**Supplementary material - Diet quality indices and their associations with all-cause mortality, cardiovascular diseases and type 2 diabetes mellitus: an umbrella review**

Supplementary Table 1. Search strategy in selected databases

|  |  |
| --- | --- |
| **Database** | **Search strategy** |
| MEDLINE (PubMed) |  (diet index\*[tiab] OR diet indices\*[tiab] OR diet score\*[tiab] OR diet indicator\*[tiab] OR diet adherence\*[tiab] OR diet scale\* OR diet adequacy\*[tiab] OR dietary index\*[tiab] OR dietary indices\*[tiab] OR dietary score\*[tiab] OR dietary indicator\*[tiab] OR dietary adherence\*[tiab] OR dietary scale\* OR dietary adequacy\*[tiab] OR healthy eating index\*[tiab] OR healthy eating indices\*[tiab] OR healthy eating score\*[tiab] OR healthy eating indicator\*[tiab] OR healthy eating adherence\*[tiab] OR healthy eating scale\* OR healthy eating adequacy\*[tiab] OR diet quality index\*[tiab] OR diet quality indices\*[tiab] OR diet quality score\*[tiab] OR diet quality indicator\*[tiab] OR diet quality adherence\*[tiab] OR diet quality scale\* OR diet quality adequacy\*[tiab] OR dietary quality index\*[tiab] OR dietary quality indices\*[tiab] OR dietary quality score\*[tiab] OR dietary quality indicator\*[tiab] OR dietary quality adherence\*[tiab] OR dietary quality scale\* OR dietary quality adequacy\*[tiab] OR healthy diet index\*[tiab] OR healthy diet indices\*[tiab] OR healthy diet score\*[tiab] OR healthy diet indicator\*[tiab] OR healthy diet adherence\*[tiab] OR healthy diet scale\* OR healthy diet adequacy\*[tiab] OR mediterranean index\*[tiab] OR mediterranean indices\*[tiab] OR mediterranean score\*[tiab] OR mediterranean indicator\*[tiab] OR mediterranean adherence\*[tiab] OR mediterranean scale\* OR mediterranean adequacy\*[tiab] OR diet guidelines index\*[tiab] OR diet guidelines indices\*[tiab] OR diet guidelines score\*[tiab] OR diet guidelines indicator\*[tiab] OR diet guidelines adherence\*[tiab] OR diet guidelines scale\* OR diet guidelines adequacy\*[tiab] OR dietary guidelines index\*[tiab] OR dietary guidelines indices\*[tiab] OR dietary guidelines score\*[tiab] OR dietary guidelines indicator\*[tiab] OR dietary guidelines adherence\*[tiab] OR dietary guidelines scale\* OR dietary guidelines adequacy\*[tiab]) AND (health outcome\*[tiab] OR Cardiovascular Diseases[Mesh] OR Cardiovascular Disease\*[tiab] OR cardiovascular risk[tiab] OR Diabetes Mellitus [Mesh] OR Type 2 Diabetes[tiab] OR diabetes mellitus[tiab] OR Health Status[Mesh] OR Health Status Indicators[Mesh] OR Mortality[tiab] OR Mortality[Mesh] OR Morbidity[tiab]) AND (meta-analysis[Filter] OR systematicreview[Filter] OR meta-analysis[tiab] OR metaanalysis[tiab] OR systematic review[tiab] OR systematic literature review[tiab]) |
| EMBASE (OVID) | 1 = (health outcome$ OR cardiovascular disease$ OR cardiovascular risk$ OR type 2 diabetes OR diabetes mellitus OR mortality).ti,ab. 2= cardiovascular disease/ OR cardiovascular risk/ OR diabetes mellitus/ OR mortality/ OR mortality rate/ OR mortality risk/ OR mortality risk score/ OR morbidity/ OR cardiovascular risk/ OR health status/ 3 = 1 OR 2, 4= ((diet$ OR healthy eating OR mediterranean) ADJ3 (index$ OR indices OR score$ OR indicator$ OR adherence$ OR scale$ OR adequacy)).ti,ab. 5 = 3 AND 4 limit 5 to (meta analysis or "systematic review") |
| Scopus |  (TITLE-ABS-KEY(diet OR "healthy eating" OR mediterranean) W/2 TITLE-ABS-KEY(index OR indices OR score OR indicator OR adherence OR scale OR adequacy) AND TITLE-ABS-KEY("health outcome" OR "cardiovascular disease" OR "cardiovascular risk" OR "type 2 diabetes" OR "diabetes mellitus" OR mortality OR morbidity)) AND TITLE-ABS-KEY("meta-analysis" OR "metaanalysis" OR "systematic review" OR "systematic literature review") |

Supplementary Table 2. Summary of diet indices and their associations with selected outcomes

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First author, year of publication | Study design and number of included studies | Comparison | Number of cases | Number of participants | Regions | Gender | Age range | Type of effect size metrics | Effect size (95% CI) | p | I2 | Risk of bias/quality in primary studies | Publication bias -Egger test |
| **AHEI** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| All-cause mortality | Morze, 2020  | 13 cohort | High vs low | 185,101 | 1,182,203 | 2 Europe, 8 North America,3 Asia, 1 Africa | 9 both, 2 male, 2 female | 30-79 | RR | 0.79 (0.76-0.82) | <0.00001 | 77% | NOS  | NR |
| CVD incidence/mortality | Morze, 2020  | 21 cohort | High vs low | 77,235 | 1,615,807 | 4 Europe, 13 North America, 4 Asia | 14 both, 4 male, 3 female | >18 | RR | 0.77 (0.74-0.80) | <0.00001 | 45% | NOS  | NR |
| Diabetes type 2 | Morze, 2020  | 12 cohort | High vs low | 71,077 | 677,361 | 1 Europe, 9 North America, 2 Asia | 7 both, 4 female, 1 male | 18-79 | RR | 0.80 (0.75-0.86) | <0.00001 | 77% | NOS  | NR |
| **DASH** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| All-cause mortality | Morze, 2020  | 15 cohort | High vs low | 190,299 | 1,617,826 | 1 Europe, 9 North America, 4 Asia | 12 both, 1 male, 2 female | ≥20 | RR | 0.82 (0.79-0.84) | <0.00001 | 50% | NOS  | NR |
| CVD incidence/mortality | Morze, 2020  | 31 cohort | High vs low | 78,662 | 2,222,366 | 9 Europe, 16 North America, 6 Asia | 21 both, 4 male, 6 female | ≥18 | RR | 0.81 (0.78-0.85) | <0.00001 | 60% | NOS  | NR |
| CVD mortality | Soltani, 2020  | 12 cohort | 5-point increment | 30,514 | 1,314,675 | 3 Europe, 9 North America | 3 both, 3 male, 6 women | >18 | HR  | 0.97 (0.95-0.98) | NR (<0.05) | 82.4% | NOS  | p=0.149 |
| Diabetes type 2 | Morze, 2020  | 9 cohort | High vs low | 45,228 | 326,031 | 1 Europe, 7 North America, 1 Asia | 6 both, 1 male, 2 female |  24-84 | RR | 0.78 (0.72-0.83) | <0.00001 | 65% | NOS | NR |
| **DII** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| All-cause mortality | Namazi, 2018  | 6 cohort | High vs low | 32,677 | 107,306 | 2 Europe, 4 North America | 3, both, 3 female | >18 | RR | 1.21 (1.09-1.35) | NR (<0.05) | 72.6% | NOS  | p =0.08 |
| CVD incidence | Ji, 2020  | 6 cohort | High vs low | 1,310 | 43,385 | 4 Europe, 2 Australia | 3 both, 2 male, 1 female | 20-97 | RR | 1.41 (1.12-1.78) | NR (<0.05) | 37.0% | NOS | p = 0.21 |
| CVD mortality | Ji, 2020 | 10 cohort | High vs low | 32,319 | 385,765 | 5 Europe, 3 North America, 1 Australia, 1 Asia | 5 both, 1 male, 4 female | >19 | RR | 1.31 (1.19-1.44) | NR (<0.05) | 70.8% | NOS  | p = 0.21 |
| **HEI** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| All-cause mortality | Morze, 2020  | 10 cohort | High vs low | 214,410 | 1,587,638 | 1 Europe, 7 North America, 2 Asia | 9 both, 1 female | ≥18 | RR | 0.80 (0.78-0.82) | <0.00001 | 52% | NOS  | NR |
| CVD incidence/mortality | Morze, 2020  | 13 cohort | High vs low | 78,828 | 1,809,626 | 2 Europe, 10 North America, 1 Asia | 10 both, 1 male,2 female | ≥18 | RR | 0.81 (0.77-0.84) | <0.00001 | 47% | NOS  | NR |
| Diabetes type 2 | Morze, 2020  | 6 cohort | High vs low | 41,125 | 356,840 | 6 North America | 5 both, 1 female | ≥18 | RR | 0.88 (0.82-0.94) | <0.00001 | 64% | NOS  | NR |
| **MedDiet** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| All-cause mortality | Soltani, 2019  | 28 cohort | 2-pointincrement | 221,603 | 1,676,901 | 19 Europe, 6 North America, 2 Australia, 1 Asia | 24 both, 3 female, 1 male | >18 | HR | 0.90 (0.89-0.91) | 0.001  | 81.1% | ROBINS-I  | p=0.008 |
| CVD incidence | Grosso, 2015  | 13 cohort | High vs low | 13,434 | 275,162 | 1 Europe, 4 North America, 1 Australia | 10 both, 1 male, 2 female | 20-90 | RR | 0.73 (0.660.80) | NR (<0.05) | 36% | NOS | NR |
| CVD mortality | Grosso, 2015  | 13 cohort | High vs low | 9,563 | 778,510 | 11 Europe, 2 North America | 11 both, 1 male, 1 female | 18-89 | RR | 0.75 (0.68-0.83) | NR (<0.05) | 75% | NOS | NR |
| Diabetes type 2 | Jannasch, 2016 | 6 cohort | High vs low | 17,561 | 183,392 | 3 Europe, 3 North America | 5 both, 1 male | 20-90 | RR | 0.87 (0.82-0.93) | <0.0001 | 26% | SIGN | p < 0.0001 |

