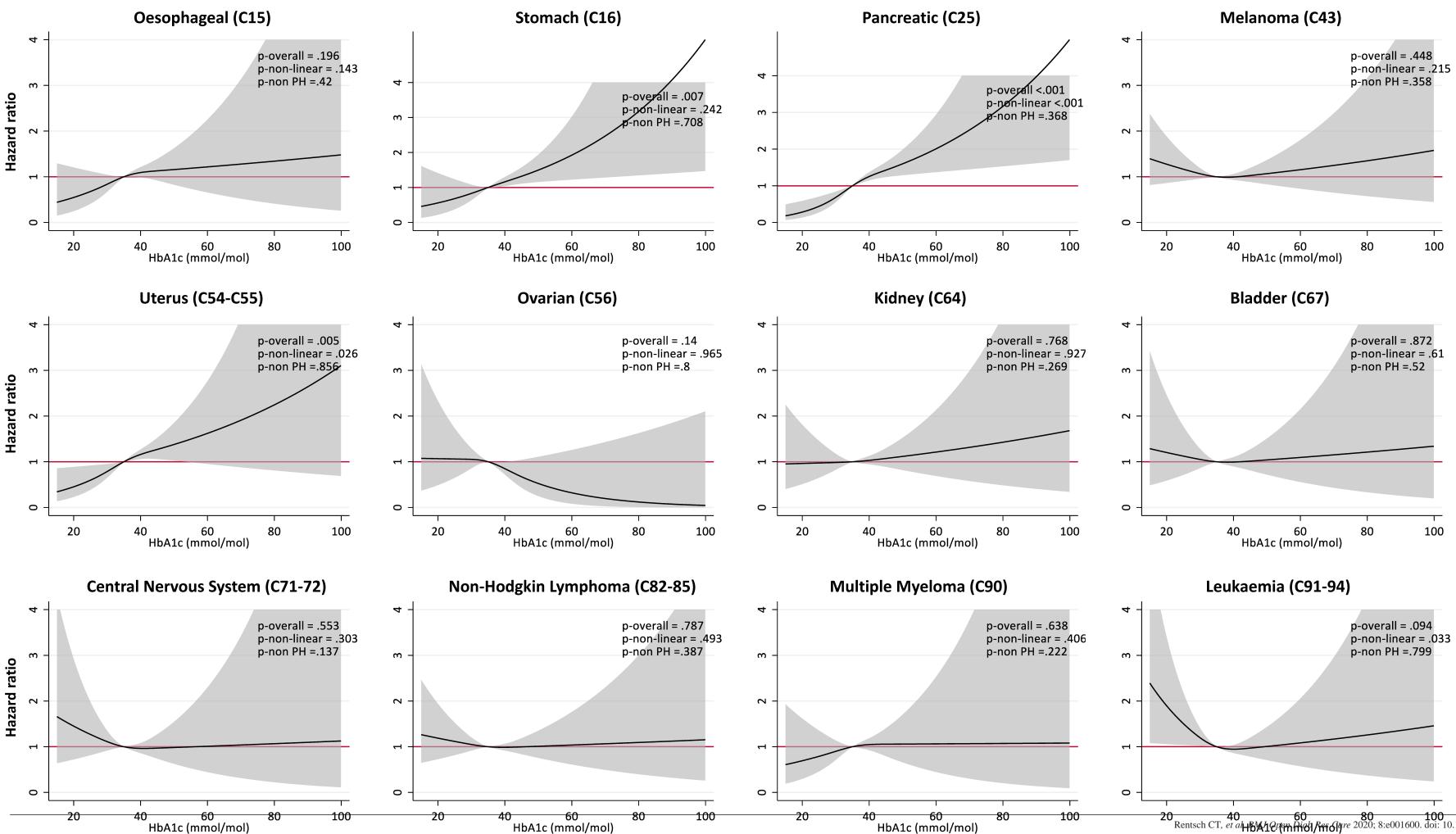


Figure S1 Associations between glycated haemoglobin (HbA1c) and incidence of secondary cancer outcomes

HbA1c (mmol/mol) Rentsch CT, et al. BMJ Open Diab Res Care 2020; 8:e001600. doi: 10.1136/bmjdrc-2020-001600

Figure S2 Associations between glycated haemoglobin (HbA1c) and incidence of secondary cancer outcomes, excluding participants who reported diabetes diagnosis or metformin exposure at baseline



20 40 60 80 100 Rentsch CT, et al HBALCram High Res Glare 2020; 8:e001600. doi: 10.1136/bmjdrc-2020-001600

0

20

40

60

HbA1c (mmol/mol)

