MS# EDE18-0516

Supplemental material

Title: Rice consumption and incidence of bladder cancer in a United States population

Running head: Rice consumption and bladder cancer.

Authors: Antonio J. Signes-Pastor¹, M. Scot Zens¹, John Seigne², Alan Schned², Margaret R. Karagas^{1,*}

Affiliations: ¹Department of Epidemiology, Geisel School of Medicine, Dartmouth College, 1 Medical Center Dr, 7927 Rubin Bldg, Lebanon NH 03756, USA.²Dartmouth-Hichcock Medical Center, 1 Medical Center Dr. Lebanon, NH 03756, USA.

Type of manuscript: Research letter.

Keywords: Bladder cancer, rice consumption, arsenic, case-control study, epidemiology.

Manuscript word count: 560.

Funding: This research was funded by the following grants: R01CA057494, P20GM104416, and P42ES007373.

Corresponding author: Margaret R. Karagas, Ph.D., Geisel School of Medicine, Dartmouth College, 1 Medical Center Dr, 7927 Rubin Bldg, Lebanon NH 03756, USA. Phone: 603-653-9010; Fax: 603-653-9093; E-mail: Margaret.R.Karagas@dartmouth.edu.

Disclaimers: None of the authors has any conflicting interests.

Acknowledgments: The authors would like to thank the staff and participants, as well as the physicians and pathology labs involved in the study, without whom this work would not be possible.

Data availability: Analytic data used in this study are included in the manuscript table and its Supplementary Information file.

Characteristic	Cases (<i>n</i> = 316)	Controls $(n = 230)$	Without rice consumption (<i>n</i> = 138) ^(b)	With any (white or brown) rice consumption $(n = 408)^{(b)}$	<1 μg/L water arsenic concentration (n = 393)	$\geq 1 \ \mu g/L$ water arsenic concentration ($n = 126$)	
Gender							
Male	233 (73.7) ^(a)	133 (57.8) ***	91 (65.9)	275 (67.4)	259 (65.9)	85 (67.5)	
Female	83 (26.3)	97 (42.2)	47 (34.1)	133 (32.6)	134 (34.1)	41 (32.5)	
Reference age (years):							
≤ 40	12 (3.8)	16 (7.0) *	1 (0.7)	27 (6.6) *	22 (5.6)	5 (4.0)	
41 - 50	18 (5.7)	30 (13.0)	6 (4.3)	42 (10.3)	36 (9.2)	11 (8.7)	
51 - 60	86 (27.2)	52 (22.6)	36 (26.1)	102 (25.0)	104 (26.5)	28 (22.2)	
61 - 67	86 (27.2)	55 (23.9)	37 (26.8)	104 (25.5)	96 (24.4)	35 (27.8)	
68 - 70	55 (17.4)	35 (15.2)	29 (21.0)	61 (15.0)	69 (17.6)	19 (15.1)	
≥71	59 (18.7)	42 (18.3)	29 (21.0)	72 (17.6)	66 (16.8)	28 (22.2)	
Education:							
High school	165 (52.2)	83 (36.1) ***	80 (58.0)	168 (41.2) ***	177 (45.0)	58 (46.0)	
College	99 (31.3)	96 (41.7)	48 (34.8)	147 (36.0)	139 (35.4)	45 (35.7)	
Graduate or professional	48 (15.2)	51 (22.2)	9 (6.5)	90 (22.1)	75 (19.1)	22 (17.5)	
Cigarette smoking: (c)							
Never smoked	53 (16.8)	93 (40.4) ***	33 (23.9)	113 (27.7)	106 (27.0)	37 (29.4)	
Former smoker	160 (50.6)	99 (43.0)	67 (48.6)	192 (47.1)	182 (46.3)	60 (47.6)	
Current smoker	102 (32.3)	38 (16.5)	38 (27.5)	102 (25.0)	105 (26.7)	29 (23.0)	
Body mass index (kg/m ²):							
Underweight <18.5	2 (0.6)	1 (0.4)*	1 (0.7)	2 (0.5)	3 (0.8)	0 (0.0)	
Normal 18.5 - 24.9	22 (7.0)	84 (36.5)	22 (15.9)	84 (20.6)	81 (20.6)	24 (19.0)	
Overweight 25.0 - 29.9	47 (14.9)	95 (41.3)	31 (22.5)	111 (27.2)	101 (25.7)	40 (31.7)	
Obese >30.0	29 (9.2)	46 (20.0)	19 (13.8)	56 (13.7)	60 (15.3)	12 (9.5)	
Caloric intake (kcal/day): (d)							
Quartile $1: \le 1440$	85 (26.9)	58 (25.2)*	45 (32.6)	98 (24.0)	112 (28.5)	26 (20.6)	
Quartile 2: 1440 - 1794	44 (13.9)	57 (24.8)	26 (18.8)	75 (18.4)	70 (17.8)	26 (20.6)	
Quartile 3: 1794 - 2238	84 (26.6)	57 (24.8)	31 (22.5)	110 (27)	94 (23.9)	41 (32.5)	
Quartile 4: >2238	103 (32.6)	58 (25.2)	36 (26.1)	125 (30.6)	117 (29.8)	33 (26.2)	
Water arsenic (μ g/L) (median [sd]) ^(e)	0.36 [10.0]	0.23 [12.7] **	0.29 [6.5]	0.31 [12.5]	0.20 [0.2]	4.98 [20.5] ***	