Suplementary Table 3. Study characteristic of primary studies included in systematic reviews investigating association between diet indices and selected outcomes

| Diet index/ outcome | Systematic review | Primary study | Region/country | Study name | Follow-up (y) | Number of participants/cases | Age (y) | Sex | Diet assessment method | Health of the sample |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AHEI** |
| **All-cause mortality** | Morze, 2020 | Akbaraly, 2011 (1) | Great Britain | Whitehall II | 18 | 7,319/534 | 39-63 | Both | FFQ | Generally healthy population |
| Djousse, 2014 (2)  | USA | Physicians’ HealthStudy | 20 | 19,619/1,763 | ≥40 | Male | FFQ | Generally healthy population |
| George, 2014 (3) | USA | WHI-ObservationalStudy | 12.9 | 63,805/5,692 | 50-79 | Female | FFQ (122) | Generally healthy population (excluded participants with prior diagnosis of CVD or cancer) |
| Harmon, 2015 (4) | USA | Multi-ethnicCohort | 13-18 | 215,782/34,430 | 45-75 | Both | FFQ (182) | Generally healthy population (no previous history of cancer, heart attack or stroke). |
| Hashemian,2019 (5) | Iran | Golestan CohortStudy | 10.6 | 42,373/4,424 | 40-75 | Both | FFQ | Generally healthy population (no cancer, heart disease or diabetes) |
| Hu, 2020 (6) | USA | Atherosclerosis Risk in Communities | 24.0 | 12,431/5,747 | 46-64 | Both | FFQ (66) | Generally healthy population (excluded individuals with a history of coronary heart disease, stroke, or heart failure) |
| Mursu, 2013 (7) | USA | Iowa WHS | 20 | 41,836/10,343 | 55-69 | Female | FFQ | Generally healthy population (no CVD, diabetes or cancer) |
| Neelakantan,2018 (8) | Singapore | Singapore ChineseHealth Study | 17.0 | 57,078/15,262 | 45-74 | Both | FFQ (165) | Generally healthy population (no CVD or cancer) |
| Rautiainen,2017 (9) | USA | The Physicians’Health Study II | 11.4 | 13,316/2,238 | ≥50 | Male | FFQ (116) | Generally healthy population (no history of cirrhosis or active liver disease, no anticoagulant agents, no serious illness) |
| Reedy, 2014 (10) | USA | NIH-AARP | 15 | 492,823/86,419 | 50-70 | Both | FFQ (124) | Generally healthy population (no previous cancer or heart disease) |
| Shivappa,2017b (11) | UK | Whitehall II | 22.0 | 7,627/1,001 | 35-55 | Both | FFQ (127) | Generally healthy population |
| Sotos-Prieto,2017 (12) | USA | Nurses’ HealthStudy; Health Professional Follow-up Study | 12.0 | 73,739/9,946 | 30-75 | Both | FFQ | Generally healthy population (no history of CVD or cancer) |
| Yu, 2014 (13) | China | Shanghai Men’sHealth Study andShanghai Women’sHealth Study | 6.5 (male), 12 (female) | 134,455/7,302 | 40-74 | Both | FFQ | Generally healthy population |
| **CVD incidence/mortality** | Morze, 2020 | Akbaraly, 2011 (1) | Great Britain | Whitehall II | 18 | 7,319/141(mort) | 39-63 | Both | FFQ | Generally healthy population |
| Belin, 2011 (14) | USA | The Women’s Health Initiative (WHI) | 10.0 | 93,676/6,006(inc) | 50-79 | Female | FFQ | Generally healthy population (no previous CVD or heart failure) |
| Chiuve, 2012 (15) | USA | Health Professionals and Nurses’ Health Study | ≥24 | 112,524/9,970(inc.) | 30-75 | Both | FFQ | Generally healthy population (no previous CVD, diabetes or cancer) |
| Del Gobbo, 2015 (16) | USA | CardiovascularHealth Study | 21.5 | 4,490/1,380(inc) | ≥65 | Both | FFQ | Generally healthy population (included prevalent participants with hypertension, diabetes, coronary heart disease; excluded prevalent heart failure or moderate/severe mitral or aortic regurgitation) |
| Djousse,2014 (2) | USA | Physicians’ HealthStudy | 20 | 19,619/488(mort) | ≥40 | Male | FFQ | Generally healthy population |
| Frisby,2018 (17)  | USA | Physicians’ HealthStudy | 9.5 | 18,854/NR | ≥40 | Male | FFQ | Generally healthy population |
| George, 2014 (3) | USA | WHI-ObservationalStudy | 12.9 | 63,805/1,483(mort) | 50-79 | Female | FFQ (122) | Generally healthy population (excluded participants with prior diagnosis of CVD or cancer) |
| Harmon, 2015 (4) | USA | MultiethnicCohort | 13-18 | 215,782/11,919(mort) | 45-75 | Both | FFQ (182) | Generally healthy population (no previous history of cancer, heart attack or stroke). |
| Hashemian,2019 (5) | Iran | Golestan CohortStudy | 10.6 | 42,373/1,598(mort) | 40-75 | Both | FFQ | Genral population (no cancer, heart disease or diabetes) |
| Hu, 2020 (6) | USA | Atherosclerosis Risk in Communities | 24.0 | 12,431/1,722(mort) | 46-64 | Both | FFQ (66) | Generally healthy population (excluded individuals with a history of coronary heart disease, stroke, or heart failure) |
| McCullough, 2002 (18) | USA | Health Professionals and Nurses’ Health Study | 8-12 | 105,886/2,457(inc) | 30-75 | Both | FFQ (130) | Generally healthy population (participants with previously diagnosed heart disease, cancer, or chronic renal failure were excluded) |
| Mertens, 2017 (19) | United Kingdom | CaerphillyProspectiveStudy | 12 | 1,867/509(inc)/216(mort) | 45-59 | Male | FFQ | Generally healthy population (no history of myocardial infarction, stroke or diabetes) |
| Mursu, 2013 (7) | USA | Iowa WHS | 20 | 41,836/3,646(mort) | 55-69 | Female | FFQ | Generally healthy population (no CVD, diabetes or cancer) |
| Neelakantan,2016 (20) | China | Singapore ChineseHealth Study | NR | 2,194/564(inc)/288(mort) | 45-75 | Both | FFQ | Generally healthy population (without coronary artery disease and stroke) |
| Neelakantan,2018 (8) | Singapore | Singapore ChineseHealth Study | 17.0 | 57,078/4,871(mort) | 45-74 | Both | FFQ (165) | Generally healthy population (no CVD or cancer) |
| Rautiainen,2017 (9) | USA | The Physicians’Health Study II | 11.4 | 13,316/667(mort) | ≥50 | Male | FFQ (116) | Generally healthy population (no history of cirrhosis or active liver disease, no anticoagulant agents, no serious illness) |
| Reedy, 2014 (10) | USA | NIH-AARP | 15 | 492,823/23,502(mort) | 50-70 | Both | FFQ (124) | Generally healthy population (no previous cancer or heart disease) |
| Shivappa,2017b (11) | UK | Whitehall II | 22.0 | 7,627/264(mort) | 35-55 | Both | FFQ (127) | Generally healthy population |
| Sotos-Prieto,2017 (12) | USA | Nurses’ HealthStudy;Health ProfessionalFollow-up Study | 12.0 | 73,739/2,341(mort) | 30-75 | Both | FFQ | Generally healthy population (no history of CVD or cancer) |
| Trébuchet,2019 (21) | France | NutriNet-SantéCohort | 5.4 | 94,113/1,399(inc)/13(mort) | 18-74 | Both | 24 h dietary records | Generally healthy population (no prevalent CVD at baseline) |
| Yu, 2014 (13) | China | Shanghai Men’sHealth Study andShanghai Women’sHealth Study | 6.5 (male), 12 (female) | 134,455/2,308(mort) | 40-74 | Both | FFQ | Generally healthy population |
| **Type 2 diebetes** | Morze, 2020 | Cespedes, 2016 (22) | USA | WHIj-DietaryModificationTrial and WHIObservationalStudy | 15.0 | 101,504/10,815 | 50-79 | Female | FFQ | Generally healthy population (without T2D, no prevalent CVD or cancer (excluding skin cancer)) |
| Chen, 2018 (23) | Singapore | Singapore ChineseHealth Study | 11.1 | 45,411/5,207 | 45-74 | Both | FFQ | Generally healthy population free of diabetes, cancer and CVD at baseline |
| Chiuve, 2012 (15) | USA | Health Professionals and Nurses’ Health Study | ≥24 | 112,524/8,337 | 30-75 | Both | FFQ | Generally healthy population (no previous CVD, diabetes or cancer) |
| de Koning, 2011 (24) | USA | Health Professionals Follow-Up Study | 20.0 | 41,615/2,795 | 40-75 | Male | FFQ | Generally healthy population (without type 2 diabetes, CVD or cancer) |
| Fung, 2007 (25) | USA | Nurses’ Health Study | 18.0 | 80,029/5,183 | 38-63 | Female | FFQ | Generally healthy population (without history of cancer, cardiovascular disease, and diabetes) |
| Interact, 2014 (26)  | Europe | EPIC | 11.7 | 27,779/12,403 | 25-70 | Both | Different quantitative or semi-quantitative dietary questionnaires | Generally healthy population (without prevalent diabetes) |
| Jacobs, 2015 (27) | USA | Multi-ethnicCohort | NA | 89,185/11,217  | 45-75 | Both | FFQ | Generally healthy population (excluding participants with prevalent diabetes) |
| Otto, 2015 (28) | USA | Multi-Ethnic Studyof Atherosclerosis | 10.0 | 5,160/588 | 45-84 | Both | FFQ | Generally healthy population (without type 2 diabetes)  |
| Qiao, 2014 (29) | USA | Women's Health Initiative | 7.6 | 154,493/10,307 | 50-79 | Female | FFQ | Generally healthy population (no prevalent diabetes) |