80

100

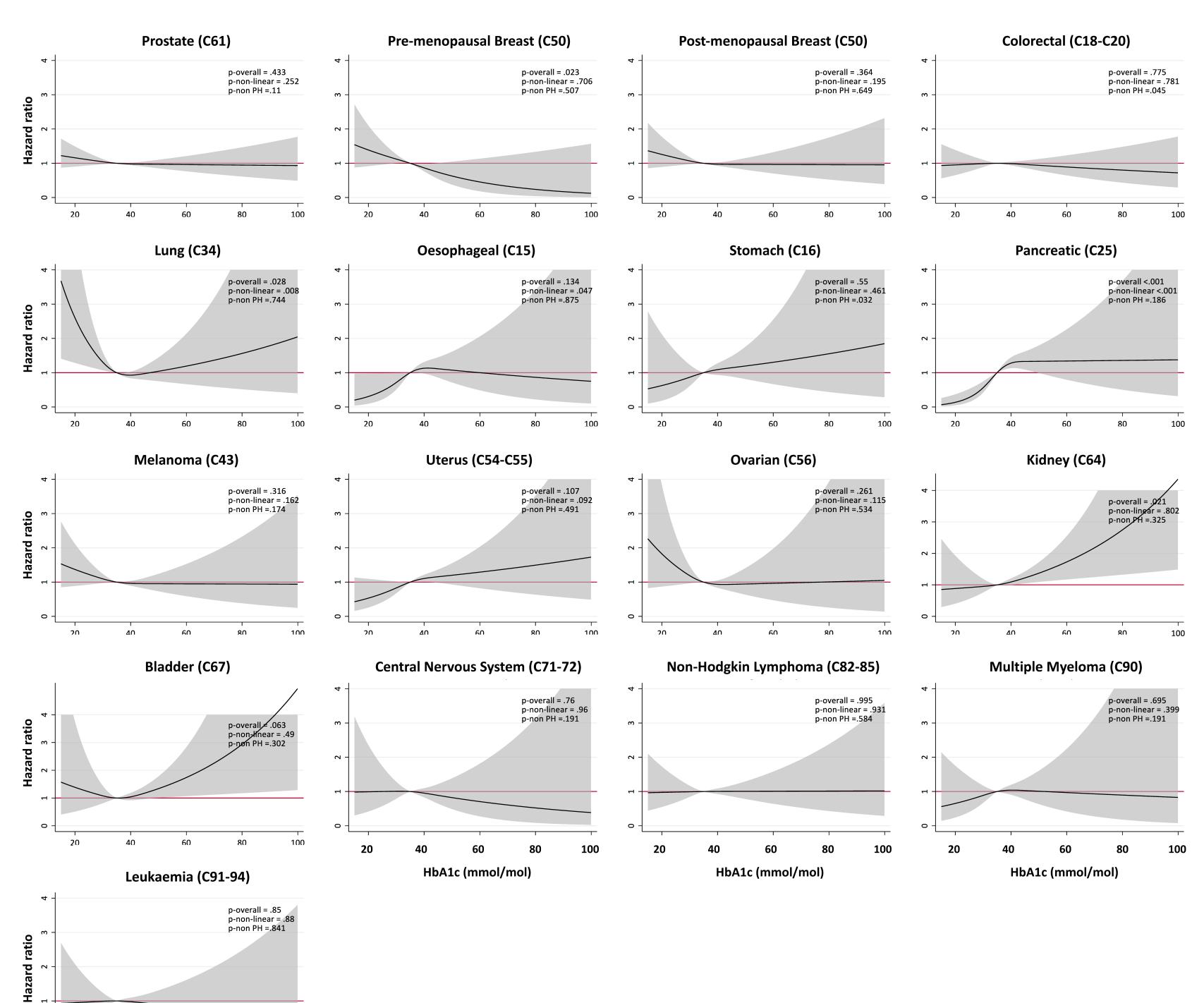
