Table S1A. Observational Cohorts and CVD Risk, Supplementary Material (See Table S1B for Findings of these studies.)					
Author, year: cohort (country)	**Population size (gender, race/ethnicity)**	**Age range, years**	**Baseline BMI**	**Baseline serum cholesterol**	**Dietary cholesterol, mg/day unless noted (instrument)**
Studies that Assessed Dietary Cholesterol Using Food Frequency Questionnaires					
Ascherio, 1996[1]: Health Professionals Follow-up Study (U.S.)	43757 (male)	(40-75)	24.88	5.82 mmol/l,	152.2 mg/1000 kcal (FFQ) 189-422 mg/day in 1st and 5th quintile
He, 2003[2]: Health Professionals Follow-up Study (U.S.)	43,732 (male)	(40-75)	not reported	not reported	189-398 median in 1st to 5th (FFQ)
Pietinen, 1997[3]: Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (Finland)	21,930 (male)	50-69	not reported	not reported	559.8 average of quintile medians (FFQ)
Larsson, 2012[4]: Swedish Mammography Cohort (Sweden)	34,670 (female)	49-83	25 (mean of q1 and q5)	not reported	161 q1 319 q5
Yaemsiri, 2012[5]: Women's Health Initiative-Observational Study (U.S.)	87,025 (female, white 84.5%, AA 7.4%, Hispanic 3.6%, other 4.5%)	(50-79)	27.2	not reported	190.82 mean of medians over quintiles (FFQ)

Hu, 1997[6]: Nurses' Health Study (U.S.)	80,082 (female)	34-59	24	not reported	132-273 median 1st and 5th mg/1000 kcal (FFQ)
Iso, 2001[7]: Nurses' Health Study (U.S.)	85764 (female)	34-59	%≥29: 12.3, 14, 15 tertiles of sat fat	not reported	212-465 median of 1st to 5th (FFQ)
Seino, 1997[8]: Shibata Study (Japan)	2,283 (42% male): Akadani-Ijimino district and Niigata Prefecture	40 and older	not reported	4.6 mmol/L	393 (FFQ)
Mann, 1997[9]: (UK)	10,802 (4102 male, 6700 female): vegetarians (1568/2987), semi-vegetarians (387/962), and omnivores (2147/2751)	mean: 34 men, 33 women (16-79)	%≥25: 16.8 men, 10.4 women	not reported	156-431 median tertiles men 138-378 median tertiles women (FFQ)
Studies that Assessed Dietary Cholesterol Using 24 Hour Dietary Recalls					
Posner, 1991[10]: Framingham Study (U.S.)	859 (male): two cohorts (45-55 years and 56-65 years)	45-65	not reported	224.0 in 45-55 y and 221 in 56-55, mg/dl	530 in 45-55 years, 532 in 56-65 years (24-hour recall)
McGee, 1984[11]: Honolulu Heart Program (U.S.)	7,088 (male, Japanese ancestry)	45-68	not reported	not reported	243 per 1000 calories 2303 calories (24-hour recall)
Esrey, 1996[12]: Lipid Research Clinics Prevalence Follow-up Study (U.S.; Canada)	4546 (% male: 51.8): stratified by age: 30-59 (n=3,925) and 60-79 (n=621)	30-79	25.5	5.33 mmol/L	408 mean of tertiles of animal fat mg/d (24 hour recall)

Xu, 2006[13]: Strong Heart Study (U.S.)	2,938 (36% male/female), American Indian	47-79	31.4	not reported	333 (24-hr recall)
Garcia-Palmieri, 1980[14]: Puerto Rico Heart Health Program (U.S.)	8,218 (male, rural (n=2,420) and San Juan urban (n=5,798) samples)	45-64	not reported	195 rural; 205 urban (age-adjusted)	356 rural, 439 urban (age-adjusted) (24-hour recall)
Studies that Assessed Dietary Cholesterol Using 24 Hour Food Diary					
Sauvaget, 2004[15]: Adult Health Study (Japan)	3,731 (39%--mean of tertiles of animal fat male/female): two cities (Hiroshima and Nagasaki, long-term effects of atomic bomb radiation	35-89	22.5 (mean of tertiles of animal fat)	not reported	449 mean of tertiles of animal fat mg/d (24-hour food diary)
Studies that Assessed Dietary Cholesterol Using Diet Histories					
Kushi, 1985[16]: Ireland-Boston Diet-Heart Study (Ireland, U.S.)	1001 (male): 390 Irish brothers, 386 Boston brothers (born in Ireland), 225 first generation Boston (parents from Ireland, not brothers)	30-69	not reported	216 mg/dl Irish 219 mg/dl Boston 215 mg/dl First	means 233 Irish, 273 Boston, 240 First mg/1000 kcal (means 4033, 3099, 2946) (diet history)
Shekelle, 1981[17]: Western Electric Study (U.S.)	1,900 (male)	40-55	25.4	248 mg/dl	241 mg/1000 kcal (kcal 3183/d) (diet history)