| Tobias, 2012 (30) | USA | Nurses Health Study II (NHS II) | 14.0 | 4,413/491 | 24-44 | Female | FFQ | Women with prior gestational diabetes mellitus |
| Wang,2018 (31) | China | China Health andNutrition Survey | 3.0 | 4,440/282  | 18-65 | Both | 24-hour recalls | Generally healthy population (excluded those with diabetes, stroke, or myocardial infarction) |
| Xu, 2020 (32) | USA | Atherosclerosis Riskin Communities | 22.0 | 10,808/3,452 | 45-64 | Both | FFQ | Generally healthy population (no CVD, diabetes or cancer at baseline) |
| **DASH** |
| **All-cause mortality** | Morze, 2020 | Abu-Saad, 2017 (33) | Israel | Hadera District Study | 11.0 | 883/NR | 25-64 | Both | NR | Generally healthy population  |
| Boggs, 2015 (34) | USA | Black Women’sHealth Study | 16 | 37,001/1,678 | 30-69 | Female | FFQ | Generally healthy population (participants with no history of CVD, diabetes or cancer) |
| Chan, 2019 (35) | China | Hong KongOsteoporosis Risk Factors Study | 12.4 | 2,802/955 | >65  | Both | FFQ | Generally healthy population |
| Djousse, 2014 (2) | USA | Physicians’ HealthStudy | 20 | 19,619/1,763 | ≥40 | Male | FFQ | Generally healthy population |
| George, 2014 (3) | USA | WHI-ObservationalStudy | 12.9 | 63,805/5,692 | 50-79 | Female | FFQ (122) | Generally healthy population (excluded participants with prior diagnosis of CVD or cancer) |
| Harmon, 2015 (4) | USA | Multi-ethnicCohort | 13-18 | 215,782/34,430 | 45-75 | Both | FFQ (182) | Generally healthy population (no previous history of cancer, heart attack or stroke). |
| Hashemian,2019 (5) | Iran | Golestan CohortStudy | 10.6 | 42,373/4424 | 40-75 | Both | FFQ | Generally healthy population (no cancer, heart disease or diabetes) |
| Hu, 2020 (6) | USA | Atherosclerosis Risk in Communities | 24.0 | 12,431/5,747 | 46-64 | Both | FFQ (66) | Generally healthy population (excluded individuals with a history of coronary heart disease, stroke, or heart failure) |
| Lassale, 2016 (36) | Europe | EuropeanProspectiveInvestigationinto Cancer andNutrition | 12.8 | 451,256/15,200 | 25-70 | Both | FFQ | Generally healthy population (participants with previous cancer, CVD or diabetes diagnosis were excluded) |
| Neelakantan,2018 (8) | Singapore | Singapore ChineseHealth Study | 17.0 | 57,078/15,262 | 45-74 | Both | FFQ (165) | Generally healthy population (no CVD or cancer) |
| Park, 2016 (37) | USA | Third NationalHealth andNutrition Examination Survey | 18.6 | 2,103/640 | 30-90 | Both | 24-hour dietary recal | Generally healthy population (normal-weight,without known cardiovascular disease and cancer) |
| Reedy, 2014 (10) | USA | NIH-AARP | 15 | 492,823/86,419 | 50-70 | Both | FFQ (124) | Generally healthy population (no previous cancer or heart disease) |
| Shah, 2018 (38) | USA | Cooper CenterLongitudinal Study | 18.0 | 11,376/841 | ≥20 | Both | 3-day diet record | Generally healthy population (excluded participants with prevalent CVD) |
| Sotos-Prieto,2017 (12) | USA | Nurses’ HealthStudy;Health ProfessionalFollow-up Study | 12.0 | 73,739/9,946 | 30-75 | Both | FFQ | Generally healthy population (no history of CVD or cancer) |
| Yu, 2014 (13) | China | Shanghai Men’sHealth Study andShanghai Women’sHealth Study | 6.5 (male), 12 (female) | 134,455/7,302 | 40-74 | Both | FFQ | Generally healthy population |
| **CVD incidence/mortality** | Morze, 2020 | Abu-Saad, 2017 (33) | Israel | Hadera District Study | 11.0 | 883/ NR | 25-64 | Both | NR | Generally healthy population |
| Agnoli, 2011 (39) | Europe | EPIC | 7.9 | 40,681/178(inc) | 35-74 | Both | FFQ | Generally healthy population (excluded participants with stroke or myocardial infarction at recruitment) |
| Bathrellou, 2019 (40) | Greece | ATTICA | 10.0 | 669/78(inc) | ≥18 | Both | FFQ | Generally healthy population |
| Bertoia, 2014 (41) | USA | Women’s Health Initiative study | 10.5 | 93,122/237(mort) | 50-79 | Female | FFQ | Generally healthy population  |
| Campos, 2019 (42) | USA | Multi-Ethnic Study of Atherosclerosis | 13.0 | 4,478/179(inc) | 45-84 | Both | FFQ | Generally healthy population (without CVD) |
| Chan, 2019 (35) | China | Hong KongOsteoporosis Risk Factors Study | 12.4 | 2,802/230(mort) | >65  | Both | FFQ | Generally healthy population |
| Del Gobbo, 2015 (16) | USA | CardiovascularHealth Study | 21.5 | 4,490/1,380(inc) | ≥65 | Both | FFQ | Generally healthy population (included prevalent hypertension, diabetes, coronary heart disease; excluded prevalent heart failure or moderate/severe mitral or aortic regurgitation) |
| Djousse,2014 (2) | USA | Physicians’ HealthStudy | 20 | 19,619/488(mort) | ≥40 | Male | FFQ | Generally healthy population |
| Djousse,2018 (43) | USA | Million VeteranProgram | 2.8 | 153,802/5,451(inc) | 50-69 | Both | FFQ | Generally healthy population |
| Fitzgerald, 2012 (44) | USA | Women's Health Study (WHS) | 14.6 | 39,876/1,094(inc) | ≥45 | Female | FFQ | Generally healthy population (without of diabetes, coronary heart disease, venous thromboembolism, cerebrovascular disease, and cancer (except non-melanoma skin cancer) |
| Folsom, 2007 (45) | USA | Iowa WHS (Women's Health Study) | 16 | 20,993/1,121(mort) | 55-69 | Female | FFQ | Generally healthy population (excluded participants with hypertension, heart attack, angina or other heart disease, diabetes) |
| Frisby,2018 (17) | USA | Physicians’ HealthStudy | 9.5 | 18,854/NR | 66.1 | Male | FFQ | Generally healthy population |
| Fung, 2008 (46) | USA | Nurses' Health Study (NHS) | 24 | 88,517/2,317(inc)/976(mort) | 34-59 | Female | FFQ | Generally healthy population (no history of CHD, stroke, or diabetes) |
| George, 2014 (3) | USA | WHI-ObservationalStudy | 12.9 | 63,805/1,483(mort) | 50-79 | Female | FFQ (122) | Generally healthy population (excluded participants with prior diagnosis of CVD or cancer) |
| Harmon, 2015 (4) | USA | MultiethnicCohort | 13-18 | 215,782/11,919(mort) | 45-75 | Both | FFQ (182) | Generally healthy population (no previous history of cancer, heart attack or stroke) |
| Hashemian,2019 (5) | Iran | Golestan CohortStudy | 10.6 | 42,373/1,598(mort) | 40-75 | Both | FFQ | Generally healthy population (no cancer, heart disease or diabetes) |
| Hu, 2020 (6) | USA | Atherosclerosis Risk in Communities | 24.0 | 12,431/1,722(mort) | 46-64 | Both | FFQ (66) | Generally healthy population (excluded individuals with a history of coronary heart disease, stroke, or heart failure) |
| Jones, 2018 (47) | UK | EPIC-Norfolk | 12.4 | 23,655/4,129(inc) | 39-79 | Both | FFQ | Generally healthy population (no history of ischemic heart disease, stroke) |
| Larsson,2016 (48) | Sweden | Cohort of SwedishMen andSwedishMammographycohort | 11.9 | 74,404/4,632(inc) | 45-83 | Both | FFQ | Generally healthy population (no stroke, ischemic heart disease or cancer) |
| Larsson,2019 (49) | Sweden | SwedishMammographyCohort;Cohort of SwedishMen | 15.2 | 74,401/1,338(inc) | 45-83 | Both | FFQ | Generally healthy population (excluded participants who had diagnosis of cancer or cardiovascular disease (AVS, ischemic heart disease, heart failure, or ischemic stroke) |
| Lassale, 2016 (36) | Europe | EuropeanProspectiveInvestigationinto Cancer andNutrition | 12.8 | 451,256/3,761(mort) | 25-70 | Both | FFQ | Generally healthy population (participants with previous cancer, CVD or diabetes diagnosis were excluded) |
| Levitan, 2009a (50) | Sweden | Swedishmammographycohort | 7.0 | 36,019/443(inc) | 48-83 | Female | FFQ | Generally healthy population (without baseline heart failure, diabetes or myocardial infarction, no history of cancer (except non-melanoma skin cancer)) |
| Levitan, 2009b (51) | Sweden | Cohort ofSwedish men | 9.0 | 38,987/710(inc)/97(mort) | 45-79 | Male | FFQ | Generally healthy population (without history of heart failure, myocardial infarction, or diabetes and no previous diagnosis of cancer (except non-melanoma skin cancer)) |
| Lin, 2013 (52) | Taiwan | CardioVascular Disease risk FACtor Two-township Study (CVDFACTS) | 12.0 | 1,420/123(inc) | 45.5 (mean) | Both | FFQ (49) | Generally healthy population |
| Mertens, 2017 (19) | United Kingdom | CaerphillyProspectiveStudy | 12.0 | 1,867/509(inc)/216(mort) | 45-59 | Male | FFQ | Generally healthy population (no history of myocardial infarction, stroke or diabetes) |
| Neelakantan,2018 (8) | Singapore | Singapore ChineseHealth Study | 17.0 | 57,078/4,871(mort) | 45-74 | Both | FFQ (165) | Generally healthy population (no CVD or cancer) |
