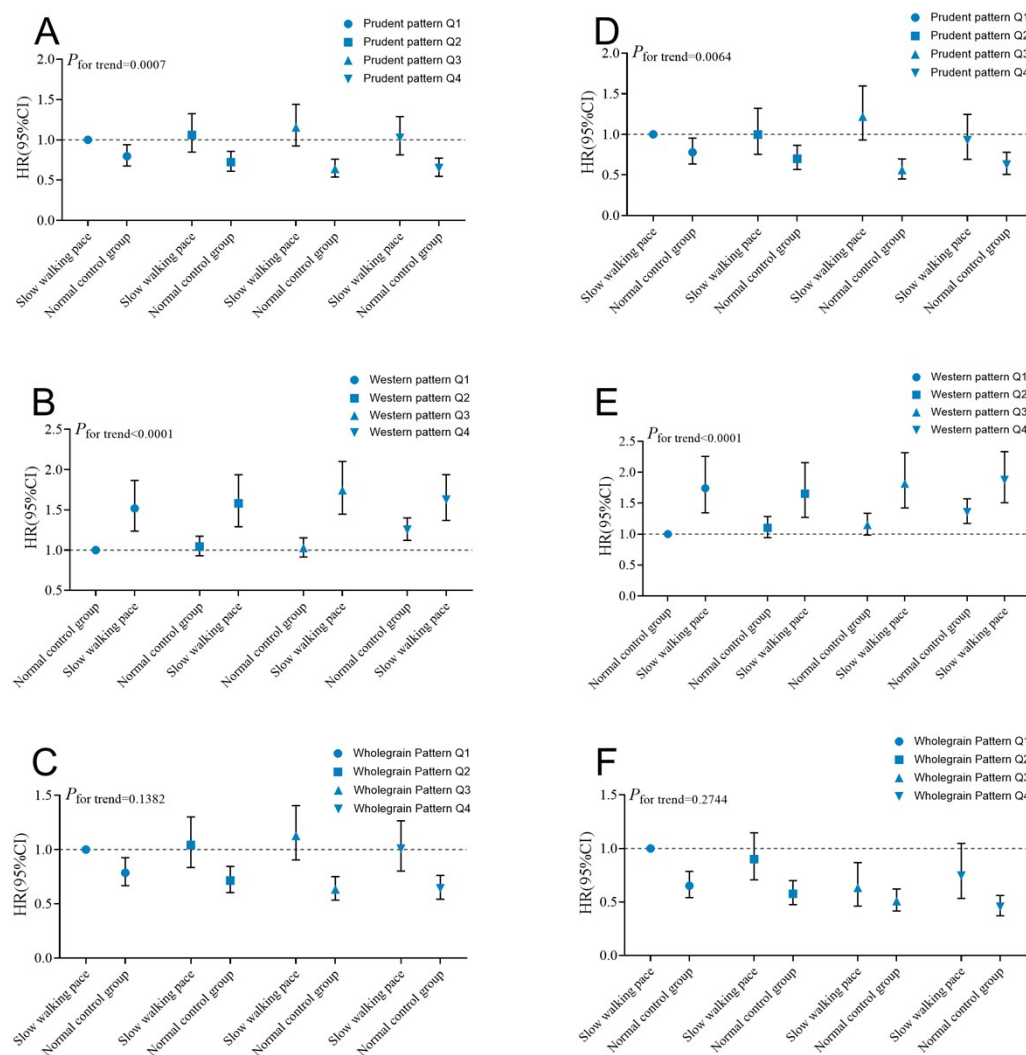


Figure S7. The combined effects of slow walking pace and PCA-derived dietary patterns on lung cancer incidence (A, B, C) and mortality (D, E, F)

The Cox proportional hazards regression models were adjusted for age, sex, Townsend deprivation index, body mass index, alcohol frequency, smoking status, family history of cancer, No. of long-term conditions, physical activity, sleep duration. Abbreviations: CI, confidence interval; HR, hazard ratio; PCA, principal component analysis; Q, quartile.

Table S1. Adaptation of sarcopenia-defining parameters criteria for the UK Biobank <sup>a</sup>

<b>Component</b>	<b>Original criteria</b>	<b>UK Biobank</b>	<b>Field IDs</b>
Low muscle strength	Hand grip strength<27kg (men) and <16 kg (women)	Hand grip strength<27kg (men) and<16 kg (women)	46,47
Low muscle mass	ALST /height <sup>2</sup> <7.0 kg/m <sup>2</sup> (men) or <5.5 kg/m <sup>2</sup> (women)	ALST /height <sup>2</sup> <7.0 kg/m <sup>2</sup> (men) or <5.5 kg/m <sup>2</sup> (women)	23114,23118 23122,23126
Low physical performance	Gait≤0.8 meters/s	Self-reported: 'How would you describe your usual walking pace?' Response: slow = 1, other = 0 (average, brisk, none of the above)	924

<sup>a</sup> Assessed using the European Working Group on Sarcopenia in Older People 2 (EWGSOP2) definition.

Abbreviation: ALST, appendicular lean soft tissue.

Table S2. Coding of intake for each touchscreen food

Components	Field IDs	Coding
Beef	1369	'Never' = 0, 'Less than once a week' = 0.5, 'Once a week' = 1, '2-4 times a week' = 3, '5-6 times a week' = 5.5, 'Once or more daily' = 7
Pork	1389	
Lamb/mutton	1379	
Processed meat	1349	
Poultry	1359	
Oily fish	1329	
Non-oily fish	1339	
Cheese	1408	'Less than one piece/day' = 0.5; Amount per serving: fresh fruit – 1piece; dried fruit – 2 pieces
Fresh fruit	1309	
Dried fruit	1319	'Less than one tablespoon/day' = 0.5; Amount per serving: cooked/raw vegetables – 2 heaped tablespoons
Cooked vegetables	1289	
Salad/raw vegetables	1299	'Less than one bowl/week' = 0.5; Amount per serving: Bran/oat/muesli cereal– 1 bowl/week
Grain cereal	1458,1468 (bran cereal or oat cereal or muesli)	
Other cereal	1458,1468 (biscuit cereal or other: cornflakes, Frosties)	'Less than one bowl/week' = 0.5; Amount per serving: Biscuit/other/ do not know/prefer not to answer– 1 bowl/week
Wholegrain Bread	1438,1448 (Wholemeal or wholegrain)	'Less than one slice/week' = 0.5; Amount per serving: Whole-meal/wholegrain bread – 1 slice/week
Other bread	1438,1448 (white or brown or other type of bread)	'Less than one slice/week' = 0.5; Amount per serving: White/brown/other/ do not know/prefer not to answer– 1slice/week
Tea	1488	'Less than one cup/day' = 0.5
Water	1528	'Less than one glasses/day' = 0.5
Coffee	1498	'Less than one cup/day' = 0.5

