Appendix 3 (as supplied by the authors): Results of sensitivity analyses

Table of Contents

eTable 3A: Association between obstructive sleep apnea-related predictors and incident cancer after	
adjustment for the lag time between sleep apnea and cancer diagnosis	2
eTable 3B: Association between obstructive sleep apnea-related predictors and different subgroups of incident cancer after controlling for sex, age, body mass index and smoking status	3
References	3

eTable 3A: Association between obstructive sleep apnea-related predictors and incident cancer after adjustment for the lag time between sleep apnea and cancer diagnosis (on dataset no. 3*). HR (95% CI).

004 1 1 1	A 11	0 1 .:	TD 1 .:						
OSA related predictors	All cancers	One year lag time	Two years lag time						
	(N total = 9629,	(N total = 9476,	(N total = 9344,						
	n events = 627	n events $=545$)	n events = 493						
AHI as a categorical variable, univariate association									
AHI total, events/hour,	2.02 (1.61-2.54)	2.08 (1.63-2.64)	2.00 (1.55-2.60)						
categories: >30 vs. <5	p<0.0001	p<0.0001	p<0.0001						
Model 1: AHI as a continuous variable + risk factors (sex, age, body mass index and smoking status)									
AHI, total, events/hour,	1.01 (0.98-1.04)	1.00 (0.97-1.04)	1.00 (0.96-1.03)						
per 10 events	p=0.6209	p=0.8680	p=0.8228						
Model 2: AHI as a categorical variable + risk factors									
AHI total, events/hour,	1.02 (0.80-1.30) p=	1.04 (0.80-1.36)	0.99 (0.75-1.31)						
categories: >30 vs. <5	0.8841	p=0.7507	p=0.9514						
Model 3: AHI as a categorical variable + risk factors									
AHI total, events/hour,	1.03 (0.83-1.27)	1.04 (0.82-1.31)	1.00 (0.78-1.27)						
categories: >43 vs. <18.7†	p=0.8143	p=0.7356	p=0.9685						
Model 4: SaO ₂ as a continuous variable + risk factors									
time spent with SaO ₂ less than	1.00 (0.99-1.02) p=	1.00 (0.98-1.01)	1.00 (0.98-1.01)						
90%, min, per 10 min	0.6034	0.8555	p=0.722						
Model 5: SaO ₂ as a categorical variable + risk factors									
time spent with SaO ₂ <90%, %,	1.12 (0.89-1.41)	1.14 (0.89-1.46)	1.10 (0.85-1.43)						
categories: >12% vs. <1.2%†	p=0.3412	p=0.3069	p=0.4638						

Note: AHI = apnea-hypopnea index; CI = confidence interval; HR = hazard ratio; OSA = obstructive sleep apnea; $SaO_2 = oxygen$ saturation.

†To attempt to replicate the results of only one clinic-based study that evaluated an association between OSA and incident cancer,(1) we used their categories for AHI (<18.7; 18.7–43; >43) and % of time spent with $SaO_2 <90\%$ (<1.2%; 1.2%–12%; >12%). HR (AHI >43 vs. <18.7) = 1.17, 95% CI 0.84–1.65; HR (% of sleep time spent with $SaO_2 <90\%$, categories >12% vs. <1.2%) = 2.33, 95% CI 1.57–3.46.(1)

^{*}For a unified presentation of results from subgroup analyses, the findings shown are for a single imputed dataset no. 3. Pooled CIs across imputations for OSA-related variables were at most 2% wider than those presented.

eTable 3B: Association between obstructive sleep apnea-related predictors and different subgroups of incident cancer after controlling for sex, age, body mass index and smoking status (on dataset no. 3*), N total = 9629. HR (95% CI).

OSA-related predictors	All cancers (n events = 627)	Smoking-related (n events =156)	Hormone-related (n events = 217)	Detectable by screening (n events = 269)	Not detectable by screening			
AHI as a categorical variable,	univariate acceptation				(n events = 358)			
AHI total, events/hour, categories: >30 vs. <5	2.02 (1.61-2.54) p<0.0001	2.30 (1.46-3.62) p=0.0003	1.32 (0.90-1.93) p=0.1525	1.61 (1.15-2.27) p=0.0061	2.36 (1.74-3.22) p<0.0001			
Model 1: AHI as a continuous variable + risk factors								
AHI, total, events/hour, per 10	1.01 (0.98-1.04)	1.02 (0.96-1.09)	0.97 (0.91-1.03)	1.00 (0.95-1.05)	1.03 (0.99-1.07)			
events	p=0.6209	p=0.4900	p=0.2946	p=0.9784	p=0.1731			
Model 2: AHI as a categorical variable + risk factors								
AHI total, events/hour, categories: >30 vs. <5	1.02 (0.80-1.30) p= 0.8841	1.11 (0.69-1.79) p=0.6613	0.72 (0.48-1.07) p=0.1042	0.90 (0.62-1.28) p=0.5499	1.27 (0.92-1.76) p=0.1422			
Model 3: AHI as a categorical variable + risk factors								
AHI total, events/hour, categories: >43 vs. <18.7†	1.03 (0.83-1.27) p=0.8143	0.95 (0.62-1.46) p=0.8147	0.78 (0.53-1.15) p=0.2034	1.05 (0.76-1.46) p=0.7620	1.12 (0.85-1.47) p=0.4313			
Model 4: SaO ₂ as a continuous variable + risk factors								
time spent with SaO ₂ less than 90%, min, per 10 min	1.00 (0.99-1.02) p= 0.6034	1.03 (1.01-1.05) p=0.0108	0.98 (0.95-1.01) p=0.1444	0.98 (0.96-1.01) p=0.25	1.02 (1.00-1.03) p=0.0707			
Model 5: SaO ₂ as a categorical								
time spent with $SaO_2 < 90\%$, %, categories: >12% vs. <1.2%†	1.12 (0.89-1.41) p=0.3412	1.75 (1.13-2.69) p=0.0116	0.78 (0.51-1.20) p=0.2556	0.94 (0.65-1.37) p=0.7664	1.33 (1.00-1.79) p=0.0531			

Note: AHI = apnea-hypopnea index; CI = confidence interval; HR = hazard ratio; OSA = obstructive sleep apnea; SaO₂ = oxygen saturation

 \dagger To attempt to replicate the results of only one clinic-based study that evaluated an association between OSA and incident cancer,(1) we used their categories for AHI (<18.7; 18.7–43; >43) and % of time spent with SaO2 <90% (<1.2%; 1.2%–12%; >12%). HR (AHI >43 vs. <18.7) = 1.17, 95% CI 0.84–1.65; HR (% of sleep time spent with SaO2 <90%, categories >12% vs. <1.2%) = 2.33, 95% CI 1.57–3.46. (1)

Reference

1. Campos-Rodriguez F, Martinez-Garcia MA, Martinez M, et al. Association between obstructive sleep apnea and cancer incidence in a large multicenter Spanish cohort. *Am J Respir Crit Care Med* 2013;187:99-105.

^{*}For a unified presentation of results from subgroup analyses, the findings shown are for a single imputed dataset no. 3. Pooled CIs across imputations for OSA-related variables were at most 2% wider than those presented.