| Park, 2016 (37) | USA | Third NationalHealth andNutritionExaminationSurvey | 18.6 | 2,103/181(mort) | 30-90 | Both | 24-hour dietary recal | Generally healthy population (normal-weight,without known cardiovascular disease and cancer) |
| Reedy, 2014 (10) | USA | NIH-AARP | 15.0 | 492,823/23,502(mort) | 50-70 | Both | FFQ (124) | Generally healthy population (no previous cancer or heart disease) |
| Shah, 2018 (38) | USA | Cooper CenterLongitudinal Study | 18.0 | 11,376/249(mort) | ≥20 | Both | 3-day diet record | Generally healthy population (excluded participants with prevalent CVD) |
| Sotos-Prieto,2017 (12) | USA | Nurses’ HealthStudy;Health ProfessionalFollow-up Study | 12.0 | 73,739/2,341(mort) | 30-75 | Both | FFQ | Generally healthy population (no history of CVD or cancer) |
| Yu, 2014 (13) | China | Shanghai Men’sHealth Study andShanghai Women’sHealth Study | 6.5 (male), 12 (female) | 134,455/2,308(mort) | 40-74 | Both | FFQ | Generally healthy population |
| **CVD mortality** | Soltani, 2020 | Folsom, 2007 (45) | Iowa Womens Health Study | USA | 16 | 20,993/1121 | 55–69 | Female | FFQ (127) | Generally healthy population (excluded participants with hypertension, heart attack, angina or other heart disease, diabetes) |
| George, 2014 (3)  | Women’sHealthInitiativeStudy | USA | 12.9  | 63,805/1,483 | 50–79 | Female | FFQ (122) | Generally healthy population (excluded participants with prior diagnosis of CVD or cancer) |
| Reedy, 2014 (10) | NIH-AARP Diet andHealth Study | USA | 15 | 424,663/15,497 | 50–71 | Male and female | FFQ (124) | Generally healthy population (excluded respondents with previous cancer or heart disease) |
| Cuenca-García, 2014 (53) | Aerobics CenterLongitudinal Study | USA | 11.6 | 12,449/102 | 20–84 | Both | 3-day dietrecord | Generally healthy population (excluding participants with history of CVD (heart attack or stroke) or cancer, did not achieve at least 85% of theirage-predicted maximal heart rate during the graded modified Balketreadmill exercise testing) |
| Boggs, 2015 (34) | Black Women sHealth Study | USA | 16 | 37,001/428 | 30-69  | Female | FFQ (98) | Generally healthy population (free of cancer, cardiovascular disease, and diabetes) |
| Harmon, 2015 (4) | Multiethnic CohortStudy | USA | 13-18 | 215,782/6408 | 45–75 | Both | FFQ (182) | Generally healthy population (no previous history of cancer, heart attack or stroke |
| Lassale, 2016 (36) | EuropeanProspectiveInvestigationinto Cancer andNutrition (EPIC) | Europe | 12.8 | 451,256/3761 | 25–70 | Both | FFQ | Generally healthy population (excluding participants with previous cancer, CVD or diabetes) |
| Park, 2016 (37) | Third NationalHealth andNutritionExamination Survey | USA | 18.6 | 2,103/67 | 30 - 90 | Both | 24-h dietaryrecall | Generally healthy population (normal-weight,without known cardiovascular disease and cancer) |
| Jones,2018 (47) | EPIC-Norfolk cohort study | UK | 12.4 | 23,655/1,647 | 39 - 79 | Both | FFQ (130) | Generally healthy population |
| **Type 2 diabetes** | Morze, 2020 | Cespedes, 2016 (22) | USA | WHIj-DietaryModificationTrial and WHIObservationalStudy | 15.0 | 101,504/10,815(inc) | 50-79 | Female | FFQ | Generally healthy population (without T2D, no prevalent CVD or cancer (excluding skin cancer)) |
| Chen, 2018 (23) | Singapore | Singapore ChineseHealth Study | 11.1 | 45,411/5,207 | 45-74 | Both | FFQ | Generally healthy population free of diabetes, cancer and CVD at baseline |
| de Koning, 2011 (24) | USA | Health Professionals Follow-Up Study | 20.0 | 41,615/2,795 | 40-75 | Male | FFQ | Generally healthy population (without type 2 diabetes, CVD or cancer) |
| Hardy,2017 (54) | USA | Atherosclerosis Risk in Communities | NR | 10,102/1564 | 49-73 | Both | NR | Generally healthy population |
| Interact, 2014 (26)  | Europe | EPIC | 11.7 | 27,779/12,403 | 25-70 | Both | Quantitative or semi-quantitative dietary questionnaires | Generally healthy population without prevalent diabetes |
| Jacobs, 2015 (27) | USA | Multi-ethnicCohort | NR | 89,185/11,217  | 45-75 | Both | FFQ | Generally healthy population (excluding participants with prevalent diabetes) |
| Liese, 2009 (55) | USA | Insulin Resistance Athero-sclerosis Study (IRAS) | 5.0 | 862/148 | 40-69 | Both | FFQ (114) | Generally healthy population  |
| Otto, 2015 (28) | USA | Multi-Ethnic Studyof Atherosclerosis | 10.0 | 5,160/588 | 45-84 | Both | FFQ | Generally healthy population (without type 2 diabetes)  |
| Tobias, 2012 (30) | USA | Nurses Health Study II (NHS II) | 14.0 | 4,413/491 | 24-44 | Female | FFQ | Women with prior gestational diabetes mellitus (GDM) |
| **DII** |
| **All-cause mortality** | Namazi, 2018 | Zaslavsky, 2017 (56) | Women’s Health Initiative Observational Study | USA | 12.4 | 10,034/3,259 | 65–84 | Female | FFQ | Frail |
| Shivappa, 2017a (57) | National Health and Nutrition Examination Survey (NHANES) III follow-up study | USA | 13.5 | 12,438/2801 | >19 | Both | 24h-dietaryrecall | Generally healthy population |
| Shivappa, 2016a (58) | Iowa Women's Health study | USA | 20.7 | 37,525/17,793 | 55-69 | Female | FFQ | Generally healthy population  |
| Shivappa, 2016b (59) | Swedish Mammography Cohort | Sweden | 15.0 | 33,747/7,095 | 45-83 | Female | FFQ (96) | (excluded participants with a history of stroke, coronary heart disease, diabetes, or cancer (except nonmelanoma skin cancer) |
| Deng, 2016 (60) | National Health and Nutrition Examination Survey (NHANES) III follow-up study | USA | 7.0 | 9,631/1,623 | 20 – 90 | Both | 24-h dietaryrecall | Generally healthy population |
| Graffouilere, 2016 (61) | The Supplémentation en Vitamines et Minéraux Antioxydants study (SU.VI.MAX) | France | 12.4 | 3,931/106 | 35-60 | Both | 24-h dietaryrecall | Generally healthy population |
| **CVD incidence** | Ji, 2020 | O’Neil, 2015 (62) | Geelong Osteoporosis Study | Australia | 5.0 | 1363/76 | 20-97 | Male | FFQ | Generally healthy population |
| Garcia-Arellano, 2015 (63) | PREDIMED Study | Spain | 4.8 | 7,216/277 | 55-80 | Both | FFQ (137) | With high cardiovascular risk, but with no history of clinical cardiovascular disease |
| Ramallal, 2015 (64) | SUN Cohort | Spain | 8.9 | 18,794/117 | 38 (mean) | Both | FFQ (136) | Generally healthy population (excluding coronary heart disease or stroke) |
| Vissers, 2016 (65) | Australian Longitudinal Study on Women's Health (ALSWH) | Australia | 11.0 | 6,972/335 | 50-55 | Female | FFQ (111) | Generally healthy population (excluding women with chronic kidney disease stage 4 or 5 during follow up and with prevalent CVD) |
| Neufcourt, 2016 (66) | The Supplémentation en Vitamines et Minéraux Antioxydants study (SU.VI.MAX Cohort) | France | 11.4 | 7.743/292 | 35-60 | Both | 24h-dietaryrecall | Generally healthy population |
| Shivappa, 2018 (67) | MONICA-KORA Cohort | Germany | 21.4/13.9 | 1297/213 | 45-64 | Male | 7 day dietary records | Generally healthy population |
| **CVD mortality** | Ji, 2020 | Shivappa, 2017a (57) | NHNES III | USA | 13.5 | 12,366/1233 | >19 | 24h-dietaryrecall | 24h-dietaryrecall | Generally healthy population |
| Shivappa, 2016a (58) | Iowa Women’s Health study | USA | 20.7 | 37,525/6528 | 55–69 | Both | FFQ | Postmenopausal women (excluding cancer, heart disease and diabetes) |
| Shivappa, 2016 b (59) | Swedish Mammography Cohort | Sweden | 15.0 | 33,747/2399 | 45-83 | Female | FFQ (96) | Generally healthy population (excluded participants with a history of stroke, coronary heart disease, diabetes, or cancer) |
| Bondonno, 2017 (68) | Calcium Intake Fracture Outcome Study | Australia | 15 | 1304/269 | >70 | Female | FFQ | Generally healthy population (excluding women with a history of pre-existing diabetes, myocardial infarction, stroke and/or coronary revascularization) |
| Shivappa, 2018 (67) | MONICA-KORA Cohort | Germany | 25.8/16.7 | 1297/244 | 45–64 | Female | 7 day dietary records | Generally healthy population |
| Agudo, 2017 (69) | EPIC-Spain | Spain | 18 | 41,199/722 | 29-69 | Male | Dietary history questionnare | Generally healthy population |
| Shivappa, 2017b (11) | Whitehall II cohort study | UK | 22 | 7627/264 | 35-55 | Female | FFQ (127) | Generally healthy population |
| Hodge, 2018 (70) | Melbourne Collaborative Cohort Study | Australia | 19 | 41,513/1040 | 40-69 | Both | FFQ (121) | Generally healthy population |