Table S3. Definition and list of long-term morbidities

	Morbidity grouping	Conditions included	Code
1	Hypertension	Hypertension	1065
		Essential hypertension	1072
2	Coronary heart disease	Heart attack/MI	1075
		Angina	1074
3	Diabetes	Diabetic nephropathy	1607
		Diabetic neuropathy/ulcers	1468
		Diabetes	1220
		Type 1 diabetes	1222
		Type 2 diabetes	1223
		Diabetic eye disease	1276
4	Stroke/TIA	Stroke	1081
		TIA	1082
		Subarachnoid haemorrhage	1086
		Brain haemorrhage	1491
		Ischaemic stroke	1583
5	Atrial fibrillation	Atrial fibrillation	1471
6	Heart failure	Cardiomyopathy	1079
		Hypertrophic cardiomyopathy	1588
		Heart failure/pulmonary oedema	1076
7	Peripheral vascular disease	Peripheral vascular disease	1067
		Leg claudication/intermittent claudication	1087
8	COPD	COPD/Chronic obstructive pulmonary disease	1112
		Emphysema/Chronic bronchitis	1113
9	Asthma	Asthma	1111
10	Bronchiectasis	Bronchiectasis	1114
11	Dyspepsia	Gastro-oesophageal reflux (GORD)	1138
		Oesophagitis/Barrett's oesophagus	1139
		Gastric stomach ulcers	1142
		Gastric erosions/gastritis	1143
		Duodenal ulcer	1457
		Dyspepsia/indigestion	1510
		Hiatus hernia	1474
		Helicobacter pylori	1442
12	Diverticular disease	Diverticular disease/diverticulitis	1458
13	Irritable bowel syndrome	Irritable bowel syndrome	1154
14	Chronic liver disease	Oesophageal varices	1141
		Non infective hepatitis	1157
		Liver failure/cirrhosis	1158
		Primary biliary cirrhosis	1506
15	Inflammatory bowel disease	Inflammatory bowel disease	1461
		Crohn's disease	1462
		Ulcerative colitis	1463
16	Constipation	Constipation	1599

	Viral hepatitis	Hepatitis B	1579
		Hepatitis C	1580
		Hepatitis D	1581
18	Depression	Depression	1286
		Postnatal depression	1531
19	Anxiety	Anxiety/panic attacks	1287
		Nervous breakdown	1288
		Post-traumatic stress disorder	1469
		Obsessive compulsive disorder	1615
		Stress	1614
		Insomnia	1616
		Psychological/psychiatric problem	1243
20	Schizophrenia/Bipolar affective disorder	Schizophrenia	1289
		Mania	1291
		Bipolar disorder	1291
		Manic depression	1291
21	Connective tissue diseases	Myositis/myopathy	1322
		Systemic lupus erythematosus/SLE	1381
		Connective tissue disorder	1373
		Sjogren's syndrome sicca syndrome	1382
		Dermatopolymyositis	1383
		Scleroderma/systemic sclerosis	1384
		Rheumatoid arthritis	1464
		Psoriatic arthropathy	1477
		Dermatomyositis	1480
		Polymyositis	1481
		Polymyalgia rheumatica	1377
22	Painful conditions	Back pain	1534
		Joint pain	1537
		Headaches (not migraine)	1436
		Sciatica	1476
		Plantar fasciitis	1540
		Carpal tunnel syndrome	1541
		Fibromyalgia	1542
		Arthritis	1538
		Shingles	1573
		Disc problem	1532
		Prolapsed disc/slipped disc	1312
		Spine arthritis/spondylitis	1311
		Ankylosing spondylitis	1313
		Back problem	1294
		Osteoarthritis	1465
		Gout	1466
		Cervical spondylosis	1478
		Trigeminal neuralgia	1523

		Disc degeneration	1533
		Trapped nerve/compressed nerve	1257
23	Osteoporosis	Osteoporosis	1309
24	Thyroid disorders	Thyroid problem (not cancer)	1224
		Hyperthyroidism/thyrotoxicosis	1225
		Hypothyroidism/myxoedema	1226
		Grave's disease	1522
		Thyroid goitre	1610
		Thyroiditis	1428
25	Alcohol problems	Alcohol dependency	1408
		Alcoholic liver disease/alcoholic cirrhosis	1604
26	Chronic kidney disease	Polycystic kidney	1427
		Diabetic nephropathy	1607
		Renal/kidney failure	1192
		Renal failure requiring dialysis	1193
		Renal failure not requiring dialysis	1194
		Kidney nephropathy	1519
		Immunoglobulin A (IgA) nephropathy	1520
27	Prostate disorders	Prostate problem (not cancer)	1207
		Enlarged prostate	1396
		Benign prostatic hypertrophy	1516
28	Glaucoma	Glaucoma	1277
29	Epilepsy	Epilepsy	1264
30	Dementia	Dementia/Alzheimer/cognitive impairment	1263
31	Psoriasis or eczema	Eczema/dermatitis	1452
		Psoriasis	1453
32	Migraine	Migraine	1265
33	Chronic sinusitis	Chronic sinusitis	1416
34	Anorexia or bulimia	Anorexia, bulimia/other eating disorder	1470
35	Parkinson's disease	Parkinson's disease	1262
36	Multiple sclerosis	Multiple sclerosis	1261
37	Chronic fatigue syndrome	Chronic fatigue syndrome	1482
38	Endometriosis	Endometriosis	1402
39	Meniere disease	Meniere disease	1421
40	Pernicious anaemia	Pernicious anaemia	1331
41	Polycystic ovaries	Polycystic ovaries	1350

The list of disease groupings was based on Barnett et al (2012)

Table S4. Associations of sarcopenia symptoms with the risk of lung cancer incidence and mortality