eTable 1. Selected characteristics of the study population according to the bladder cancer status, rice consumption, and water arsenic.

All statistical analysis were performed with R for statistical computing version $3.5.0^1$ and *P < 0.05, **P < 0.01, ***P < 0.001. The *p*-values were obtained from X², Fisher's exact, or Wilcoxon rank sum test as appropriate. ^(a) n (%). ^(b) Rice consumption was derived from the food frequency questionnaire section "Breads, Cereals, Starches" items "Brown rice" and "White rice" (**eFigure 1**). ^(c) Cigarette smoking status at 1 year prior to the reference or diagnosis date. ^(d) Caloric intake quartiles determined from the control subject distribution. ^(e) Total arsenic was determined in household tap water samples at the Dartmouth Trace Element Analysis Core using inductively coupled plasma mass spectrometry. 27 Study participants were missing household tap water arsenic concentrations.

Overall				<1 µg/L Water Arsenic			$\geq 1 \ \mu g/L$ Water Arsenic			
Rice consumption	Controls $(n = 230)$	Cases $(n = 316)$	OR (95% CI)	<i>p</i> for interaction	Controls $(n = 181)$	Cases $(n = 212)$	OR (95% CI)	Controls $(n = 47)$	Cases $(n = 79)$	OR (95% CI)
None	50 (22) ^(f)	88 (28)	1.00 (reference)	(rice g/day* water As µg/L)	40 (22)	63 (30)	1.00 (reference)	10 (21)	15 (19)	1.00 (reference)
Any rice ^(a)	180 (78)	228 (72)	0.8 (0.5 - 1.3)	0.423	141 (78)	149 (70)	0.7 (0.4 - 1.1)	37 (79)	64 (81)	1.3 (0.4 - 3.5)
\leq 20 g per day	71(31)	91 (29)	0.8 (0.5 - 1.4)	0.365	53 (29)	64 (30)	0.7 (0.4 - 1.4)	17 (36)	21 (27)	0.7 (0.2 - 2.4)
>20 g per day	109 (47)	137 (43)	0.8 (0.5 - 1.4)	0.18	88 (49)	85 (40)	0.6 (0.3 - 1.1)	20 (43)	43 (54)	1.7 (0.5 - 6.0)
White rice ^(a)	99 (43)	128 (40)	0.8 (0.5 - 1.4)	0.295	75 (41)	91 (43)	0.7 (0.4 - 1.3)	23 (49)	29 (37)	0.8 (0.3 - 2.6)
≤ 20 g per day	60 (26)	76 (24)	0.8 (0.4 - 1.3)	0.762	45 (25)	54 (25)	0.7 (0.4 - 1.3)	14 (30)	16 (20)	0.7 (0.2 - 2.5)
>20 g per day	39 (17)	52 (16)	1.0 (0.5 - 1.8)	0.192	30 (17)	37 (17)	0.8 (0.4 - 1.6)	9 (19)	13 (16)	0.5 (0.1 - 3.2)
Brown rice (a,d)	81 (35)	100 (32)	0.8 (0.5 - 1.5)	0.889	66 (37)	58 (27)	0.6 (0.3 - 1.2)	14 (30)	35 (44)	2.3 (0.6 - 9.3)
\leq 20 g per day	53 (23)	71 (22)	1.0 (0.5 - 1.9)	0.382	40 (22)	41 (19)	0.7 (0.3 - 1.5)	12 (26)	26 (33)	2.1 (0.5 - 9.3)
>20 g per day	28 (12)	29 (9)	0.7 (0.3 - 1.6)	0.003	26 (15)	17 (8)	0.4 (0.2 - 1.1)	2 (4)	9 (11)	2.3 (0.2 - 38.2)