| Park, 2018 (71) | Multiethnic Cohort Study | USA | 18.2 | 150,405/16,212 | 45-75 | Both | FFQ (180) | Generally healthy population (excluding participants with history of cancer, heart attack, angina, or stroke) |
| Okada, 2019 (72) | Japan Collaborative Cohort Study | Japan | 19.3 | 58,782/3408 | 40-79 | Both | FFQ (39) | Generally healthy population (excluding with a history of cancer stroke, or myocardial infarction) |
| **HEI** |
| **All-cause mortality** | Morze, 2020 | George, 2014 (3) | USA | WHI-ObservationalStudy | 12.9 | 63,805/5,692 | 50-79 | Female | FFQ (122) | Generally healthy population (excluded participants with prior diagnosis of CVD or cancer) |
| Harmon, 2015 (4) | USA | MultiethnicCohort | 13-18 | 215,782/34,430 | 45-75 | Both | FFQ (182) | Generally healthy population (no previous history of cancer, heart attack or stroke). |
| Hashemian,2019 (5) | Iran | Golestan CohortStudy | 10.6 | 42,373/4,424 | 40-75 | Both | FFQ | Generally healthy population (no cancer, heart disease or diabetes) |
| Hu, 2020 (6) | USA | Atherosclerosis Risk in Communities | 24.0 | 12,431/5,747 | 46-64 | Both | FFQ (66) | Generally healthy population (excluded individuals with a history of coronary heart disease, stroke, or heart failure) |
| Kappeler, 2013 (73) | USA | NHANES III | 22 | 17,611/3,683 | ≥18 | Both | FFQ | Generally healthy population (excluded individuals who had a history of myocardial infarction, stroke,heart failure or cancer) |
| Lassale, 2016 (36) | Europe | EuropeanProspectiveInvestigationinto Cancer andNutrition | 12.8 | 451,256/15,200 | 25-70 | Both | FFQ | Generally healthy population (participants with previous cancer, CVD or diabetes diagnosis were excluded) |
| Panizza,2018 (74) | USA | Multiethnic Cohort | 19.5 | 156,804/51,442 | 45-75 | Both | FFQ (182) | Generally healthy population (no previous history of cancer, heart attack, or stroke) |
| Reedy, 2014 (10) | USA | NIH-AARP | 15 | 492,823/86,419 | 50-70 | Both | FFQ (124) | Generally healthy population (no previous cancer or heart disease) |
| Shahar, 2009 (75) | USA | Health, Aging, and Body Compositionstudy | 9 | 298/71 | 70-82 | Both | FFQ | Generally healthy population (self-reporting no difficulty in walking a distance of 0.4 km or climbing at least 10 stairs, independently performing activities of daily living, and having no evidence of life-threatening illnesses) |
| Yu, 2014 (13) | China | Shanghai Men’sHealth Study and Shanghai Women’s Health Study | 6.5 (male), 12 (female) | 134,455/7,302 | 40-74 | Both | FFQ | Generally healthy population |
| **CVD incidence/mortality** | Morze, 2020 | Agnoli, 2011 (39) | Europe | EPIC | 7.9 | 40,681/178(inc) | 35-74 | Both | FFQ | Generally healthy population (excluded participants with stroke or myocardial infarction at recruitment) |
| Chiuve, 2012 (15) | USA | Health Professionals and Nurses’ Health Study | ≥24 | 112,524/9,970(inc.) | 30-75 | Both | FFQ | Generally healthy population (no previous CVD, diabetes or cancer) |
| George, 2014 (3) | USA | WHI-ObservationalStudy | 12.9 | 63,805/1,483(mort) | 50-79 | Female | FFQ (122) | Generally healthy population (excluded participants with prior diagnosis of CVD or cancer) |
| Harmon, 2015 (4) | USA | Multi-ethnicCohort | 13-18 | 215,782/11,919(mort) | 45-75 | Both | FFQ (182) | Generally healthy population (no previous history of cancer, heart attack or stroke). |
| Hashemian,2019 (5) | Iran | Golestan CohortStudy | 10.6 | 42,373/1,598(mort) | 40-75 | Both | FFQ | Generally healthy population (no cancer, heart disease or diabetes) |
| Hu, 2020 (6) | USA | Atherosclerosis Risk in Communities | 24.0 | 12,431/1,722(mort)/4509(inc) | 46-64 | Both | FFQ (66) | Generally healthy population (excluded individuals with a history of coronary heart disease, stroke, or heart failure) |
| Kappeler, 2013 (73) | USA | NHANES III | 22 | 17,611/1,554(mort) | ≥18 | Both | FFQ | Generally healthy population (excluded individuals who had a history of myocardial infarction, stroke,heart failure or cancer) |
| Lassale, 2016 (36) | Europe | EuropeanProspectiveInvestigationinto Cancer andNutrition | 12.8 | 451,256/3,761(mort) | 25-70 | Both | FFQ | Generally healthy population (participants with previous cancer, CVD or diabetes diagnosis were excluded) |
| McCullough, 2000a (76) | USA | Nurses' Health Study | 12 | 67,272/1,365(inc+mort) | 30-55 | Female | FFQ | Generally healthy population (no diabetes, no history of CVD or cancer) |
| McCullough, 2000b (77) | USA | Health Professionals study | 8 | 51,529/1,092(inc+mort) | 40-75 | Male | FFQ | Generally healthy population (no diabetes, no history of CVD or cancer) |
| Panizza,2018 (74) | USA | Multiethnic Cohort | 19.5 | 156,804/17,662(mort) | 45-75 | Both | FFQ (182) | Generally healthy population (no previous history of cancer, heart attack, or stroke) |
| Reedy, 2014 (10) | USA | NIH-AARP | 15 | 492,823/23,502(mort) | 50-70 | Both | FFQ (124) | Generally healthy population (no previous cancer or heart disease) |
| Yu, 2015 (78) | USA | SouthernCommunityCohort Study | 6.2 | 84,735/2,244(mort) | 40-79 | Both | FFQ | Generally healthy population |
| **Type 2 diabetes** | Morze, 2020 | Cespedes, 2016 (22) | USA | WHIj-DietaryModificationTrial and WHIObservationalStudy | 15.0 | 101,504/10,815 | 50-79 | Female | FFQ | Generally healthy population (without T2D, no prevalent CVD or cancer (excluding skin cancer)) |
| Chiuve, 2012 (15) | USA | Health Professionals and Nurses’ Health Study | ≥24 | 112,524/8,337 | 30-75 | Both | FFQ | Generally healthy population (no previous CVD, diabetes or cancer) |
| Conway,2018 (79) | USA | SouthernCommunityCohort Study | 7.5 | 38,064/ 6727  | 40-79 | Both | FFQ | Generally healthy population (no self-reported diabetes at study entry) |
| Jacobs, 2015 (27) | USA | Multi-ethnicCohort | NR | 89,185/ 11,217  | 45-75 | Both | FFQ | Generally healthy population (excluding participants with prevalent diabetes) |
| Tait, 2020 (80) | Canada | Canadian Community Health Survey | 12.1 | 4,755/577 | ≥18 | Both | 24-h dietary recall | Generally healthy population (without prevalent diabetes, no underweight individuals) |
| Xu, 2020 (32) | USA | Atherosclerosis Riskin Communities | 22.0 | 10,808/3,452 | 45-64 | Both | FFQ | Generally healthy population (no CVD, diabetes or cancer at baseline) |
| **MedDiet** |
| **All-cause mortality** | Soltani, 2019 | Trichopoulou, 1995(81) | Village cohort  | Greece | 4–5 | 182/53 | ≥70 | Both | FFQ (190) | Generally healthy population |
| Kouris-Blazos, 1999 (82) | Melbourne cohort study | Australia | 4–6 | 330/36 | ≥70 | Both | FFQ (250) | Generally healthy population |
| Trichopoulou, 2005 (83) | EPIC-elderly | Europe | 7.4 | 52621/2675 | ≥60 | Both | FFQ | Generally healthy population (without coronary heart disease, stroke, or cancer) |
| Lagiou, 2006 (84) | ScandinavianWomen’s Lifestyle and Health Cohort (SWLHC) | Sweden | 12 | 42,237/572 | 30–49 | Female | FFQ | Generally healthy population |
| Sjogren, 2010 (85) | Uppsala Longitudinal Study of Adult Men (ULSAM) | Sweden | 10.1 | 924/215 | 71 | Male | 7-d dietary records | Generally healthy population (no type 2 diabetes or ischemic heart disease) |
| Tognon , 2011 (86)  | Gerontological and Geriatric Population Studies in Gothenburg (GGPSG) | Sweden | 8.5 | 1037/622 | 70 | Both | Diet history | Generally healthy population |
| van den Brandt, 2011 (87) | Netherlands Cohort Study (NLSC) | Netherlands | 4.9 | 120,852/11,506 | 55–69 | Both | FFQ | Generally healthy population (without subjects who reporteda history of cancer (excluding nonmelanoma skin cancer), cardiovascular disease, diabetes |
| Tognon, 2012 (88) | Vasterbotten InterventionProgram (VIP) | Sweden | 10 | 77,151/2376 | 30–60 | Both | FFQ | Generally healthy population |
| Tognon, 2014 (89) | MONICA | Denmark | 11 | 1849/553 | ≥35 | Both | 7-d food records | Generally healthy population |
| Cuenca-Garcia, 2014 (53) | Aerobics Center Longitudinal Study (ACLS) | USA | 11.6 | 12,449/358 | 20–84 | Both | 3-d diet records | Generally healthy population (excluding participants with history of CVD (heart attack or stroke) or cancer, did not achieve at least 85% of theirage-predicted maximal heart rate during the graded modified Balketreadmill exercise testing) |
