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|  | Incidence of remission from abdominal obesity (n=4656) |
|  | Cycling (median) | Participants (n) / cases (n) | A: Multivariable adjusted ORs (95% CIs) | B: Multivariable adjusted ORs (95% CIs)- Dietary energy intake | C: Multivariable adjusted ORs (95% CIs)- Reported leisure physical activity other than cycling | D: Multivariable adjusted ORs (95% CIs)- Dietary energy intake- Reported leisure physical activity other than cycling |
| No cycling | 0 | 1263 / 180 | 1 | 1 | 1 | 1 |
| Cessation | 30 | 529 / 76 | 1.05 (0.77,1.44) | 1.05 (0.77,1.43) | 1.07 (0.78,1.45) | 1.06 (0.78,1.45) |
| Initiation | 22.5 | 486 / 86 | 1.03 (0.75,1.39) | 1.03 (0.76,1.40) | 1.05 (0.78,1.43) | 1.06 (0.78,1.43) |
| Continuation | 139.4 | 2378 / 408 | 1.13 (0.92,1.40) | 1.14 (0.92,1.40) | 1.16 (0.95,1.43) | 1.17 (0.95,1.44) |
|  | Incidence of remission from general overweight and obesity (n=12170) |
| No cycling | 0 | 2691 / 276 | 1 | 1 | 1 | 1 |
| Cessation | 30 | 1326 / 145 | 1.02 (0.80,1.29) | 1.03 (0.81,1.30) | 1.02 (0.80,1.29) | 1.03 (0.81,1.31) |
| Initiation | 18.8 | 301 / 158 | 1.04 (0.83,1.32) | 1.05 (0.83,1.32) | 1.07 (0.85,1.36) | 1.08 (0.86,1.36) |
| Continuation | 135 | 6852 / 854 | 0.99 (0.84,1.17) | 1.00 (0.85,1.17) | 1.02 (0.86,1.20) | 1.02 (0.87,1.20) |
|  | Incidence of remission from general obesity (n=2753) |
| No cycling | 0 | 756 / 156 | 1 | 1 | 1 | 1 |
| Cessation | 45 | 354 / 72 | 0.88 (0.62,1.24) | 0.88 (0.62,1.24) | 0.87 (0.62,1.23) | 0.87 (0.62,1.23) |
| Initiation | 22.5 | 284 / 64 | 0.96 (0.67,1.39) | 0.96 (0.67,1.39) | 0.97 (0.67,1.39) | 0.97 (0.67,1.40) |
| Continuation | 148.1 | 1359 / 341 | 1.06 (0.83,1.36) | 1.07 (0.84,1.36) | 1.08 (0.85,1.37) | 1.08 (0.85,1.38) |

**Supplementary table 2.** Sensitivity analyses: Odds for incidence of remission from abdominal obesity (men: ≤102 cm, women: ≤88 cm), incidence of remission from general overweight and obesity (BMI<25 kg/m2) and incidence of remission from general obesity (BMI<30 kg/m2) according to five-year cycling habits

The table presents sensitivity analyses of three investigations: Odds for incidence of remission from abdominal obesity (men:≤102 cm, women:≤88 cm), incidence of remission from general overweight and obesity (BMI<25 kg/m2) and incidence of remission from general obesity (BMI<30 kg/m2) according to five-year cycling habits. The first columns from the left includes long-term cycling exposure (cumulative average minutes per week of total cycling from the two examinations), and the second column includes the amount of participants (n) and amount of cases (n) in each category. Multivariable adjusted odds ratios from four models is presented; first from the main analysis (model A) with multivariable adjustment for the following; age (quintiles), sex (male/female), years of basic school (<7/8-10/>10), years of higher education (0/1-2/3-4/>4), dietary energy intake (quintiles), alcohol intake (quintiles), smoking (Never/former/<15 grams per day/>15-25 grams per day/>25 grams per day), wholegrain cereal consumption (quintiles), physical activity at work (No work/sedentary/standing/manual work/heavy manual work), leisure-time physical activity other than total cycling (quintiles), follow-up time (years) and analysis relevant baseline measure (waist circumference or BMI). We adjusted for dietary energy intake, alcohol intake and reported leisure-time physical activity other than total cycling reported at both baseline and second examination. The remaining columns include the same adjustment, but with the omission of dietary energy intake (model B), reported leisure-time physical activity other than cycling (model C) or both (model D). All data is presented for each category of five-year cycling status. BMI=body mass index; OR=odds ratio, CI=confidence interval.