Supplemental Material

Long-term Fine Particulate Matter Exposure and Nonaccidental and Cause-specific Mortality in a Large National Cohort of Chinese Men

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**Table S1:** Hazard ratio (95%CI) per 10μg/m³ increase of PM$_{2.5}$ for models with and without hypertension.

**Table S2:** Hazard ratios (95%CI) of mortality associated with 10μg/m³ increase in PM$_{2.5}$ levels by incremental adjustment for risk factors, -2LL and percent change in the –2LL relative to the age-adjusted basic model.

**Table S3:** Characteristics of cohort participants according to region and urban/rural.

**Figure S1:** HRs (95%CI) of non-accidental causes, CVD, IHD, stroke, lung cancer and COPD mortality associated with increased quintiles (Q) of PM$_{2.5}$, adjusted for age, individual-level covariates including marital status, educational level, smoking status, years of smoking, cigarettes per day, passive smoking, occupational exposure, alcohol drinking, units of alcohol per week, BMI, consumption of fresh fruit and vegetables, and indoor air pollution, and area-level covariates including urban/rural, region and mean years of education. PM$_{2.5}$ cutpoints were based on average exposures during 2000–2005 for each cohort site at baseline. Q1: 18.6 (4.2-27.0), Q2: 29.5 (27.3-34.5), Q3: 41.1 (35.6-48.4), Q4: 57.0 (52.1-60.1), Q5: 69.5 (60.4-83.8).

**Figure S2.** Comparison of hazard ratios associated with 10μg/m³ increase of PM$_{2.5}$ between our study and major cohort studies.

References.