| George, 2014 (3) | The Women’s Health Initiative (WHI) | USA | 12.9 | 63,805/5692 | 50–79 | Female | FFQ (122) | Generally healthy population (excluded participants with prior diagnosis of CVD or cancer) |
| Reedy, 2014 (10) | NIH-AARP | USA | 15 | 424,663/86,419 | 50–71 | Both | FFQ (124) | Generally healthy population (excluded respondents with previous cancer or heart disease) |
| Vormund, 2014 (90) | Two-cohort study | Switzerland | 32 | 17,800/3934 | ≥16 | Both | 24-h recall checklist | Generally healthy population |
| Steﬂer, 2015 (91) | HAPIEE study | Czech, Poland, Russia | 7 | 19,263/1314 | 40–70 | Both | FFQ (136, 147, 148 | Generally healthy population |
| Prinelli, 2015 (92) | Northern Italy cohort | Italy | 17.4 | 974/193 | 40–74 | Both | FFQ (158) | Generally healthy population |
| Park, 2016 (93) | National Health and Nutrition Examination Survey (NHANES) III follow-up study | USA | 18.5 | 1739/386 | 20–88 | Both | FFQ and the 24-h dietary recall | Obese - BMI≥30(excluding those with history of myocardial infarction, stroke, congestive heart failure or cancer (other than skin cancer), BMI>60, or pregnant or lactating women) |
| Bo, 2016 (94) | Asti cohort | Italy | 12 | 1658/220 | 45–64 | Both | FFQ (148) | Generally healthy population |
| Lassale, 2016 (36) | EuropeanProspectiveInvestigationinto Cancer andNutrition (EPIC) | Europe | 10 | 451,256/15,200 | 25–70 | Both | FFQ | Generally healthy population (excluding participants with previous cancer, CVD or diabetes) |
| Bonaccio, 2016 (95) | MOLI-SANI study | Italy | 4 | 1995/109 | ≥35 | Both | Epic FFQ (188) | With type 2 diabetes (without cancer, type 1 diabetes) |
| Alvarez-Alvarez, 2017 (96) | SUN cohort | Spain | 10.3 | 19,467/305 | ≥35 | Both | FFQ (136) | Generally healthy population |
| Limongi, 2017 (97)  | Italian Longitudinal Study on Aging (ILSA) | Italy | 7.1 | 4232/655 | 65–84 | Both | FFQ (49) | Generally healthy population |
| Shvetsov, 2017 (98) | Multiethnic Cohort (MEC) | USA | 18 | 193,527/51,702 | 45–75 | Both | FFQ (182) | Generally healthy population |
| Whalen, 2017 (99) | REasons for Geographic and Racial Differences in Stroke (REGARDS) | USA | 6.25 | 21,423/2513 | ≥45 | Both | FFQ (109) | Generally healthy population |
| Cardenas-Fuentes, 2018 (100)  | PREDIMED | Spain | 6.8 | 7356/498 | 55-80 | Both | FFQ (137) | Without cardiovascular disease but at high cardiovascular risk |
| Screener Hodge, 2018 (70) | Melbourne Collaborative Cohort Study (MCCS) | Australia | 19 | 41,513/7757 | 40–69 | Both | FFQ (121) | Generally healthy population |
| Lemming, 2018 (101) | Swedish Mammography Cohort | Sweden | 17 | 33,341/10,478 | 40–70 | Female | FFQ (96) | Generally healthy population (excluded participants who had been diagnosed with cancer and CVD) |
| Neelakantan, 2018 (8) | Singapore ChineseHealth Study | China | 17 | 63,257/15,262 | 45–74 | Both | FFQ (165) | Generally healthy population (no CVD or cancer) |
| **CVD incidence** | Grosso, 2015 | Panagiotakos, 2008 (102) | ATTICA | Greece | 5 | 3042/170 | 18-89 | Both | FFQ | Generally healthy population (without history of CVD or havingchronic viral infections) |
| Buckland, 2009 (103) | EPIC – Spain | Spain | 10.4 | 41,078/609 | 29-69 | Both | Dietary history questionnaire | Generally healthy population |
| Fung, 2009 (104) | Nurses’ Health Study | USA | 20 | 74,886/3077 | 30-55 | Female | FFQ (61, 116) | Generally healthy population (excluded those with a history of CHD, stroke, or diabetes) |
| Chrysohoou, 2010 (105) | NR | Greece | 2 | 1000/237 | 65 (mean) | Both | FFQ (75) | Previous CVD (acute myocardial infarction or unstable angina) |
| Gardener, 2011 (106) | Northern Manhattan Study | USA | 9 | 2568/304 | >40 | Both | FFQ | Generally healthy population (had never been diagnosed with ischemic stroke) |
| Martinez- Gonzales, 2011 (107) | SUN cohort  | Spain | 4,9 | 13,609/68 | 38 (mean) | Both | FFQ (136) | Generally healthy population (excluding participants with prevalent CVD) |
| Agnoli, 2011 (39) | EPIC OR | Italy | 7.9 | 40,681/178 | 35-74 | Both | FFQ | Generally healthy population (excluded participants with stroke or myocardial infarction at recruitment) |
| Metnotti, 2012 (108) | Seven Countries Study | Italy | 40 | 1139/110 | 40-59 | Male | Dietary history questionnaire | Generally healthy population (without previous coronary events) |
| Misirli, 2012 (109) | EPIC -Greece | Greece | 10.6 | 23,601/395 | 20-86 | Both | FFQ | Generally healthy population (excluded participants with CVD and cancer) |
| Dilis, 2012 (110) | EPIC -Greece | Greece | 10.6 | 23,929/636 | 20-86 | Both | FFQ | Generally healthy population (subjects with prevalent CVD or cancer at recruitment were excluded) |
| Hoevenaar- Blom, 2012 (111) | EPIC-NL | Germany | 11.8 | 40,011/6399 | 20-70 | Both | FFQ (178) | Generally healthy population(excluded participants with prevalent CVD or type 2, women who were pregnant) |
| Tognon, 2013 (112) | MONICA | Denmark | 14 | 1849/1083 | ≥35 | Both | 7 d food record | Generally healthy population |
| Hoevenaar- Blom, 2013 (113) | Doetinche Cohort Study | Germany | 10 | 7769/168 | 20-65 | Both | FFQ | Generally healthy population (excluded participants with prevalent CVD or type 2 diabetes, pregnant women) |
| **CVD mortality** | Grosso, 2015 | Knoops, 2004 (114) | HALE (SENECA and FINE) | Finland, Italy, Netherland | 10 | 2339/122 | 70-90 | Both | Dietary history questionnaire | Generally healthy population (excluding CHD, CVD, cancer, and diabetes) |
| Mitrou, 2007 (115) | NIH- AARP | USA | 10 | 380,296/3451 | 50-71 | Both | FFQ (124)  | Generally healthy population (excluding subjects with a self-reported history of cancer, end-stage renal disease, heart disease, stroke, emphysema, or diabetes) |
| Fung, 2009 (104) | Nurses’ Health Study | USA | 20 | 74,886/1077 | 38-63 | Female | FFQ (61, 116) | Generally healthy population (excluded those with a history of CHD, stroke, or diabetes) |
| Buckland, 2011 (116) | EPIC - Spain | Spain | 13.4 | 40,622/399 | 29-69 | Both | Dietary history questionnaire | Generally healthy population |
| Hodge, 2011 (117) | Melbourne Collaborative Cohort | Australia | 12.3 | 2,150/464 | 27-75 | Both | FFQ (121) | Generally healthy population |
| Misirli, 2012 (109) | EPIC -Greece | Greece | 10.6 | 23,601/196 | 20-86 | Both | FFQ | Generally healthy population |
| Dilis, 2012 (110) | EPIC -Greece | Greece | 10.6 | 23,929/240 | 20-86 | Both | FFQ | Generally healthy population (subjects with prevalent CVD or cancer at recruitment were excluded) |
| Hoevenaar- Blom, 2012 (111) | EPIC-NL | Germany | 11.8 | 40,011/487 | 20-70 | Both | FFQ (178)  | Generally healthy population(excluded participants with prevalent CVD or type 2 diabetes based, women who were pregnant) |
| Menotti, 2012 (108) | Seven Countries Study | Italy | 40 | 1139/162 | 40-59 | Male | 7 days food record  | Generally healthy population |
| Tognon,2012 (88) | Vasterbotten InterventionProgram (VIP) | Sweden | 9 | 77.151/680 | 30-70 | Both | FFQ | Generally healthy population |
| Tognon, 2014 (112) | MONICA | Denmark | 14 | 1849/233 | ≥35 | Both | 7 days food record | Generally healthy population |
| Bertoia, 2014 (41) | Women’s Health Initiative study | USA | 10.5 | 93,122/237 | 50-79 | Female | FFQ | Generally healthy population |
| Lopez-Garcia,2014 (118) | Health Professionals Follow-Up Study | USA | 7.7/5.8 | 17.415/1775 | 40-75/30-55 | Both | FFQ | Previous CVD |
| **Type 2 diabetes** | Jannasch, 2016 | Abiemo, 2012 (119) | Multi-Ethnic Study ofAtherosclerosis | USA | 12.0 | 5,390/412 | 45 – 84 | Both | FFQ (127) | Generally healthy population |
| De Koning, 2011 (24)  | Health Professionals Follow-Up Study | USA | 20 | 41,615/2795 | 40-75 | Male | FFQ (131) | Generally healthy population (without type 2 diabetes, cardiovascular disease or cancer) |
| Dominguez, 2012 (120)  | SUN cohort | Spain | 10.0 | 9,109/58 | 20-90 | Both | FFQ (136) | Generally healthy population (excluding patients with cancer and diabetes) |
| InterAct consortium, 2011 (121) | EPIC-InterAct Study | Europe | 15.0 | 15,798/749 | 25-70 | Both | FFQ | Generally healthy population |
| Jacobs, 2015 (122) | Multiethnic Cohort | USA | NR | 89,185/11,217 | 45-75 | Both | FFQ | Generally healthy population (excluding participants with prevalent diabetes) |
| Rossi, 2013 (123) | EPIC-Greek cohort | Greece | 11.34 | 22,295/2,330 | 20-86 | Both | FFQ (150) | Generally healthy population |