Variable	Lung cancer cases/ person-years	HR (95% CI)		Lung cancer deaths/ person-years	HR (95% CI)	
		Minimally-adjusted	Fully-adjusted		Minimally-adjusted	Fully-adjusted
Normal control group	2619/ 3,859,738	Ref.	Ref.	1532/3,927,610	Ref.	Ref.
Low handgrip strength	400/318,901	<b>1.28(1.15-1.43)</b>	<b>1.11 (1.00-1.24)</b>	216/325,095	<b>1.16(1.00-1.34)</b>	1.01(0.87-1.17)
Low muscle mass	120/56,091	<b>2.05(1.71-2.47)</b>	<b>1.51(1.23-1.85)</b>	75/ 57,130	<b>2.06(1.63-2.60)</b>	<b>1.48(1.14-1.92)</b>
Slow walking pace	578/268,366	<b>2.20(2.01-2.41)</b>	<b>1.49(1.34-1.65)</b>	366/ 274,127	<b>2.20(2.01-2.41)</b>	<b>1.54(1.35-1.75)</b>

Three separate Cox proportional hazards regression models were performed to examine the associations of sarcopenia symptoms with the risk of lung cancer incidence and mortality, with individuals lacking all three sarcopenia symptoms serving as the reference group. Minimally-adjusted HR was adjusted for age (continuous), sex (men, women) and Townsend deprivation index (in quintiles). Fully-adjusted HR was adjusted for covariates included in minimally-adjusted HR plus body mass index (<18.5, 18.5-24.9, 25-29.9, or  $\geq 30$  kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4,  $\geq 5$ ), physical activity (vigorous, moderate, low), sleep duration. Abbreviations: CI, confidence interval; HR, hazard ratio; Ref, reference.

Table S5. Associations of sarcopenia symptoms with the risk of lung cancer incidence by age

Variable	<60 years		≥60 years		<i>P</i> <sub>interaction</sub>
	Lung cancer cases/ person-years	HR (95% CI)	Lung cancer cases/ person-years	HR (95% CI)	
Normal control group	801/2,376,604	Ref.	1818/1,483,134	Ref.	
Low handgrip strength	107/126,494	<b>1.72(1.39-2.13)</b>	293/192,407	1.07(0.94-1.22)	<b>&lt;0.0001</b>
Low muscle mass	35/22,673	<b>2.81(1.88-4.19)</b>	85/33,417	<b>1.46(1.14-1.86)</b>	<b>0.0009</b>
Slow walking pace	153/123,756	<b>1.76(1.44-2.15)</b>	425/144,611	<b>1.50(1.33-1.69)</b>	<b>0.0047</b>

The Cox proportional hazards regression was performed to examine the associations of sarcopenia symptoms with the risk of lung cancer incidence stratified by age. The model was adjusted for sex (men, women) and Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4, ≥5), physical activity (vigorous, moderate, low), sleep duration. Abbreviations: CI, confidence interval; HR, hazard ratio; Ref, reference.



Table S6. Associations of sarcopenia symptoms with the risk of lung cancer mortality by age

Variable	<60 years		≥60 years		<i>P</i> interaction
	Lung cancer deaths/ person-years	HR (95% CI)	Lung cancer deaths/ person-years	HR (95% CI)	
Normal control group	454/2,418,287	Ref.	1078/1,509,323	Ref.	
Low handgrip strength	58/128,951	<b>1.61(1.21-2.15)</b>	158/196,144	0.98(0.83-1.17)	<b>0.0001</b>
Low muscle mass	13/23,062	1.69(0.89-3.20)	62/34,068	<b>1.65(1.24-2.20)</b>	0.8550
Slow walking pace	92/126,417	<b>1.75(1.35-2.27)</b>	274/147,710	<b>1.58(1.36-1.84)</b>	<b>0.0454</b>

The Cox proportional hazards regression was performed to examine the associations of sarcopenia symptoms with the risk of lung cancer mortality stratified by age. The model was adjusted for sex (men, women) and Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4, ≥5), physical activity (vigorous, moderate, low), sleep duration. Abbreviations: CI, confidence interval; HR, hazard ratio; Ref, reference.

Table S7. Associations of sarcopenia symptoms and the risk of lung cancer incidence by sex

Variable	Women		Men		<i>P</i> <sub>interaction</sub>
	Lung cancer cases/ person-years	HR (95% CI)	Lung cancer cases/ person-years	HR (95% CI)	
Normal control group	1250/ 2,045,803	Ref.	1369/1,813,935	Ref.	
Low handgrip strength	224/ 208,591	1.07(0.92-1.24)	176/110,310	1.17(0.99-1.38)	0.1225
Low muscle mass	22/ 15,952	1.54(0.95-2.49)	98/ 40,139	<b>1.48(1.16-1.88)</b>	0.7984
Slow walking pace	267 151,751	<b>1.51(1.30-1.75)</b>	311/ 116,616	<b>1.47(1.28-1.69)</b>	0.4234

The Cox proportional hazards regression was performed to examine the associations of sarcopenia symptoms with the risk of lung cancer incidence stratified by sex. The was adjusted for age, Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4, ≥5), physical activity (vigorous, moderate, low), sleep duration. Abbreviations: CI, confidence interval; HR, hazard ratio; Ref, reference.

Table S8. Associations of sarcopenia symptoms with the risk of lung cancer mortality by sex

Variable	Women		Men		<i>P</i> interaction
	Lung cancer deaths/ person-years	HR (95% CI)	Lung cancer deaths/ person-years	HR (95% CI)	
Normal control group	683/2,082,594	Ref.	849/1,845,016	Ref.	
Low handgrip strength	123/212,789	1.05(0.86-1.28)	93/112,307	0.98(0.79-1.23)	0.9983
Low muscle mass	14/ 16,228	<b>1.84(1.00-3.37)</b>	61/ 40,902	<b>1.38(1.02-1.87)</b>	0.7119
Slow walking pace	171/ 155,012	<b>1.70(1.39-2.05)</b>	195/ 119,115	<b>1.42(1.19-1.69)</b>	0.4833

The Cox proportional hazards regression was performed to examine the associations of sarcopenia symptoms with the risk of lung cancer mortality stratified by sex. The model was adjusted for age, Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4, ≥5), physical activity (vigorous, moderate, low), sleep duration. Abbreviations: CI, confidence interval; HR, hazard ratio; Ref, reference.

