**Table S6: Relative risks for the effects of dietary risk factors on disease outcomes.**

| **Risk factor, disease outcome** | **Unit** | **Age (years)** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **30-44** | **45-59** | **60-69** | **70-79** | **≥80** | **≥30** |
| *High TFA intake* |  |  |  |  |  |  |  |
| Ischemic heart disease [[1](#_ENREF_1)] | Per 1 percentage point more calories | 1.40 | 1.29 | 1.14 | 1.08 | 1.06 |  |
| *Low PUFA intake* |  |  |  |  |  |  |  |
| Ischemic heart disease [[2](#_ENREF_2)] a | Per 1 percentage point less calories | 1.14 | 1.10 | 1.05 | 1.03 | 1.02 |  |
| *High dietary sodium intake* |  |  |  |  |  |  |  |
| SBP [[3](#_ENREF_3)] | mmHg SBP per 100 mmol/d increase |  |  |  |  |  | 7.11 (SBP≥140)  3.27 (SBP<140) |
| Stomach cancer [[3](#_ENREF_3),[4](#_ENREF_4)] | Per 100 mmol/d increase |  |  |  |  |  | 1.57 |
| *Low fruit and vegetable intake* |  | 1.04 | 1.04 | 1.04 | 1.03 d | 1.02 d |  |
| Ischemic heart disease [[3](#_ENREF_3),[5](#_ENREF_5)] | Per 80 g/d decrease | 1.06 | 1.06 | 1.06 | 1.05 | 1.03 d |  |
| Ischemic stroke [[3](#_ENREF_3),[6](#_ENREF_6)] | Per 80 g/d decrease | 1.01d | 1.01 d | 1.01 d | 1.01 d | 1.00 d |  |
| Colorectal cancer [[3](#_ENREF_3),[7](#_ENREF_7)] | Per 80 g/d decrease | 1.10 | 1.10 | 1.10 | 1.08 d | 1.05 d |  |
| Esophagus cancer [[8](#_ENREF_8)]a, b, c | Per 100 g/d decrease | 1.04 | 1.04 | 1.04 | 1.03 d | 1.02 d |  |
| Lung cancer [[3](#_ENREF_3),[7](#_ENREF_7)] | Per 80 g/d decrease | 1.40 | 1.29 | 1.14 | 1.08 | 1.06 |  |
| Stomach cancer [[3](#_ENREF_3),[7](#_ENREF_7)] | Per 80 g/d decrease | 1.06 d | 1.06 d | 1.06 d | 1.05 d | 1.03 d |  |

SBP, systolic blood pressure.

a Relative risks were reported for all ages or the specified age group. We used the age gradients of the relative risks from meta-analyses conducted for the US study to calculate relative risks for each age group [[3](#_ENREF_3)].

b Relative risks were estimated for males only, and we applied the same values to females.

c We applied these relative risks for esophagus cancers to mouth and pharyngeal cancers.

d We replaced these statistically insignificant relative risks with 1 in our analysis.

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