**References**

1. Akbaraly TN, Ferrie JE, Berr C, Brunner EJ, Head J, Marmot MG, et al. Alternative Healthy Eating Index and mortality over 18 y of follow-up: results from the Whitehall II cohort. Am J Clin Nutr. 2011;94(1):247-53.

2. Djousse L, Petrone A, Gaziano JM. Alternate Healthy Eating Index, Mediterranean and DASH dietary patterns and risk of death in the physician's health study. Cardiology (Switzerland). 2014;128:426.

3. George SM, Ballard-Barbash R, Manson JE, Reedy J, Shikany JM, Subar AF, et al. Comparing indices of diet quality with chronic disease mortality risk in postmenopausal women in the Women's Health Initiative Observational Study: evidence to inform national dietary guidance. Am J Epidemiol. 2014;180(6):616-25.

4. Harmon BE, Boushey CJ, Shvetsov YB, Ettienne R, Reedy J, Wilkens LR, et al. Associations of key diet-quality indexes with mortality in the Multiethnic Cohort: the Dietary Patterns Methods Project. Am J Clin Nutr. 2015;101(3):587-97.

5. Hashemian M, Farvid MS, Poustchi H, Murphy G, Etemadi A, Hekmatdoost A, et al. The application of six dietary scores to a Middle Eastern population: a comparative analysis of mortality in a prospective study. Eur J Epidemiol. 2019;34(4):371-82.

6. Hu EA, Steffen LM, Coresh J, Appel LJ, Rebholz CM. Adherence to the Healthy Eating Index-2015 and Other Dietary Patterns May Reduce Risk of Cardiovascular Disease, Cardiovascular Mortality, and All-Cause Mortality. J Nutr. 2020;150(2):312-21.

7. Mursu J, Steffen LM, Meyer KA, Duprez D, Jacobs DR, Jr. Diet quality indexes and mortality in postmenopausal women: the Iowa Women's Health Study. Am J Clin Nutr. 2013;98(2):444-53.

8. Neelakantan N, Koh WP, Yuan JM, van Dam RM. Diet-Quality Indexes Are Associated with a Lower Risk of Cardiovascular, Respiratory, and All-Cause Mortality among Chinese Adults. J Nutr. 2018;148(8):1323-32.

9. Rautiainen S, Gaziano JM, Christen WG, Bubes V, Kotler G, Glynn RJ, et al. Effect of Baseline Nutritional Status on Long-term Multivitamin Use and Cardiovascular Disease Risk: A Secondary Analysis of the Physicians' Health Study II Randomized Clinical Trial. JAMA Cardiol. 2017;2(6):617-25.

10. Reedy J, Krebs-Smith SM, Miller PE, Liese AD, Kahle LL, Park Y, et al. Higher diet quality is associated with decreased risk of all-cause, cardiovascular disease, and cancer mortality among older adults. J Nutr. 2014;144(6):881-9.

11. Shivappa N, Hebert JR, Kivimaki M, Akbaraly T. Alternative Healthy Eating Index 2010, Dietary Inflammatory Index and risk of mortality: results from the Whitehall II cohort study and meta-analysis of previous Dietary Inflammatory Index and mortality studies. Br J Nutr. 2017;118(3):210-21.

12. Sotos-Prieto M, Bhupathiraju SN, Mattei J, Fung TT, Li Y, Pan A, et al. Association of Changes in Diet Quality with Total and Cause-Specific Mortality. N Engl J Med. 2017;377(2):143-53.