Table S9. Factor loadings for PCA-derived dietary patterns

	PCA-derived dietary patterns		
	Prudent pattern	Western pattern	Wholegrain Pattern
Cooked vegetables	<b>0.58</b>	0.07	-0.02
Salad raw vegetables	<b>0.65</b>	-0.04	-0.02
Fresh fruit	<b>0.56</b>	-0.10	0.12
Dried fruit	<b>0.35</b>	-0.07	0.24
Whole grain bread	0.02	-0.05	<b>0.55</b>
Other bread	-0.17	0.16	<b>-0.58</b>
Grain cereal	0.07	-0.05	<b>0.75</b>
Other cereal	-0.01	-0.02	<b>-0.70</b>
Oily fish	<b>0.49</b>	0.04	0.11
Non-oily fish	<b>0.40</b>	0.12	0.01
Processed meat	-0.23	<b>0.49</b>	-0.13
Poultry	0.15	<b>0.42</b>	-0.02
Beef	-0.06	<b>0.66</b>	0.00
Lamb/mutton	0.05	<b>0.67</b>	0.03
Pork	-0.02	<b>0.67</b>	0.01
Cheese	-0.15	0.05	0.15
Tea	-0.01	0.05	-0.02
Coffee	-0.12	0.10	0.02
Water	<b>0.46</b>	-0.07	0.02
Variance explained, %	10.35	9.62	9.45
Cumulative variance, %	10.35	19.97	29.42
Abbreviations:	PCA,	principal	component analysis.

Table S10. Associations between carbohydrate types and the risk of lung cancer incidence and mortality

Carbohydrate types	Lung cancer cases/person-years	HR (95% CI)		Lung cancer deaths/person-years	HR (95% CI)	
		Minimally-adjusted	Fully-adjusted		Minimally-adjusted	Fully-adjusted
<b>Whole grain bread</b>						
<5.0 servings/week	2109/2,247,958	Ref.	Ref.	1266/2,289,204	Ref.	Ref.
5.0-9.9 servings/week	377/ 607,467	<b>0.68(0.61-0.76)</b>	<b>0.82(0.74-0.92)</b>	204/618,094	<b>0.63(0.54-0.73)</b>	<b>0.78(0.67-0.90)</b>
10.0-13.9 servings/week	343/532,081	<b>0.72(0.64-0.81)</b>	<b>0.86(0.77-0.97)</b>	196/541,352	<b>0.70(0.60-0.81)</b>	<b>0.85(0.73-0.99)</b>
≥14.0 servings/week	703/ 1,045,338	<b>0.68(0.62-0.74)</b>	<b>0.79(0.73-0.87)</b>	407/1,063,508	<b>0.65(0.58-0.73)</b>	<b>0.78(0.70-0.88)</b>
<b>Other bread</b>						
<5.0 servings/week	1854/2,883,109	Ref.	Ref.	1051/2,933,273	Ref.	Ref.
5.0-9.9 servings/week	377/ 389,903	<b>1.47(1.31-1.64)</b>	<b>1.24(1.11-1.39)</b>	217/397,064	<b>1.47(1.27-1.71)</b>	<b>1.22(1.05-1.41)</b>
10.0-13.9 servings/week	352/370,338	<b>1.48(1.32-1.66)</b>	<b>1.21(1.08-1.36)</b>	210/377,328	<b>1.52(1.31-1.77)</b>	<b>1.22(1.05-1.42)</b>
≥14.0 servings/week	949/789,496	<b>1.66(1.54-1.80)</b>	<b>1.32(1.22-1.43)</b>	595/804,493	<b>1.79(1.61-1.98)</b>	<b>1.38(1.24-1.53)</b>
<b>Grain cereal</b>						
<2.0 servings/week	2155/2,167,789	Ref.	Ref.	1306/2,207,826	Ref.	Ref.
2.0-4.9 servings/week	348/506,413	<b>0.71(0.63-0.80)</b>	<b>0.80(0.72-0.90)</b>	208/515,102	<b>0.71(0.61-0.82)</b>	<b>0.81(0.70-0.94)</b>
5.0-6.9 servings/week	319/604,999	<b>0.57(0.51-0.64)</b>	<b>0.74(0.66-0.83)</b>	178/615,384	<b>0.54(0.46-0.63)</b>	<b>0.72(0.61-0.84)</b>
≥7.0 servings/week	710/1,153,645	<b>0.55(0.51-0.60)</b>	<b>0.75(0.69-0.82)</b>	381/1,173,847	<b>0.49(0.44-0.55)</b>	<b>0.70(0.63-0.79)</b>
<b>Other cereal</b>						
<2.0 servings/week	2399/3,149,022	Ref.	Ref.	1388/3,204,527	Ref.	Ref.
2.0-4.9 servings/week	385/362,833	<b>1.50(1.35-1.67)</b>	<b>1.18(1.06-1.32)</b>	237/369,885	<b>1.58(1.37-1.81)</b>	<b>1.22(1.06-1.40)</b>
5.0-6.9 servings/week	270/337,679	<b>1.18(1.04-1.34)</b>	<b>1.13(1.00-1.28)</b>	157/343,696	<b>1.18(1.00-1.40)</b>	1.13(0.95-1.33)
≥7.0 servings/week	478/583,312	1.00(0.91-1.10)	1.00(0.90-1.10)	291/594,050	1.04(0.92-1.18)	1.05(0.92-1.19)

The Cox proportional hazards regression was performed to examine the associations between carbohydrate types and the risk of lung cancer incidence and mortality. Minimally-adjusted HR was adjusted for age (continuous), sex (men, women) and Townsend deprivation index (in quintiles). Fully-adjusted HR was adjusted for covariates included in minimally-adjusted HR plus body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2,

3, 4,  $\geq 5$ ), physical activity (vigorous, moderate, low). Abbreviations: CI, confidence interval; HR, hazard ratio; Ref, reference

Table S11. Associations between dietary patterns and the prevalence of sarcopenia symptoms