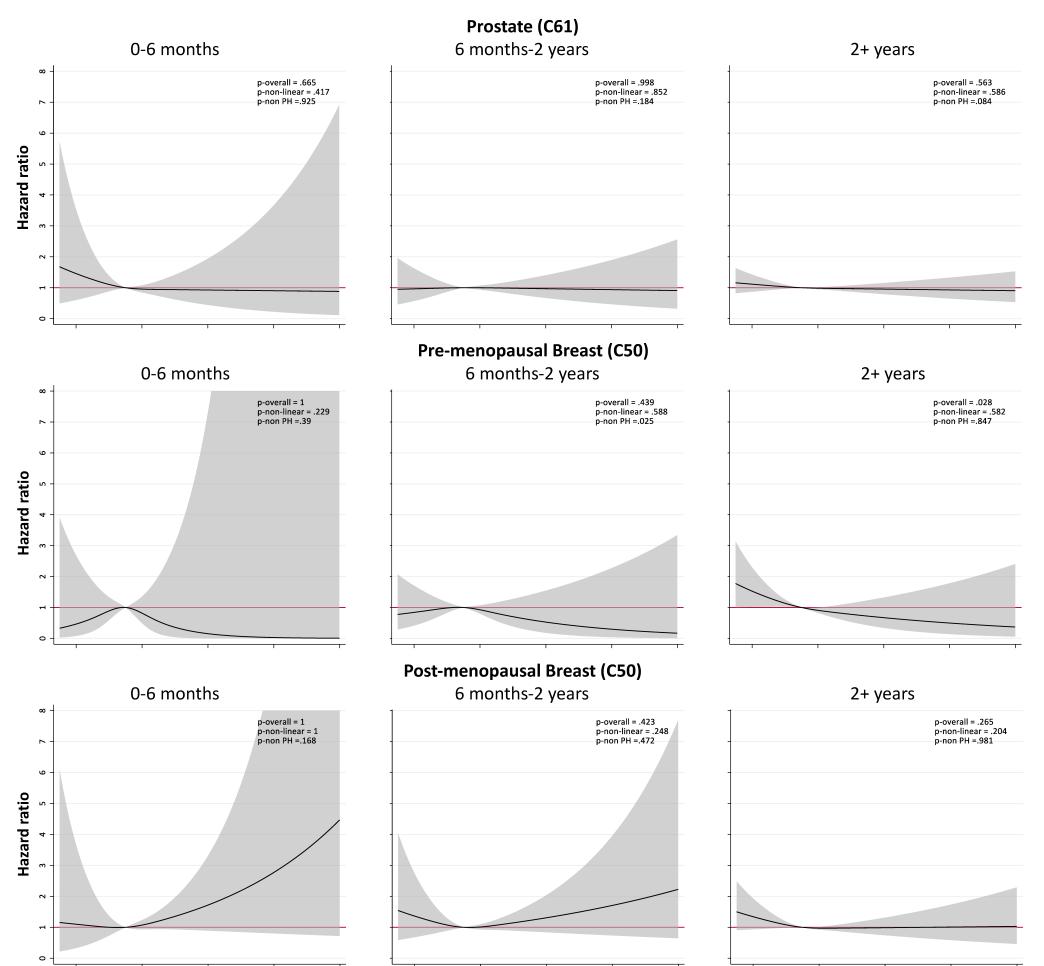
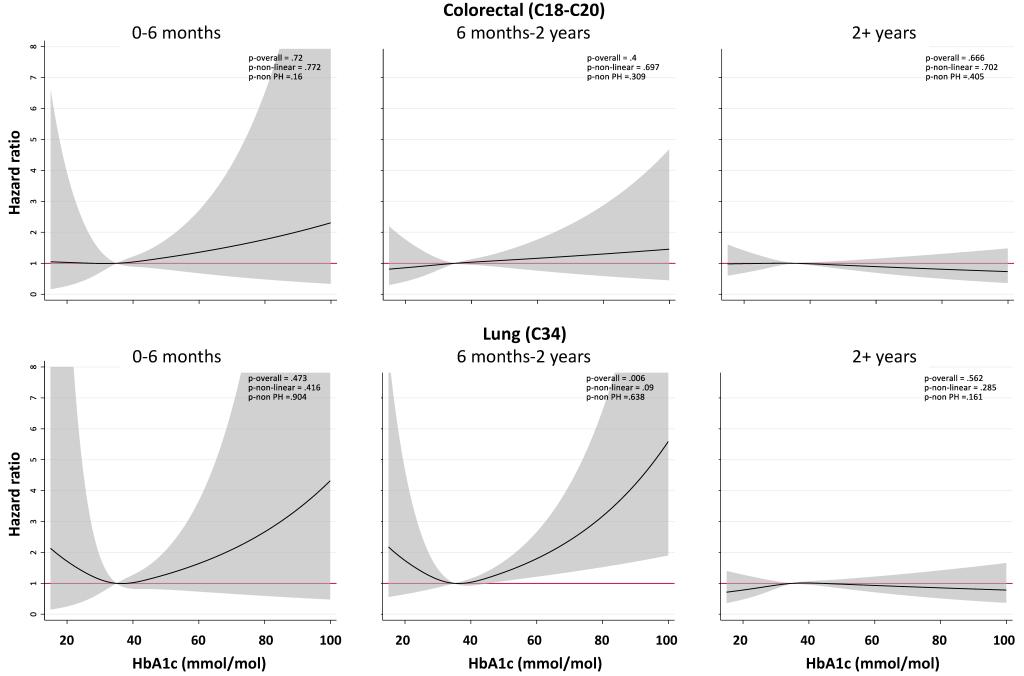