Shekelle, 1989[18]: Western Electric Study (U.S.)	1,824 (male)	40-55 baseline	not reported (25.4 from earlier paper)	not reported (248 mg/dl from earlier study)	755 mg/d (28-day diet history)

Abbreviations: FFQ—Food Frequency Questionnaire; q1—quintile 1; q5—quintile 5; AA—African American; sat fat—saturated fat;

Table S1B. Observational Cohorts and CVD Risk, Supplementary Material, continued

Author, year: cohort (country)	**Adjustment variables**	**Findings** typically as RR (95% CI)	**Age-adjusted Findings**
Studies that Assessed Dietary Cholesterol Using Food Frequency Questionnaires			
Ascherio, 1996[1]: Health Professionals Follow-up Study (U.S.)	age, BMI, smoking, alcohol consumption, PA, hx htn, hchol, family hx of MI before age 60, profession, fiber, total energy	Fatal/non-fatal MI: 1.03 (95% CI 0.81-1.32) 5th vs 1st quintile	1.34 (95% CI, 1.07-1.68)
	age, BMI, smoking, alcohol consumption, PA, hx htn, hchol, family hx of MI before age 60, profession, fiber, total energy, total fat	MI: 1.03 (95% CI, 0.90-1.19) (density model: mg/1000 kcal)	1.18 (95% CI 1.05-1.33)
		fatal CHD: 1.06 (95% CI, 0.84, 1.35) (density model)	1.29 (95% CI, 1.06-1.57)
He, 2003[2]: Health Professionals Follow-up Study (U.S.)	age, smoking, BMI, PA, hx htn, smoking, aspirin use, MV use, alcohol consumption, potassium, fiber, vit E, fruit and vegetables, total energy, hypercholesterolemic at baseline	ischemic: 1.02 (95% CI, 0.75, 1.39); hemorrhagic: 1.04 (95% CI, 0.58, 1.88)	1.06 (95% CI, 0.79-1.41), 1.10 (95% CI, 0.66-1.86)

	With addition of dietary poly, mono, sat, trans	ischemic: 0.93 (95% CI, 0.66-1.30), hemorrhagic: 1.16 (95% CI, 0.61-2.20)	
Pietinen, 1997[3]: Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (Finland)	age, smoking, BMI, bp, total energy, alcohol, fiber, education, PA	major coronary event: 0.93 (95% CI, 0.79-1.10)	1.01 (95% CI, 0.86-1.18)
Larsson, 2012[4]: Swedish Mammography Cohort (Sweden)	age, smoking, education, BMI, pa, hx htn, hx diabetes, aspirin use, fam hx of mi, alcohol, protein intake, fiber intake, total fat	total stroke: 1.20 (95% CI, 1.0-1.44) ischemic: 1.29 (95% CI, 1.05-1.58) hemorrhagic: 0.96 (95% CI, 0.58-1.58)	1.18 (1.02, 1.36)
Yaemsiri, 2012[5]: Women's Health Initiative-Observational Study (U.S.)	age, race, education, income, smoking, hrt, pa, alcohol hs of chd, hx of afib, hx of diabetes, aspirin use, htn med, chol-lowering med, BMI, sbp, total energy (+vit e diet, fruit/veg, fiber)	1.04 (95% CI, 0.81-1.33) q5 vs q1	1.19 (95% CI, 0.98-1.44)
Hu, 1997[6]: Nurses' Health Study (U.S.)	age, smoking, BMI, menopausal status/hormone use, parent history of MI before 65 years, mv use, vit e use, alcohol consumption, hs of hypertension aspirin, PA, total energy, energy from protein, total fat, fat subtypes	fatal/non-fatal CHD: 1.17 (95% CI, 0.92-1.50)	1.12 (95% CI, 0.91-1.38)
Iso, 2001[7]: Nurses' Health Study (U.S.)	age, smoking, BMI, alcohol, menopausal status/hormone use, PA, aspirin use, MV use, vit E us, n3 fatty acid intake, calcium intake, hx hypertension, diabetes, high cholesterol, totla energy	1.04 (95% CI, 0.46-2.38)	1.03 (95% CI, 0.45-2.35)

