## Electronic Supplementary Material 1. Examples of interaction calculations.

## Abbreviations

25(OH)D = 25-hydroxyvitamin D, LCA = Lung cancer, PCA = Prostate cancer, CI: Confidence interval, RR = Relative risk, OR = Odds ratio, RD = Risk difference, and SE = Standard error.

Table E1. Lung cancer among non-smokers.							
Smoking	Low 25(OH)	)D N	o I	LCA R	lisk 9	95% CI	
No	No	1	177 1	.7 0.	.0142 (	0.0089-0.0227	P00
	Yes	5	52 1	0 0.	.0178 (	0.0097-0.0324	P01
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 Table E1. Lung cancer among non-smokers.

*Note*. 95% CIs for  $R_{00}$  and  $R_{01}$  are the Wilson intervals (Brown et al. 2001).

The effect of low 25(OH)D concentrations in the absence of smoking: RR (95% CI) = 1.25 (0.58, 2.71), OR (95% CI) = 1.25 (0.57, 2.76), and RD (95% CI) = 0.0036 (-0.0082-0.0191).

SE for  $\ln(RR) = \sqrt{\frac{1}{10} + \frac{1}{17} - \frac{1}{10+552} - \frac{1}{17+1177}} = 0.3952$ 

Lower 95% CI for RR =  $e^{(\ln(1.2497) - 1.96 \times 0.3952)} = 0.5760$ Upper 95% CI for RR =  $e^{(\ln(1.2497) + 1.96 \times 0.3952)} = 2.7115$ 

SE for  $\ln(OR) = \sqrt{\frac{1}{10} + \frac{1}{552} + \frac{1}{17} + \frac{1}{1177}} = 0.4019$ 

Lower 95% CI for OR =  $e^{(\ln(1.2543) - 1.96 \times 0.4019)} = 0.5706$ Upper 95% CI for OR =  $e^{(\ln(1.2543) + 1.96 \times 0.4019)} = 2.7574$ 

Lower 95% CI for RD =  $0.0036 - \sqrt{(0.0178 - 0.0097)^2 + (0.0227 - 0.0142)^2} = -0.0082$ 

Upper 95% CI for RD =  $0.0036 - \sqrt{(0.0142 - 0.0089)^2 + (0.0324 - 0.0178)^2} = -0.0191$ 

## References

Brown, L. D., Cai, T. T., & DasGupta, A. (2001). Interval estimation for a binomial proportion. *Statististical Science*, *16*(2), 101–133. https://doi.org/10.1214/ss/1009213286



**Figure E1.** Schoenfeld residuals for the Cox proportional hazards model of lung cancer (LCA) with respect to circulating 25-hydroxyvitamin D [25(OH)D] concentrations (low vs. high, subfigure on the left, p = 0.977 for H0:  $\beta = 0$ ), smoking status (smoking vs. no smoking, subfigure in the middle, p = 0.003), and the interaction between circulating 25(OH)D concentrations and smoking status (subfigure on the right, p = 0.325). Lines represent 3<sup>rd</sup> order polynomial regressions, and dotted lines represent 95% confidence bands for the regressions.



**Figure E2.** Additive effects of circulating 25-hydroxyvitamin D [25(OH)D] concentrations (low vs. high, subfigure on the left, p = 0.571 for H0:  $\beta = 0$ ), smoking status (smoking vs. no smoking, subfigure in the middle, p < 0.001), and the interaction between circulating 25(OH)D concentrations and smoking status (subfigure on the right, p = 0.309) on the hazard of incident lung cancer (LCA).



**Figure E3.** Schoenfeld residuals for the Cox proportional hazards model of prostate cancer (PCA) with respect to circulating 25-hydroxyvitamin D [25(OH)D] concentrations (high vs. low, subfigure on the left, p = 0.247 for H0:  $\beta = 0$ ), age (>50 vs. <50 years, subfigure in the middle, p = <0.001), and the interaction between circulating 25(OH)D concentrations and age (subfigure on the right, p = 0.762). Lines represent 3<sup>rd</sup> order polynomial regressions, and dotted lines represent 95% confidence bands for the regressions.



**Figure E4.** Additive effects of circulating 25-hydroxyvitamin D [25(OH)D] concentrations (high vs. low, subfigure on the left, p = 0.452 for H0:  $\beta = 0$ ), age (>50 vs. <50 years, subfigure in the middle, p = 0.003), and the interaction between circulating 25(OH)D concentrations and age (subfigure on the right, p = 0.760) on the hazard of prostate cancer (PCA).