Figure S3 Associations between glycated haemoglobin (HbA1c) and incidence of 16 cancers, excluding participants with smoking history

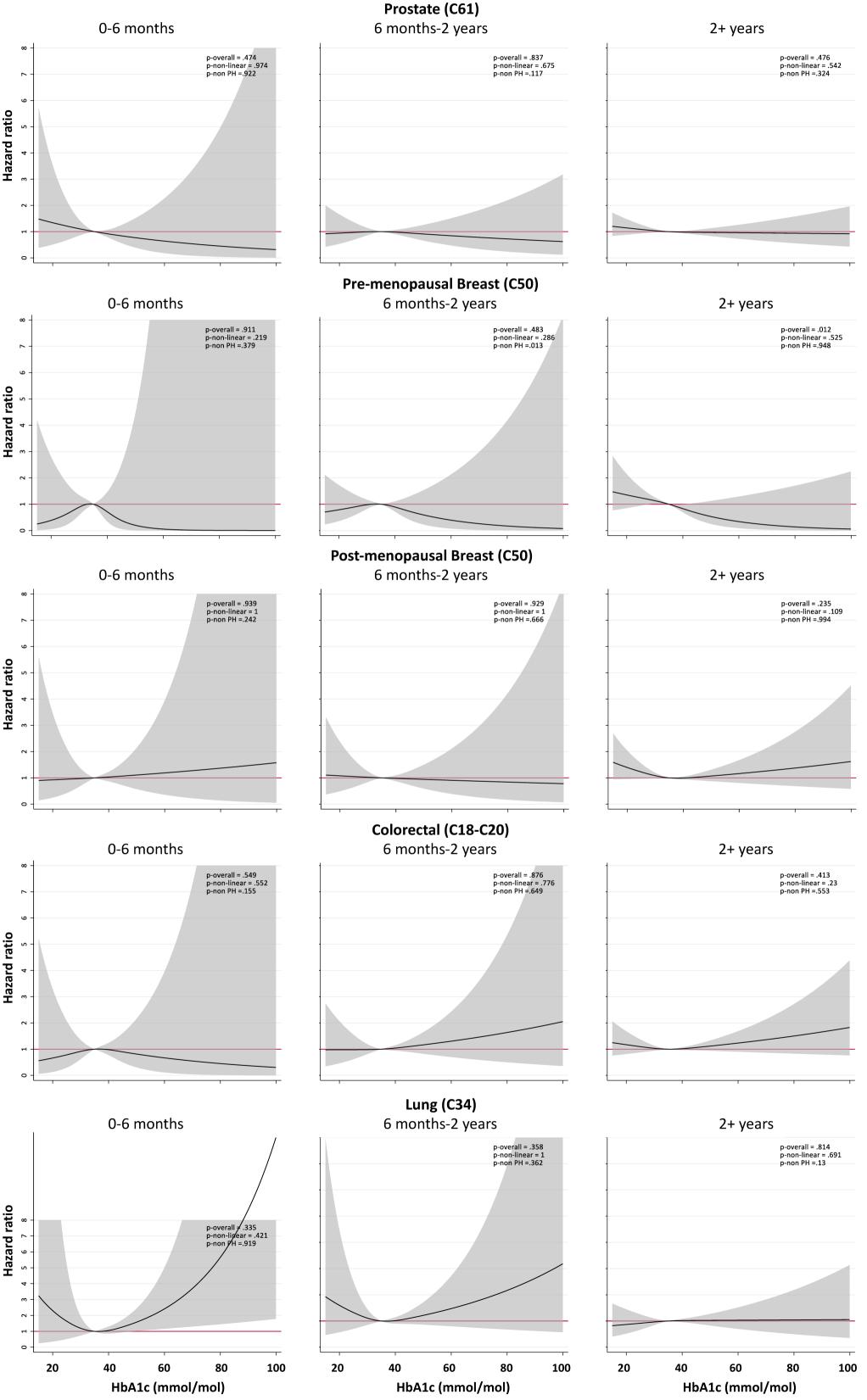
Figure S4 Associations between glycated haemoglobin (HbA1c) and incidence of primary cancer outcomes, by time since baseline





Rentsch CT, et al. BMJ Open Diab Res Care 2020; 8:e001600. doi: 10.1136/bmjdrc-2020-001600

Figure S5 Associations between glycated haemoglobin (HbA1c) and incidence of primary cancer outcomes, by time since baseline, excluding participants who reported diabetes diagnosis or metformin exposure at baseline



Rentsch CT, et al. BMJ Open Diab Res Care 2020; 8:e001600. doi: 10.1136/bmjdrc-2020-001600

Figure S6 Prostate cancer and HbA1c at each additional confounder adjustment stage