Seino, 1997[8]: Shibata Study (Japan)	age, sex, energy, diastolic bp, a fib, specific type of li ipd, total fat	1.11 q4 v q1 (95% CI, 0.48-2.56)	1.03 (95% CI, 0.45-2.38)
Mann, 1997[9](UK)	age, sex, smoking, social class (no evidence of pre-existing disease)	3.53 (95% CI, 1.57-7.96) tertile 3 (events=22) vs 1 (events=8)	not reported
Studies that Assessed Dietary Cholesterol Using 24 Hour Dietary Recalls			
Posner, 1991[10]: Framingham Study (U.S.)	total energy intake, serum cholesterol, PA, sbp, lvh, smoking, glucose intolderance, metropolitan relative weight	45-55 years: beta: .0000 (pvalue: 0.92) 56-65 years: 0.0003 (.364)	not reported
McGee, 1984[11]: Honolulu Heart Program (U.S.)	age, sbp, serum cholesterol, smoking, body weight, PA	total CHD: logistic coefficient 0.0962 p<0.05; cholesterol/1000 calories; mi/CHD death 0.1177 p<0.05; ap or ci 0.040	not reported
Esrey, 1996[12]: Lipid Research Clinics Prevalence Follow-up Study (U.S.; Canada)	age, sex, energy intake, serum lipids, systolic blood pressure, smoking, BMI, glucose intolerance	cox RR: 1.0 (10 mg) per 5000 kJ (95% CI, 0.99-1.02)	1.0 (95% CI, 0.99-1.02)
Xu, 2006[13]: Strong Heart Study (U.S.)	age, sex, study center, energy, diabetes, BMI, HDL, LDL,, triacylglycerol, smoking, alcohol, htn, % energy protein	CHD total: 1.09 (95% CI, 0.77-1.54) nonfatal CHD: 1.14 (95% CI, 0.76-1.70)	not reported
Garcia-Palmieri, 1980[14]: Puerto Rico Heart Health Program (U.S.)	age-stratified (45-54, 55-64): adjusted for carbohydrates, alcohol, SBP, serum cholesterol, smoking, blood glucose	Data not reported, conclusion-- not stat significant	Data not reported conclusion-- not stat significant

Studies that Assessed Dietary Cholesterol Using 24 Hour Food Diary			
Sauvaget, 2004[15]: Adult Health Study (Japan)	sex, age, radiation dose, city, BMI ,smoking, alcohol , hx htn, hx diabetes	0.34 (95% CI, 0.16-0.70)	0.34 (95% CI, 0.16-0.69)
Studies that Assessed Dietary Cholesterol Using Diet Histories			
Kushi, 1985[16]: Ireland-Boston Diet-Heart Study (Ireland, U.S.)	age, sbp, total serum chol, cig smoking, alcohol intake, cohort	cox PH coeff 0.0017 (p-value: 0.10)	not reported
Shekelle, 1981[17]: Western Electric Study (U.S.)	Sat fat, poly, age, spb, smoking, serum cholesterol, alcohol, BMI, parents born outside of U.S.	logistic coeff 0.003 (p value: .008)	10.9 vs 13.6 percent death across tertiles of cholesterol
Shekelle, 1989[19]: Western Electric Study (U.S.)	age-adjusted; stratified analysis by serum cholesterol	strata of serum cholesterol (<220 mg/dl, 220-259, 260+): 1.58 (.9-2.78), 1.50 (0.91-2.48), 1.41 (0.9-2.2)	CHD: 1.38 (95% CI, 1.00-1.90) Other CVD: 1.80 (95% CI, 1.00-3.24)

Abbreviations: BMI—Body Mass Index; PA—physical activity; MI—myocardial infarction; HTN—hypertension; hchol—hypercholesterolemia; MV—multi-vitamin supplement; poly—polyunsaturated fat; mono—monounsaturated fat; sat—saturated fat; sbp—systolic blood pressure; lvh—left ventricular hypertrophy; hrt—hormone replacement therapy; a fib—atrial fibrillation;

References for Tables S1A and S1B

1. Ascherio A, Rimm EB, Giovannucci EL, Spiegelman D, Stampfer M and Willett WC. Dietary fat and risk of coronary heart disease in men: cohort follow up study in the United States. *BMJ*. 1996;313:84-90.