<b>Dietary pattern</b>	<b>Low handgrip strength</b>	<b>Low muscle mass</b>	<b>Slow walking pace</b>
Prudent pattern OR (95% CI)			
Q1	Ref.	Ref.	Ref.
Q2	<b>0.90(0.87-0.94)</b>	<b>0.87(0.80-0.94)</b>	<b>0.83(0.80-0.87)</b>
Q3	<b>0.87(0.84-0.90)</b>	<b>0.76(0.69-0.83)</b>	<b>0.76(0.73-0.79)</b>
Q4	<b>0.88(0.85-0.91)</b>	<b>0.72(0.66-0.79)</b>	<b>0.75(0.72-0.78)</b>
per 1 SD increase	<b>0.96(0.95-0.98)</b>	<b>0.89(0.87-0.92)</b>	<b>0.91(0.89-0.92)</b>
Western pattern OR (95% CI)			
Q1	Ref.	Ref.	Ref.
Q2	0.97(0.94-1.01)	1.01(0.93-1.11)	<b>0.96(0.92-1.00)</b>
Q3	1.01(0.98-1.05)	0.98(0.90-1.07)	1.03(0.98-1.07)
Q4	1.02(0.99-1.06)	1.07(0.98-1.17)	<b>1.17(1.13-1.22)</b>
per 1 SD increase	<b>1.03(1.01-1.04)</b>	1.02(0.99-1.05)	<b>1.06(1.05-1.07)</b>
Wholegrain Pattern OR (95% CI)			
Q1	Ref.	Ref.	Ref.
Q2	<b>0.88(0.85-0.91)</b>	0.97(0.89-1.06)	<b>0.88(0.84-0.91)</b>
Q3	<b>0.79(0.76-0.82)</b>	<b>0.83(0.76-0.91)</b>	<b>0.73(0.70-0.76)</b>
Q4	<b>0.72(0.70-0.75)</b>	<b>0.82(0.75-0.89)</b>	<b>0.61(0.59-0.64)</b>
per 1 SD increase	<b>0.88(0.87-0.89)</b>	<b>0.93(0.90-0.95)</b>	<b>0.85(0.84-0.86)</b>

The logistic regression was used to examine the associations between dietary patterns and the prevalence of sarcopenia symptoms. OR was adjusted for age (continuous) , sex (men, women) and Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or  $\geq 30$  kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), No. of long-term conditions (0, 1, 2, 3, 4,  $\geq 5$ ), physical activity (vigorous, moderate, low), sleep duration. Abbreviations: CI, confidence interval; OR, Odds ratio; Q, quartile; Ref, reference.

Table S12. Associations of carbohydrate types with the prevalence of sarcopenia symptoms

<b>Carbohydrate types</b>	<b>Low handgrip strength</b>	<b>Low muscle mass</b>	<b>Slow walking pace</b>
<b>Whole grain bread OR (95% CI)</b>			
<5.0 servings/week	Ref.	Ref.	Ref.
5.0-9.9 servings/week	<b>0.84(0.80-0.87)</b>	<b>0.78(0.70-0.88)</b>	<b>0.73(0.70-0.77)</b>
10.0-13.9 servings/week	<b>0.84(0.80-0.87)</b>	<b>0.89(0.80-0.98)</b>	<b>0.71(0.67-0.75)</b>
≥14.0 servings/week	<b>0.82(0.79-0.85)</b>	<b>0.89(0.83-0.96)</b>	<b>0.73(0.70-0.76)</b>
<b>Other bread OR (95% CI)</b>			
<5.0 servings/week	Ref.	Ref.	Ref.
5.0-9.9 servings/week	<b>1.21(1.16-1.27)</b>	<b>1.29(1.14-1.44)</b>	<b>1.39(1.32-1.45)</b>
10.0-13.9 servings/week	<b>1.26(1.21-1.32)</b>	<b>1.18(1.05-1.32)</b>	<b>1.38(1.31-1.45)</b>
≥14.0 servings/week	<b>1.23(1.18-1.27)</b>	<b>1.19(1.10-1.29)</b>	<b>1.44(1.39-1.50)</b>
<b>Grain cereal OR (95% CI)</b>			
<2.0 servings/week	Ref.	Ref.	Ref.
2.0-4.9 servings/week	<b>0.84(0.80-0.88)</b>	<b>0.77(0.68-0.87)</b>	<b>0.82(0.78-0.86)</b>
5.0-6.9 servings/week	<b>0.80(0.77-0.84)</b>	<b>0.81(0.72-0.90)</b>	<b>0.69(0.66-0.73)</b>
≥7.0 servings/week	<b>0.83(0.80-0.85)</b>	<b>0.85(0.79-0.92)</b>	<b>0.71(0.68-0.74)</b>
<b>Other cereal OR (95% CI)</b>			
<2.0 servings/week	Ref.	Ref.	Ref.
2.0-4.9 servings/week	<b>1.18(1.12-1.24)</b>	1.13(1.00-1.29)	<b>1.28(1.22-1.34)</b>
5.0-6.9 servings/week	<b>1.18(1.12-1.24)</b>	0.95(0.83-1.09)	<b>1.15(1.09-1.21)</b>
≥7.0 servings/week	<b>1.17(1.13-1.21)</b>	1.07(0.98-1.17)	<b>1.12(1.07-1.16)</b>

The logistic regression was used to examine the associations between carbohydrate types and the prevalence of sarcopenia symptoms. OR was adjusted for age (continuous) , sex (men, women) and Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), No. of long-term conditions (0, 1, 2, 3, 4, ≥5), physical activity (vigorous, moderate, low), sleep duration. Abbreviations: CI, confidence interval; OR, Odds ratio; Ref, reference.



Table S13. Associations of sarcopenia symptoms with incidence of lung cancer subtypes

		Normal control group	Low handgrip strength	Low muscle mass	Slow walking pace
LUAD	Cases/person-years	916/3,862,726	122/319,439	33/56,231	154/269,087
	HR (95% CI)	Ref.	0.99(0.82-1.21)	1.38(0.94-2.02)	<b>1.27(1.05-1.54)</b>
LSCC	Cases/person-years	361/3,864,088	76/319,525	27/56,282	121/269,172
	HR (95% CI)	Ref.	<b>1.36(1.05-1.77)</b>	<b>1.94(1.25-3.02)</b>	<b>1.72(1.36-2.18)</b>
SCLC	Cases/person-years	209/3,864,635	24/319,724	7/56,312	43/269,406
	HR (95% CI)	Ref.	0.80(0.51-1.23)	1.50(0.65-3.47)	1.15(0.80-1.65)

The Cox proportional hazards regression was performed to examine the associations between sarcopenia symptoms and incidence of lung cancer subtypes. The model was adjusted for age (continuous), sex (men, women), Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or  $\geq 30$  kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4,  $\geq 5$ ), physical activity (vigorous, moderate, low). Abbreviations: CI, confidence interval; HR, hazard ratio; LSCC, lung squamous cell carcinoma; LUAD, lung adenocarcinoma; Ref, reference; SCLC, small cell lung cancer.