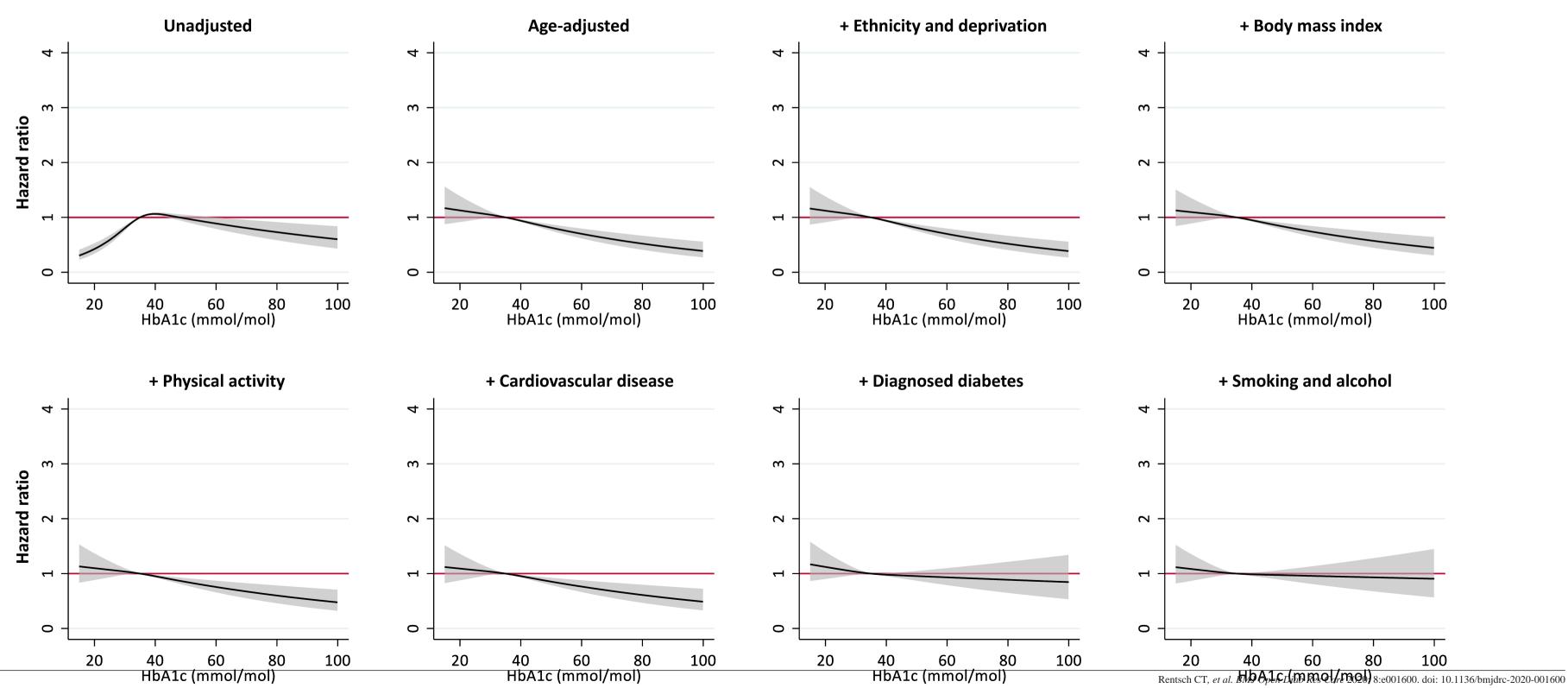


Figure S7 Pre-menopausal breast cancer and HbA1c at each additional