2. He K, Merchant A, Rimm EB, Rosner BA, Stampfer MJ, Willett WC and Ascherio A. Dietary fat intake and risk of stroke in male US healthcare professionals: 14 year prospective cohort study. *BMJ*. 2003;327:777-82.
3. Pietinen P, Ascherio A, Korhonen P, Hartman AM, Willett WC, Albanes D and Virtamo J. Intake of fatty acids and risk of coronary heart disease in a cohort of Finnish men. The Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study. *Am J Epidemiol*. 1997;145:876-87.
4. Larsson SC, Virtamo J and Wolk A. Dietary fats and dietary cholesterol and risk of stroke in women. *Atherosclerosis*. 2012;221:282-6.
5. Yaemsiri S, Sen S, Tinker L, Rosamond W, Wassertheil-Smoller S and He K. Trans fat, aspirin, and ischemic stroke in postmenopausal women. *Ann Neurol*. 2012;72:704-15.
6. Hu FB, Stampfer MJ, Manson JE, Rimm E, Colditz GA, Rosner BA, Hennekens CH and Willett WC. Dietary fat intake and the risk of coronary heart disease in women. *N Engl J Med*. 1997;337:1491-9.
7. Iso H, Stampfer MJ, Manson JE, Rexrode K, Hu F, Hennekens CH, Colditz GA, Speizer FE and Willett WC. Prospective study of fat and protein intake and risk of intraparenchymal hemorrhage in women. *Circulation*. 2001;103:856-63.
8. Seino F, Date C, Nakayama T, Yoshiike N, Yokoyama T, Yamaguchi M and Tanaka H. Dietary lipids and incidence of cerebral infarction in a Japanese rural community. *J Nutr Sci Vitaminol (Tokyo)*. 1997;43:83-99.
9. Mann JI, Appleby PN, Key TJ and Thorogood M. Dietary determinants of ischaemic heart disease in health conscious individuals. *Heart*. 1997;78:450-5.
10. Posner BM, Cobb JL, Belanger AJ, Cupples LA, D'Agostino RB and Stokes J, 3rd. Dietary lipid predictors of coronary heart disease in men. The Framingham Study. *Arch Intern Med*. 1991;151:1181-7.
11. McGee DL, Reed DM, Yano K, Kagan A and Tillotson J. Ten-year incidence of coronary heart disease in the Honolulu Heart Program. Relationship to nutrient intake. *Am J Epidemiol*. 1984;119:667-76.
12. Esrey KL, Joseph L and Grover SA. Relationship between dietary intake and coronary heart disease mortality: lipid research clinics prevalence follow-up study. *J Clin Epidemiol*. 1996;49:211-6.
13. Xu J, Eilat-Adar S, Loria C, Goldbourt U, Howard BV, Fabsitz RR, Zephier EM, Mattil C and Lee ET. Dietary fat intake and risk of coronary heart disease: the Strong Heart Study. *Am J Clin Nutr*. 2006;84:894-902.
14. Garcia-Palmieri MR, Sorlie P, Tillotson J, Costas R, Jr., Cordero E and Rodriguez M. Relationship of dietary intake to subsequent coronary heart disease incidence: The Puerto Rico Heart Health Program. *Am J Clin Nutr*. 1980;33:1818-27.
15. Sauvaget C, Nagano J, Hayashi M and Yamada M. Animal protein, animal fat, and cholesterol intakes and risk of cerebral infarction mortality in the adult health study. *Stroke*. 2004;35:1531-7.
16. Kushi LH, Lew RA, Stare FJ, Ellison CR, el Lozy M, Bourke G, Daly L, Graham I, Hickey N, Mulcahy R and et al. Diet and 20-year mortality from coronary heart disease. The Ireland-Boston Diet-Heart Study. *N Engl J Med*. 1985;312:811-8.
17. Shekelle RB, Shryock AM, Paul O, Lepper M, Stamler J, Liu S and Raynor WJ, Jr. Diet, serum cholesterol, and death from coronary heart disease. The Western Electric study. *N Engl J Med*. 1981;304:65-70.
18. Van Horn L, Carson JA, Appel LJ, Burke LE, Economos C, Karmally W, Lancaster K, Lichtenstein AH, Johnson RK, Thomas RJ, Vos M, Wylie-Rosett J, Kris-Etherton P, American Heart Association Nutrition Committee of the Council on L, Cardiometabolic H, Council on Cardiovascular

Disease in the Y, Council on C, Stroke N, Council on Clinical C and Stroke C. Recommended Dietary Pattern to Achieve Adherence to the American Heart Association/American College of Cardiology (AHA/ACC) Guidelines: A Scientific Statement From the American Heart Association. *Circulation*. 2016;134:e505-e529.
19. Shekelle RB and Stamler J. Dietary cholesterol and ischaemic heart disease. *Lancet*. 1989;1:1177-9.