eTable 2. Odds ratios and 95% confidence intervals for bladder cancer according to frequency of rice consumption

All statistical analysis were performed in R version $3.5.0^1$. OR = odds ratio, CI = confidence interval. ^(a) Any frequency. To control for the possibility that rice eaters have a healthier diet associated with a reduced risk of bladder cancer we created an "alternative Health Eating Index 2010" quintiles score and it was included as a continuous covariate in our models ^{2,3}. ^(b) OR were adjusted for age group, gender, caloric intake, cigarette smoking status, education, water arsenic concentration in $\mu g/L$, as well as quintiles of the "alternative Health Eating Index 2010" determined from the control distribution. ^(c) OR were not adjusted for water arsenic concentration in $\mu g/L$. ^(d) Brown rice could include a mixture of brown and white rice. ^(e) The *p* for interaction (cross-product term in the logistic regression - water arsenic ($\mu g/L$)* rice consumption (g/day)) was calculated with a likelihood ratio test. ^(f) *n* (%). 27 Study participants were missing household tap water arsenic concentrations.

eFigure 1: Rice consumption questions from the validated food frequency questionnaire⁴ used in this study.

Diet assessment: For each food listed, fill in the circle indicating how often on average you have used the amount specified during

the past year.

BREADS, CEREALS, STARCHES										
	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	
Brown rice (1 cup ^(a))	0	0	0	0	0	0	0	0	0	
White rice (1 cup ^(a))	0	0	0	0	0	0	0	0	0	

^(a) It was assumed that 1-cup of rice equal 250 g.

1 **References**

2

- R Core Team. R: A Language and Enrionment for Statistical Computing, R Foundation
 for Statistical Computing. Vienna: 2014.
- Chiuve SE, Fung TT, Rimm EB, Hu FB, McCullough ML, Wang M, Stampfer MJ,
 Willett WC. Alternative Dietary Indices Both Strongly Predict Risk of Chronic Disease. J
 Nutr 2012;142:1009–18.
- Fulgoni VL, Fulgoni SA, Upton JL, Moon M. Diet quality and markers for human health
 in rice eaters versus non-rice eaters: An analysis of the US National Health and Nutrition
 Examination Survey, 1999-2004. *Nutr Today* 2010;45:262–72.
- Salvini S, Hunter DJ, Sampson L, Stampfer MJ, Colditz GA, Rosner B, Willett WC.
 Food-based validation of a dietary questionnaire: The effects of week-to-week variation in food consumption. *Int J Epidemiol* 1989;18:858–67.

14