confounder adjustment stage

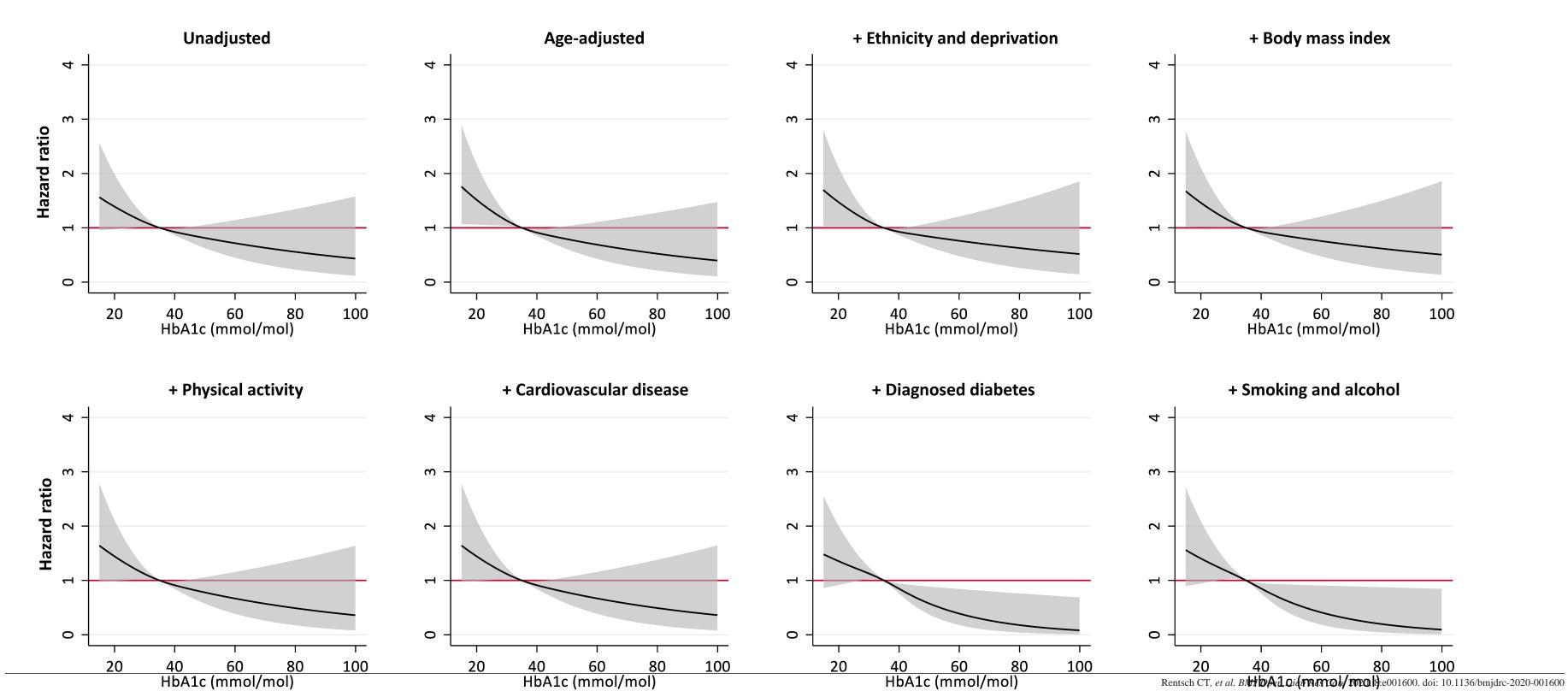
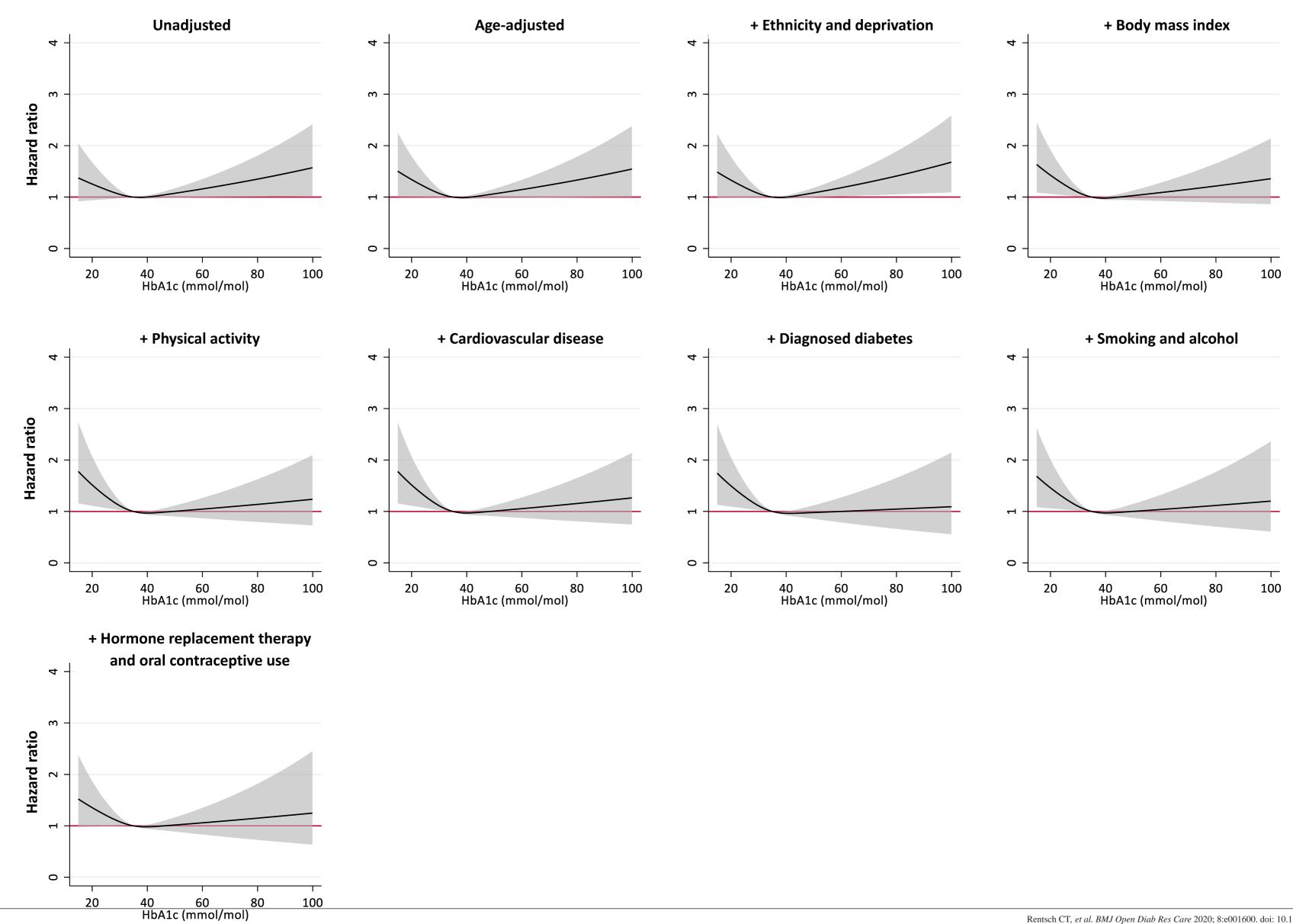


