Electronic Supplementary Material 1. Examples of interaction calculations.

## Abbreviations

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

Table E1. Lung cancer among non-smokers.

| Smoking | Low 25(OH)D | No | LCA | Risk | $95 \%$ CI |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| No | No | 1177 | 17 | 0.0142 | $0.0089-0.0227$ | P00 |
|  | Yes | 552 | 10 | 0.0178 | $0.0097-0.0324$ | P01 |

Note. $95 \%$ CIs for $\mathrm{R}_{00}$ and $\mathrm{R}_{01}$ are the Wilson intervals (Brown et al. 2001).
The effect of low $25(\mathrm{OH}) \mathrm{D}$ concentrations in the absence of smoking: RR $(95 \%$ $\mathrm{CI})=1.25(0.58,2.71), \mathrm{OR}(95 \% \mathrm{CI})=1.25(0.57,2.76)$, and $\mathrm{RD}(95 \% \mathrm{CI})=0.0036$ (-0.0082-0.0191).

SE for $\ln (R R)=\sqrt{\frac{1}{10}+\frac{1}{17}-\frac{1}{10+552}-\frac{1}{17+1177}}=0.3952$
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 $\ln (\mathrm{OR})=\sqrt{\frac{1}{10}+\frac{1}{552}+\frac{1}{17}+\frac{1}{1177}}=0.4019$
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 $[25(\mathrm{OH}) \mathrm{D}]$ concentrations (low vs. high, subfigure on the left, $p=0.977$ for $\mathrm{H} 0: \beta=0$ ), smoking status (smoking vs. no smoking, subfigure in the middle, $p=0.003$ ), and the interaction between circulating $25(\mathrm{OH}) \mathrm{D}$ concentrations and smoking status (subfigure on the right, $p=0.325$ ). Lines represent $3^{\text {rd }}$ 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 $\mathrm{H} 0: \beta=0$ ), smoking status (smoking vs. no smoking, subfigure in the middle, $p<0.001$ ), and the interaction between circulating $25(\mathrm{OH}) \mathrm{D}$ 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 $\mathrm{H} 0: \beta=0$ ), age ( $>50$ vs. $<50$ years, subfigure in the middle, $p=<0.001$ ), and the interaction between circulating $25(\mathrm{OH}) \mathrm{D}$ concentrations and age (subfigure on the right, $p=$ 0.762 ). Lines represent $3^{\text {rd }}$ 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 $\mathrm{H} 0: \beta=0$ ), age ( $>50$ vs. $<50$ years, subfigure in the middle, $p=0.003$ ), and the interaction between circulating $25(\mathrm{OH}) \mathrm{D}$ concentrations and age (subfigure on the right, $p=0.760$ ) on the hazard of prostate cancer (PCA).