Table S14. Associations between dietary patterns and incidence of lung cancer subtypes

Dietary pattern	LUAD		LSCC		SCLC	
	Cases/person-years	HR (95% CI)	Cases/person-years	HR (95% CI)	Cases/person-years	HR (95% CI)
Prudent pattern						
Q1	322/1,106,495	Ref.	194/1,106,819	Ref.	96/1,107,131	Ref.
Q2	297/1,108,896	1.01(0.86-1.19)	144/1,109,322	0.99(0.80- 1.23)	67/1,109,531	0.86(0.63-1.18)
Q3	259/1,111,348	0.86(0.73-1.02)	98/1,111,694	<b>0.70(0.55-0.90)</b>	54/1,111,871	<b>0.70(0.49-0.98)</b>
Q4	302/1,110,226	0.97(0.82-1.14)	106/1,110,717	<b>0.76(0.59-0.96)</b>	53/1,110,930	<b>0.67(0.48-0.95)</b>
per 1 SD increase		0.98(0.93-1.03)		<b>0.89(0.82-0.96)</b>		<b>0.87(0.78-0.97)</b>
Western pattern						
Q1	258/1,112,843	Ref.	90/1,113,310	Ref.	51/1,113,463	Ref.
Q2	287/1,109,568	1.09(0.92-1.29)	114/1,109,916	1.17(0.89-1.54)	51/1,110,176	0.962(0.62-1.36)
Q3	287/1,108,671	1.07(0.90-1.27)	130/1,109,099	1.22(0.93-1.61)	68/1,109,309	1.15(0.80-1.66)
Q4	348/1,105,883	<b>1.20(1.02-1.42)</b>	208/1,106,228	<b>1.58(1.22-2.03)</b>	100/1,106,514	<b>1.43(1.01-2.03)</b>
per 1 SD increase		<b>1.06(1.00-1.12)</b>		<b>1.14(1.06-1.22)</b>		<b>1.15(1.04-1.28)</b>
Wholegrain Pattern						
Q1	352/1,104,131	Ref.	196/1,104,426	Ref.	105/1,104,781	Ref.
Q2	323/1,108,049	0.95(0.81-1.10)	177/1,108,485	1.05(0.85-1.28)	76/1,108,775	0.80(0.59-1.07)
Q3	268/1,111,794	0.86(0.73-1.01)	88/1,112,307	<b>0.66(0.51-0.86)</b>	49/1,112,421	<b>0.64(0.45-0.90)</b>
Q4	237/1,112,991	<b>0.80(0.67-0.94)</b>	81/1,113,334	<b>0.65(0.50-0.85)</b>	40/1,113,485	<b>0.60(0.42-0.87)</b>
per 1 SD increase		<b>0.92(0.87-0.98)</b>		<b>0.85(0.79-0.93)</b>		<b>0.83(0.74-0.94)</b>

The Cox proportional hazards regression was performed to examine the associations between dietary patterns and incidence of lung cancer subtypes. The model was adjusted for age (continuous), sex (men, women), Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4, ≥5), physical activity (vigorous, moderate, low). Abbreviations: CI, confidence interval; HR, hazard ratio; LSCC, lung squamous cell carcinoma; LUAD, lung adenocarcinoma; Q, quartile; Ref, reference; SCLC, small cell lung cancer; SD, standard deviation.

Table S15. Associations of sarcopenia symptoms with incidence of lung cancer by subgroups

	Normal control group	Low handgrip strength	<i>P</i> <sub>interaction</sub>	Low muscle mass	<i>P</i> <sub>interaction</sub>	Slow walking pace	<i>P</i> <sub>interaction</sub>
<b>Townsend deprivation index</b>			0.1338		0.8282		0.0023
Below median value	Ref.	1.01(0.83-1.22)		1.58(1.12-2.23)		1.19(0.98-1.45)	
Above median value	Ref.	1.20(1.05-1.37)		1.47(1.14-1.91)		1.71(1.47-1.98)	
<b>Body mass index</b>			0.8500		0.7819		0.0010
<25	Ref.	1.11(0.91-1.35)		1.50(1.22-1.84)		1.69(1.36-2.08)	
25-29.9	Ref.	1.16(0.98-1.38)		1.43(0.20-10.13)		1.61(1.37-1.90)	
≥30	Ref.	1.13(0.92-1.39)		/		1.30(1.11-1.53)	
<b>Alcohol frequency</b>			0.2433		0.1295		0.2134
≥3 or 4 times a week	Ref.	1.03(0.86-1.23)		1.68(1.29-2.19)		1.60(1.36-1.88)	
<3 or 4 times a week	Ref.	1.20(1.04-1.37)		1.29(0.93-1.79)		1.46(1.28-1.66)	
<b>Smoking status</b>			0.0115		0.2280		0.1999
Never	Ref.	0.87(0.65-1.17)		1.10(0.56-2.18)		0.91(0.63-1.32)	
Former smokers	Ref.	1.10(0.94-1.29)		2.08(1.46-2.98)		1.61(1.39-1.87)	
Current smokers	Ref.	1.26(1.06-1.50)		1.23(0.93-1.62)		1.46(1.25-1.70)	
<b>Family history of cancer</b>			0.4607		0.5086		0.5819
No	Ref.	1.08(0.93-1.25)		1.40(1.06-1.85)		1.54(1.35-1.77)	
Yes	Ref.	1.15(0.98-1.35)		1.67(1.22-2.27)		1.42(1.22-1.66)	
<b>No. of long-term conditions</b>			0.1410		0.4141		0.1478
None	Ref.	1.12(0.85-1.47)		1.43(0.96-2.13)		1.28(0.90-1.83)	
One	Ref.	0.90(0.72-1.12)		1.55(1.08-2.21)		1.35(1.10-1.66)	
Two or more	Ref.	1.28(1.11-1.48)		1.56(1.12-2.17)		1.65(1.46-1.87)	

The Cox proportional hazards regression was performed to examine the associations between sarcopenia symptoms and incidence of lung cancer by subgroups. The model was adjusted for age (continuous), sex (men, women) and Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4, ≥5), physical activity (vigorous, moderate, low), sleep duration.