Figure S8 Post-menopausal breast cancer and HbA1c at each additional confounder adjustment stage



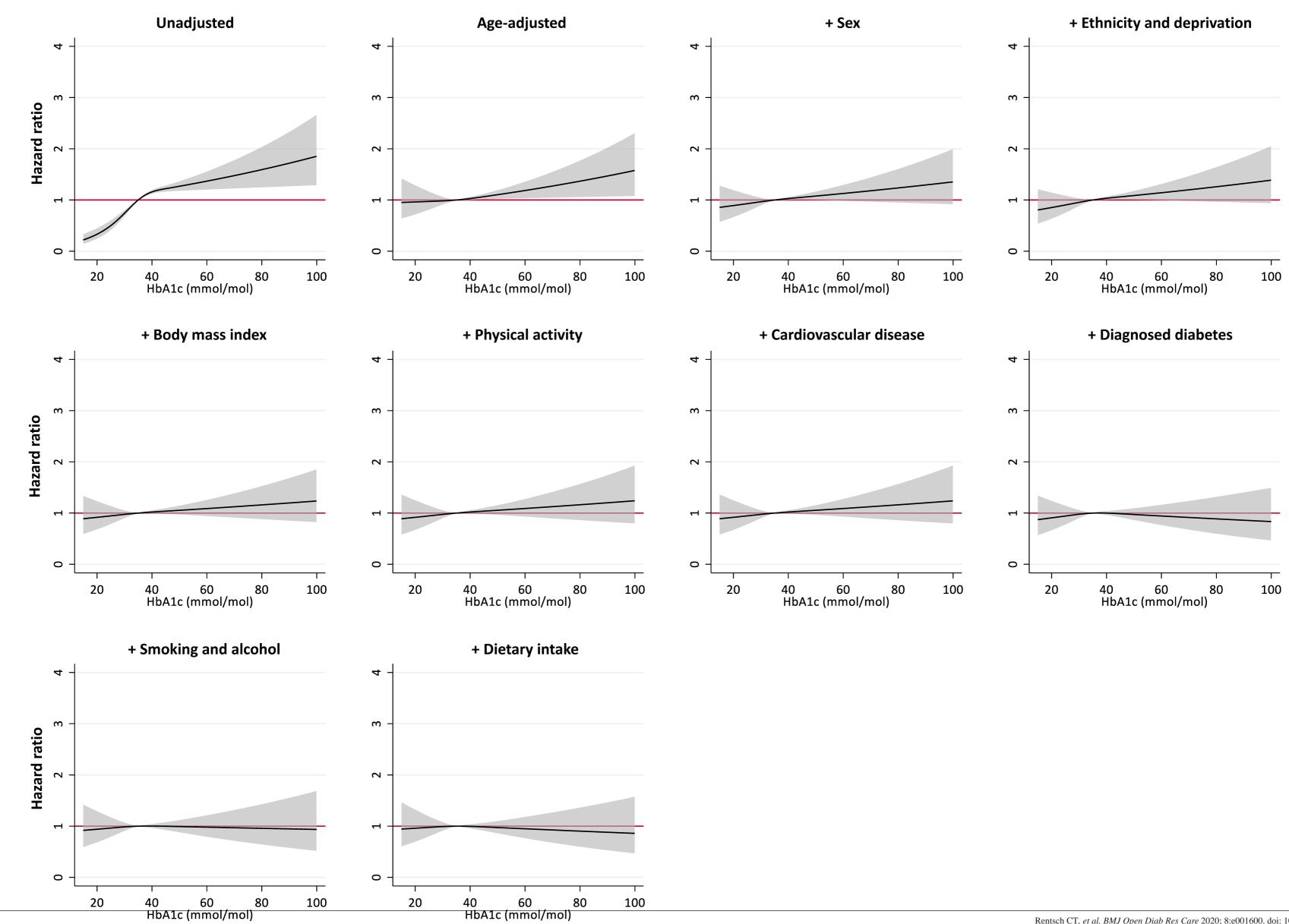


Figure S9 Colorectal cancer and HbA1c at each additional confounder adjustment stage

