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| **Supplementary Table 9. Unadjusted and Adjusted Association Between PPI Adherence and Gastric Cancer in Unweighted Cohort (cDDD ≥180-days) a** |
| MPR c | No. of subjects | Person-years | No. of events | Incidence rate/1000 person-years (95% CI) | Crude hazard ratio (95% CI) | *P* | Adjusted hazard ratio (95% CI) b | *P* |
| > 80%  | 9506 | 71793 | 176 | 2.45 (2.11, 2.84) | 1.17 (0.99, 1.39) | 0.060 | 1.01 (0.85, 1.22) | 0.878 |
| 50–80% | 5087 | 31631 | 84 | 2.66 (2.14, 3.29) | 1.25 (0.99, 1.57) | 0.056 | 1.00 (0.79, 1.27) | 0.993 |
| 20–50% | 15300 | 77652 | 212 | 2.73 (2.39, 3.12) | 1.26 (1.08, 1.47) | 0.004 | 1.02 (0.86, 1.19) | 0.862 |
| 0–20% | 36904 | 100927 | 270 | 2.68 (2.37, 3.01) | 1.15 (0.99, 1.33) | 0.065 | 0.91 (0.78, 1.07) | 0.244 |
| H2RA | 55321 | 288213 | 618 | 2.14 (1.98, 2.32) | Ref |  | Ref |  |
| PPI, proton pump inhibitor; H2RA, histamine-2 receptor antagonist; MPR, medication possession ratio; CI, confidence intervala PPI long-term use was defined as only PPI use, PPI ≥ 180 cDDD-days, and combined use, PPI ≥ 180 cDDD-days and H2RA < 180 cDDD-days or PPI ≥ 180 cDDD-days and H2RA ≥ 180 cDDD-days. H2RA long-term use was defined as only H2RA use, H2RA ≥ 180 cDDD-days, and combined use of H2RA ≥ 180 cDDD-days and PPI < 180 cDDD-days. The medication possession ratio (MPR) of PPI long-term users was calculated as days of drug supply/days between first and last refills + days of supply from last refill. We categorized PPI long-term users according to their MPR degree.b Adjusted for age, sex, calendar period of prescription, socioeconomic characteristics (income, smoking, and alcohol use), indication for drug use (GERD or peptic ulcer), Charlson Comorbidity Index, *H. pylori* eradication, and the use of other medications (aspirin, metformin, and statin).c Unadjusted and adjusted subdistribution hazards ratios were obtained from the Fine and Gray model between PPI long-term users and H2RA long-term users from the unweighted study cohort, which accounted for competing risks.  |