Table S16. Associations of sarcopenia symptoms with mortality of lung cancer by subgroups

	Normal control group	Low handgrip strength	$P_{\text{interaction}}$	Low muscle mass	$P_{\text{interaction}}$	Slow walking pace	$P_{\text{interaction}}$
<b>Townsend deprivation index</b>			0.0156		0.8605		0.0027
Below median value	Ref.	0.77(0.57-1.03)		1.49(0.95-2.33)		1.16(0.89-1.51)	
Above median value	Ref.	1.15(0.96-1.36)		1.49(1.08-2.06)		1.71(1.47-1.98)	
<b>Body mass index</b>			0.5794				0.0020
<25	Ref.	1.00(0.77-1.30)		1.43(1.10-1.86)	0.9288	1.60(1.22-2.09)	
25-29.9	Ref.	1.07(0.85-1.35)		/		1.80(1.47-2.20)	
≥30	Ref.	1.00(0.75-1.33)		/		1.29(1.04-1.59)	
<b>Alcohol frequency</b>			0.0946		0.1168		0.3843
≥3 or 4 times a week	Ref.	0.87(0.68-1.11)		1.76(1.27-2.44)		1.66(1.35-2.03)	
<3 or 4 times a week	Ref.	1.13(0.94-1.37)		1.13(0.73-1.76)		1.50(1.27-1.78)	
<b>Smoking status</b>			0.0109		0.5605		0.1916
Never	Ref.	0.74(0.45-1.20)		1.48(0.59-3.71)		0.84(0.48-1.50)	
Former smokers	Ref.	0.91(0.73-1.14)		1.95(1.22-3.12)		1.59(1.31-1.93)	
Current smokers	Ref.	1.21(0.97-1.50)		1.18(0.84-1.66)		1.52(1.27-1.83)	
<b>Family history of cancer</b>			0.1329		0.8943		0.9191
No	Ref.	0.90(0.73-1.10)		1.47(1.04-2.06)		1.51(1.27-1.80)	
Yes	Ref.	1.16(0.93-1.44)		1.53(1.02-2.29)		1.56(1.28-1.90)	
<b>No. of long-term conditions</b>			0.1731		0.6555		0.3345
None	Ref.	1.03(0.72-1.49)		1.56(0.95-2.57)		1.36(0.88-2.11)	
One	Ref.	0.73(0.54-1.00)		1.51(0.97-2.35)		1.35(1.05-1.76)	
Two or more	Ref.	1.17(0.97-1.41)		1.36(0.89-2.08)		1.66(1.41-1.94)	

The Cox proportional hazards regression was performed to examine the associations between sarcopenia symptoms and mortality of lung cancer by subgroups. The model was adjusted for age (continuous), sex (men, women) and Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4, ≥5), physical activity (vigorous, moderate, low), sleep duration.

Table S17. Associations between dietary patterns and incidence of lung cancer by subgroups

Covariate	Prudent pattern		Western pattern		Wholegrain pattern	
	per 1 SD increase HR (95%CI)	$P_{\text{interaction}}$	per 1 SD increase HR (95%CI)	$P_{\text{interaction}}$	per 1 SD increase HR (95%CI)	$P_{\text{interaction}}$
<b>Sex</b>		0.3905		0.2197		0.3912
Women	0.95(0.90-1.00)		1.08(1.02-1.13)		0.90(0.85-0.95)	
Men	0.92(0.88-0.97)		1.12(1.07-1.16)		0.88(0.84-0.91)	
<b>Townsend deprivation index</b>		0.8722		0.0408		0.5695
Below median value	0.93(0.87-0.98)		1.05(1.00-1.11)		0.89(0.84-0.94)	
Above median value	0.94(0.90-0.98)		1.12(1.08-1.17)		0.88(0.85-0.92)	
<b>Body mass index</b>		0.0524		0.0524		0.2077
<25	0.93(0.88-0.99)		1.14(1.08-1.20)		0.88(0.83-0.94)	
25-29.9	0.92(0.87-0.97)		1.08(1.03-1.13)		0.88(0.84-0.93)	
≥30	0.97(0.91-1.04)		1.07(1.01-1.14)		0.91(0.85-0.97)	
<b>Alcohol frequency</b>		0.1452		0.0734		0.0017
≥3 or 4 times a week	0.91(0.86-0.96)		1.13(1.09-1.18)		0.83(0.79-0.87)	
<3 or 4 times a week	0.96(0.91-1.00)		1.07(1.02-1.11)		0.93(0.89-0.97)	
<b>Smoking status</b>		0.0001		0.1779		0.0137
Never	1.04(0.96-1.13)		0.97(0.89-1.06)		0.95(0.87-1.03)	
Former smokers	0.97(0.92-1.02)		1.13(1.08-1.18)		0.88(0.84-0.92)	
Current smokers	0.86(0.81-0.91)		1.10(1.05-1.16)		0.88(0.83-0.93)	
<b>Family history of cancer</b>		0.1418		0.6420		0.1778
No	0.91(0.87-0.96)		1.10(1.06-1.15)		0.90(0.86-0.94)	
Yes	0.97(0.92-1.02)		1.09(1.04-1.15)		0.86(0.82-0.91)	
<b>No. of long-term conditions</b>		0.6027		0.1827		0.1869
None	0.94(0.88-1.01)		1.07(1.01-1.14)		0.92(0.86-0.98)	
One	0.92(0.87-0.98)		1.09(1.03-1.15)		0.88(0.83-0.93)	
Two or more	0.94(0.90-0.99)		1.12(1.07-1.17)		0.88(0.83-0.92)	

The Cox proportional hazards regression was performed to examine the associations between dietary patterns and mortality of lung cancer by subgroups. The model was adjusted for age (continuous), sex (men, women) and Townsend deprivation index (in quintiles), body mass index ( $<18.5$ ,  $18.5-24.9$ ,  $25-29.9$ , or  $\geq 30$  kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4,  $\geq 5$ ), physical activity (vigorous, moderate, low).