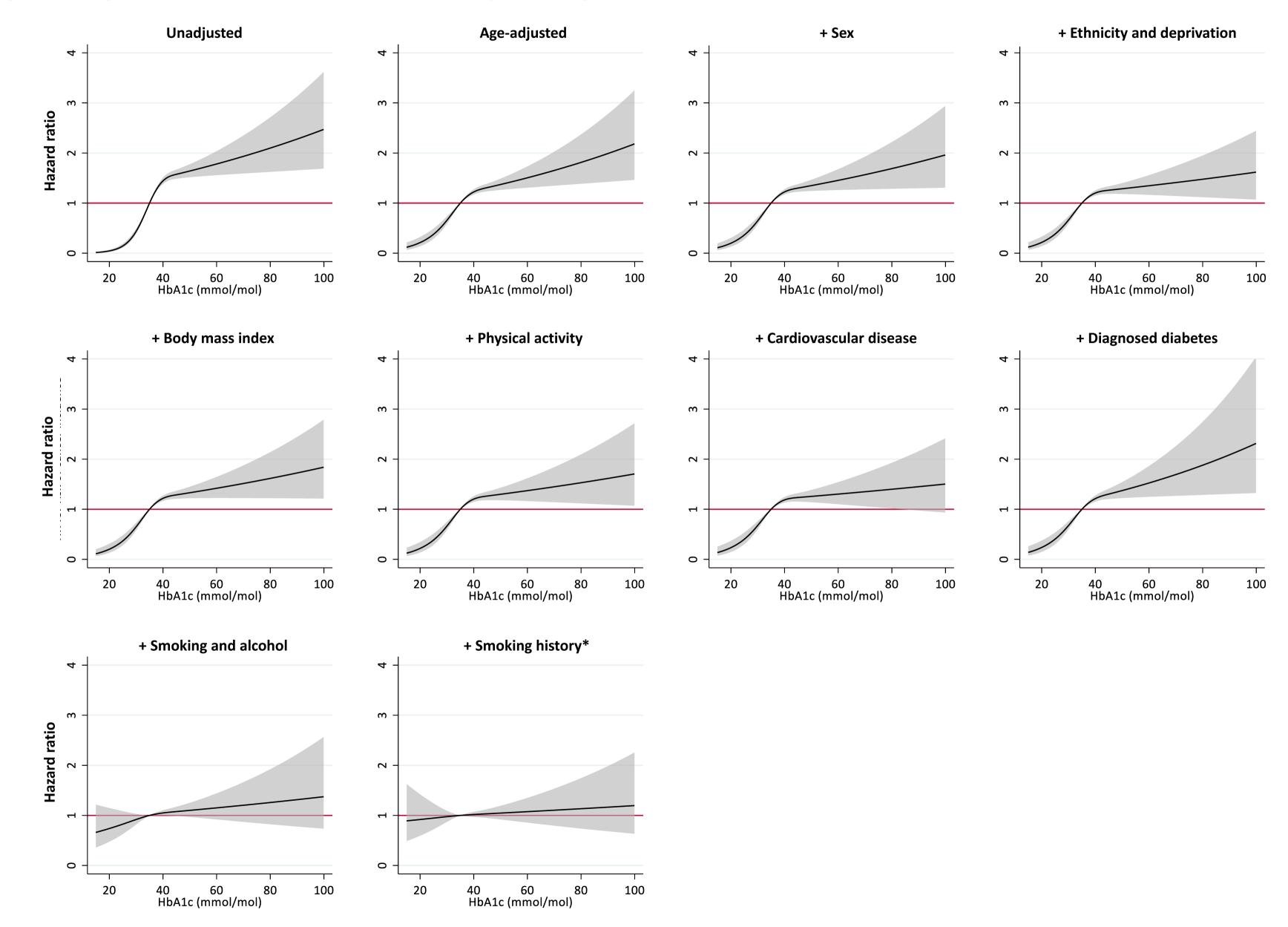


Figure S10 Lung cancer and HbA1c at each additional confounder adjustment stage

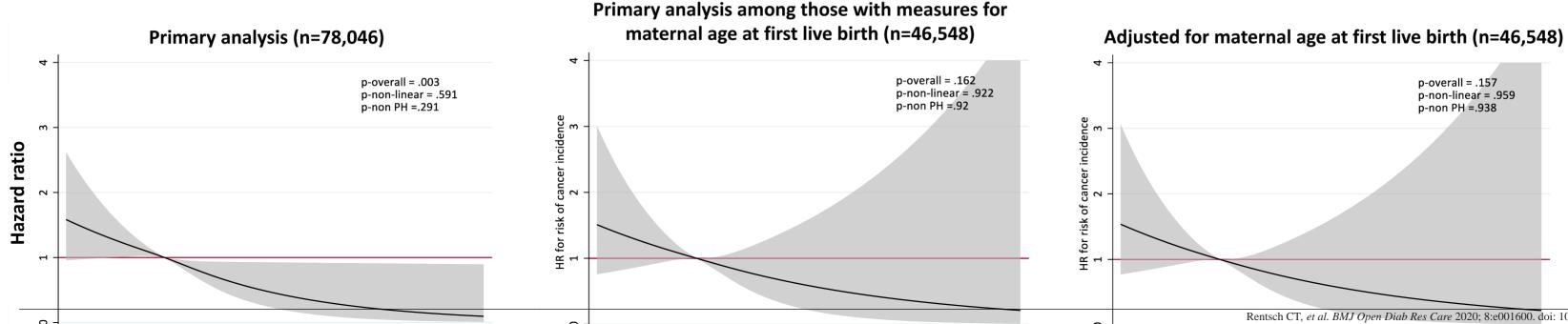
*Additionally adjusted for age at start and stop of smoking among former smokers and rate of smoking among current smokers

Figure S11 Association between baseline diagnosis of type 2 diabetes and cancer incidence in the UK Biobank

	Cancer type		HR (95% CI)
Primary outcomes	Prostate (C61)	⊢	0.75 (0.66-0.86)
	Pre-menopausal Breast (C50)	I I I I I I I I I I I I I I I I I I I	1.00 (0.56-1.79)
	Post-menopausal Breast (C50)	⊢	1.14 (0.95-1.37)
	Colorectal (C18-C20)	⊢	1.23 (1.05-1.44)
	Lung (C34)	├─── ┥	0.98 (0.81-1.18)
Secondary outcomes	Oesophageal (C15)	↓ ↓ ↓ ↓ ↓	1.23 (0.91-1.68)
	Stomach (C16)	├ ─── ├	1.14 (0.78-1.67)
	Pancreatic (C25)		1.59 (1.21-2.09)
	Melanoma (C43)	⊢	0.89 (0.67-1.17)
	Uterus (C54-C55)		1.52 (1.13-2.04)
	Ovarian (C56)	↓I	0.99 (0.61-1.61)
	Kidney (C64)	↓ •	1.26 (0.96-1.67)
	Bladder (C67)		1.60 (1.21-2.11)
	Central Nervous System (C71-C72)	⊢ − − − − − − − − − − − − − − − − − − −	0.83 (0.52-1.32)
	Non-Hodgkin Lymphoma (C82-C85	⊢ ⊢ − −− −1	1.14 (0.88-1.48)
	Multiple Myeloma (C90)	⊢	0.78 (0.49-1.26)
	Leukaemia (C91-C94)	↓	1.00 (0.71-1.40)
		I I .5 1 2	

Log hazard ratio (HR)

Figure S12 Post hoc analysis adjusting associations between HbA1c and pre-menopausal cancer (C50) for maternal age at first live birth



Rentsch CT, et al. BMJ Open Diab Res Care 2020; 8:e001600. doi: 10.1136/bmjdrc-2020-001600

igure S13 Associations between glycated haemoglobin (HbA1c) and incidence of common ancers in the UK Biobank, using age as time scale

(a) Full sample

(b) Excluding diagnosed diabetes

