Figure Legend

Figure S1. Effect modification of smoking on the association between caffeinated coffee consumption and incident chronic diseases in EPIC-Germany (n=42,659)

Presented are multivariate adjusted hazard ratios and 95% confidence intervals for each additional cup of caffeinated coffee consumed per day. Caffeinated coffee consumption was modeled continuously using Cox proportional hazard regression, the multivariate model was stratified by age at recruitment (years) and center (Potsdam/Heidelberg), and adjusted for sex, smoking (in current smokers: intensity, in non-smokers: former smoking), alcohol (non-consumers; women: >0-6 g/d; >6-12 g/d; >12 g/d; men: >0-12 g/d; >12-24 g/d; >24 g/d), physical activity (average of cycling and sports during summer and winter in h/week), education (none-primary school, technical-secondary school, higher education incl. university), employment (yes/no), vitamin and mineral supplement use (During past 4 weeks? yes/no), total energy intake (kcal/d), tea intake (cups/d), decaffeinated coffee intake (cups/d), BMI (kg/m²), waist-to-hip ratio, and prevalent hypertension (self-reported: yes/no). Interaction with smoking was tested by likelihood ratio test.

Abbreviations: EPIC, European Prospective Investigation into Cancer and Nutrition; MI, myocardial infarction; T2D, type 2 diabetes