Table S18. Associations between dietary patterns and mortality of lung cancer by subgroups

Covariate	Prudent pattern		Western pattern		Wholegrain pattern	
	per 1 SD increase HR (95%CI)	$P_{\text{interaction}}$	per 1 SD increase HR (95%CI)	$P_{\text{interaction}}$	per 1 SD increase HR (95%CI)	$P_{\text{interaction}}$
<b>Sex</b>		0.6800		0.3428		0.4218
Women	0.95(0.89-1.02)		1.09(1.02-1.16)		0.88(0.82-0.95)	
Men	0.93(0.87-0.99)		1.13(1.08-1.18)		0.85(0.81-0.90)	
<b>Townsend deprivation index</b>		0.1993		0.1100		0.2266
Below median value	0.89(0.82-0.97)		1.06(0.99-1.14)		0.88(0.82-0.95)	
Above median value	0.96(0.91-1.02)		1.14(1.09-1.19)		0.85(0.81-0.90)	
<b>Body mass index</b>		0.0284		0.2146		0.3166
<25	0.91(0.84-0.99)		1.15(1.07-1.23)		0.88(0.81-0.95)	
25-29.9	0.93(0.86-1.00)		1.09(1.02-1.16)		0.85(0.79-0.90)	
≥30	0.99(0.91-1.08)		1.10(1.02-1.19)		0.89(0.82-0.97)	
<b>Alcohol frequency</b>		0.0316		0.1552		0.0032
≥3 or 4 times a week	0.88(0.82-0.95)		1.15(1.09-1.21)		0.80(0.75-0.85)	
<3 or 4 times a week	0.98(0.93-1.04)		1.08(1.02-1.14)		0.92(0.87-0.97)	
<b>Smoking status</b>		0.0967		0.7724		0.1972
Never	1.04(0.91-1.18)		0.98(0.86-1.13)		0.96(0.84-1.08)	
Former smokers	0.95(0.88-1.01)		1.16(1.09-1.23)		0.85(0.80-0.91)	
Current smokers	0.91(0.84-0.97)		1.09(1.03-1.15)		0.86(0.80-0.92)	
<b>Family history of cancer</b>		0.0165		0.7102		0.5454
No	0.89(0.84-0.95)		1.12(1.06-1.18)		0.87(0.83-0.92)	
Yes	1.00(0.94-1.07)		1.11(1.04-1.18)		0.85(0.79-0.91)	
<b>No. of long-term conditions</b>		0.2058		0.1332		0.2580
None	0.97(0.89-1.07)		1.10(1.01-1.20)		0.91(0.83-0.99)	
One	0.92(0.85-1.00)		1.05(0.97-1.12)		0.84(0.78-0.90)	
Two or more	0.94(0.88-1.00)		1.17(1.10-1.24)		0.86(0.81-0.92)	

The Cox proportional hazards regression was performed to examine the associations between dietary patterns and mortality of lung cancer by subgroups. The model was adjusted for age (continuous), sex (men, women) and Townsend deprivation index (in quintiles), body mass index ( $<18.5$ ,  $18.5-24.9$ ,  $25-29.9$ , or  $\geq 30$  kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4,  $\geq 5$ ), physical activity (vigorous, moderate, low).



Table S19. Associations of sarcopenia symptoms and dietary patterns with incidence and mortality of cancer after excluding those developed lung cancer or died within two years of follow up (n=361,422)

Variables		Lung cancer cases/person-years	HR (95% CI)	Lung cancer deaths/person-years	HR (95% CI)
Sarcopenia status	Normal control group	2375/3,859,470	Ref.	1342/3,926,678	Ref.
	Low handgrip strength	366/318,861	<b>1.13(1.00-1.26)</b>	193/324,935	1.04(0.89-1.22)
	Low muscle mass	104/56,074	<b>1.44(1.15-1.79)</b>	62/57,069	<b>1.39(1.04-1.85)</b>
	Slow walking pace	510/268,292	<b>1.45(1.30-1.62)</b>	313/273,879	<b>1.50(1.31-1.73)</b>
Prudent pattern	Q1	969/1,105,316	Ref.	574/1,125,244	Ref.
	Q2	781/1,107,779	0.94(0.85-1.03)	452/1,127,357	0.95(0.84-1.08)
	Q3	716/1,110,198	<b>0.85(0.77-0.94)</b>	385/1,129,546	<b>0.81(0.71-0.93)</b>
	Q4	725/1,109,175	<b>0.84(0.76-0.93)</b>	398/1,128,705	<b>0.83(0.72-0.94)</b>
Western pattern	Q1	664/1,111,618	Ref.	350/1,131,898	Ref.
	Q2	711/1,108,554	1.03(0.92-1.14)	393/1,128,810	1.07(0.92-1.23)
	Q3	803/1,107,476	<b>1.12(1.00-1.24)</b>	464/1,126,992	<b>1.20(1.04-1.38)</b>
	Q4	1013/1,104,820	<b>1.25(1.13-1.38)</b>	602/1,123,152	<b>1.35(1.18-1.55)</b>
Wholegrain pattern	Q1	1024/1,103,103	Ref.	616/1,123,809	Ref.
	Q2	913/1,106,805	0.96(0.88-1.05)	518/1,126,506	0.92(0.81-1.03)
	Q3	684/1,110,661	<b>0.82(0.74-0.91)</b>	368/1,129,927	<b>0.76(0.67-0.87)</b>
	Q4	570/1,111,900	<b>0.72(0.65-0.80)</b>	307/1,130,610	<b>0.68(0.59-0.78)</b>

The Cox proportional hazards regression was performed to examine the associations sarcopenia symptoms and dietary patterns with incidence and mortality of cancer after excluding those developed lung cancer or died within two years of follow up. The model was adjusted for age (continuous), sex (men, women) and Townsend deprivation index (in quintiles), body mass index (<18.5, 18.5-24.9, 25-29.9, or ≥30 kg/m<sup>2</sup>), alcohol frequency (daily or almost daily, 3 or 4 times a week, 1 or 2 times a week, 1 to 3 times a month, special occasions only, never, or unknown), smoking status (never, former, current, or unknown), family history of cancer (yes, no, or unknown), No. of long-term conditions (0, 1, 2, 3, 4, ≥5), physical activity (vigorous, moderate, low), sleep duration. Abbreviations: CI, confidence interval; HR, hazard ratio; Q, quartile; Ref, reference.