13. Yu D, Zhang X, Xiang YB, Yang G, Li H, Gao YT, et al. Adherence to dietary guidelines and mortality: a report from prospective cohort studies of 134,000 Chinese adults in urban Shanghai. Am J Clin Nutr. 2014;100(2):693-700.

14. Belin RJ, Greenland P, Allison M, Martin L, Shikany JM, Larson J, et al. Diet quality and the risk of cardiovascular disease: the Women's Health Initiative (WHI). Am J Clin Nutr. 2011;94(1):49-57.

15. Chiuve SE, Fung TT, Rimm EB, Hu FB, McCullough ML, Wang M, et al. Alternative dietary indices both strongly predict risk of chronic disease. J Nutr. 2012;142(6):1009-18.

16. Del Gobbo LC, Kalantarian S, Imamura F, Lemaitre R, Siscovick DS, Psaty BM, et al. Contribution of Major Lifestyle Risk Factors for Incident Heart Failure in Older Adults: The Cardiovascular Health Study. JACC Heart Fail. 2015;3(7):520-8.

17. Frisby K, Chen J, Sesso H, Wang L, Gaziano J, Djousse L. Healthy dietary patterns and risk of abdominal aortic aneurysm in the Physicians' Health Study. J Am Geriatr Soc. 2018;66:S287-S8.

18. McCullough ML, Feskanich D, Stampfer MJ, Giovannucci EL, Rimm EB, Hu FB, et al. Diet quality and major chronic disease risk in men and women: moving toward improved dietary guidance. Am J Clin Nutr. 2002;76(6):1261-71.

19. Mertens E, Markey O, Geleijnse JM, Lovegrove JA, Givens DI. Adherence to a healthy diet in relation to cardiovascular incidence and risk markers: evidence from the Caerphilly Prospective Study. Eur J Nutr. 2018;57(3):1245-58.

20. Neelakantan N, Naidoo N, Koh WP, Yuan JM, van Dam RM. The Alternative Healthy Eating Index Is Associated with a Lower Risk of Fatal and Nonfatal Acute Myocardial Infarction in a Chinese Adult Population. J Nutr. 2016;146(7):1379-86.

21. Trébuchet A, Julia C, Fézeu L, Touvier M, Chaltiel D, Hercberg S, et al. Prospective association between several dietary scores and risk of cardiovascular diseases: Is the Mediterranean diet equally associated to cardiovascular diseases compared to National Nutritional Scores? Am Heart J. 2019;217:1-12.

22. Cespedes EM, Hu FB, Tinker L, Rosner B, Redline S, Garcia L, et al. Multiple Healthful Dietary Patterns and Type 2 Diabetes in the Women's Health Initiative. Am J Epidemiol. 2016;183(7):622-33.

23. Chen GC, Koh WP, Neelakantan N, Yuan JM, Qin LQ, van Dam RM. Diet Quality Indices and Risk of Type 2 Diabetes Mellitus: The Singapore Chinese Health Study. Am J Epidemiol. 2018;187(12):2651-61.

24. de Koning L, Chiuve SE, Fung TT, Willett WC, Rimm EB, Hu FB. Diet-quality scores and the risk of type 2 diabetes in men. Diabetes Care. 2011;34(5):1150-6.

25. Fung TT, McCullough M, van Dam RM, Hu FB. A prospective study of overall diet quality and risk of type 2 diabetes in women. Diabetes Care. 2007;30(7):1753-7.

26. Adherence to predefined dietary patterns and incident type 2 diabetes in European populations: EPIC-InterAct Study. Diabetologia. 2014;57(2):321-33.

27. Jacobs S, Harmon BE, Boushey CJ, Morimoto Y, Wilkens LR, Le Marchand L, et al. A priori-defined diet quality indexes and risk of type 2 diabetes: the Multiethnic Cohort. Diabetologia. 2015;58(1):98-112.

28. Otto MC, Padhye NS, Bertoni AG, Jacobs DR, Jr., Mozaffarian D. Everything in Moderation--Dietary Diversity and Quality, Central Obesity and Risk of Diabetes. PLoS One. 2015;10(10):e0141341.

29. Qiao Y, Tinker L, Olendzki BC, Hébert JR, Balasubramanian R, Rosal MC, et al. Racial/ethnic disparities in association between dietary quality and incident diabetes in postmenopausal women in the United States: the Women's Health Initiative 1993-2005. Ethn Health. 2014;19(3):328-47.

30. Tobias DK, Hu FB, Chavarro J, Rosner B, Mozaffarian D, Zhang C. Healthful dietary patterns and type 2 diabetes mellitus risk among women with a history of gestational diabetes mellitus. Arch Intern Med. 2012;172(20):1566-72.

31. Wang Z, Siega-Riz AM, Gordon-Larsen P, Cai J, Adair LS, Zhang B, et al. Diet quality and its association with type 2 diabetes and major cardiometabolic risk factors among adults in China. Nutr Metab Cardiovasc Dis. 2018;28(10):987-1001.

32. Xu Z, Steffen LM, Selvin E, Rebholz CM. Diet quality, change in diet quality and risk of incident CVD and diabetes. Public Health Nutr. 2020;23(2):329-38.

33. Abu-Saad K, Novikov I, Gimpelevitz I, Benderly M, Alpert G, Goldbourt U, et al. P5321Micronutrient intake and adherence to DASH diet are associated with incident major adverse cardiovascular events and all-cause mortality in a bi-ethnic population. European Heart Journal. 2017;38(suppl\_1).

34. Boggs DA, Ban Y, Palmer JR, Rosenberg L. Higher diet quality is inversely associated with mortality in African-American women. J Nutr. 2015;145(3):547-54.

35. Chan RSM, Yu BWM, Leung J, Lee JSW, Auyeung TW, Kwok T, et al. How Dietary Patterns are Related to Inflammaging and Mortality in Community-Dwelling Older Chinese Adults in Hong Kong - A Prospective Analysis. J Nutr Health Aging. 2019;23(2):181-94.

36. Lassale C, Gunter MJ, Romaguera D, Peelen LM, Van der Schouw YT, Beulens JW, et al. Diet Quality Scores and Prediction of All-Cause, Cardiovascular and Cancer Mortality in a Pan-European Cohort Study. PLoS One. 2016;11(7):e0159025.

37. Park YM, Fung TT, Steck SE, Zhang J, Hazlett LJ, Han K, et al. Diet Quality and Mortality Risk in Metabolically Obese Normal-Weight Adults. Mayo Clin Proc. 2016;91(10):1372-83.

38. Shah NS, Leonard D, Finley CE, Rodriguez F, Sarraju A, Barlow CE, et al. Dietary Patterns and Long-Term Survival: A Retrospective Study of Healthy Primary Care Patients. Am J Med. 2018;131(1):48-55.

39. Agnoli C, Krogh V, Grioni S, Sieri S, Palli D, Masala G, et al. A priori-defined dietary patterns are associated with reduced risk of stroke in a large Italian cohort. J Nutr. 2011;141(8):1552-8.

40. Bathrellou E, Kontogianni MD, Chrysanthopoulou E, Georgousopoulou E, Chrysohoou C, Pitsavos C, et al. Adherence to a DASH-style diet and cardiovascular disease risk: The 10-year follow-up of the ATTICA study. Nutr Health. 2019;25(3):225-30.

41. Bertoia ML, Triche EW, Michaud DS, Baylin A, Hogan JW, Neuhouser ML, et al. Mediterranean and Dietary Approaches to Stop Hypertension dietary patterns and risk of sudden cardiac death in postmenopausal women. Am J Clin Nutr. 2014;99(2):344-51.

42. Campos CL, Wood A, Burke GL, Bahrami H, Bertoni AG. Dietary Approaches to Stop Hypertension Diet Concordance and Incident Heart Failure: The Multi-Ethnic Study of Atherosclerosis. Am J Prev Med. 2019;56(6):819-26.

43. Djoussé L, Ho YL, Nguyen XT, Gagnon DR, Wilson PWF, Cho K, et al. DASH Score and Subsequent Risk of Coronary Artery Disease: The Findings From Million Veteran Program. J Am Heart Assoc. 2018;7(9).

44. Fitzgerald KC, Chiuve SE, Buring JE, Ridker PM, Glynn RJ. Comparison of associations of adherence to a Dietary Approaches to Stop Hypertension (DASH)-style diet with risks of cardiovascular disease and venous thromboembolism. J Thromb Haemost. 2012;10(2):189-98.

45. Folsom AR, Parker ED, Harnack LJ. Degree of concordance with DASH diet guidelines and incidence of hypertension and fatal cardiovascular disease. Am J Hypertens. 2007;20(3):225-32.

46. Fung TT, Chiuve SE, McCullough ML, Rexrode KM, Logroscino G, Hu FB. Adherence to a DASH-style diet and risk of coronary heart disease and stroke in women. Arch Intern Med. 2008;168(7):713-20.

47. Jones NRV, Forouhi NG, Khaw KT, Wareham NJ, Monsivais P. Accordance to the Dietary Approaches to Stop Hypertension diet pattern and cardiovascular disease in a British, population-based cohort. Eur J Epidemiol. 2018;33(2):235-44.

48. Larsson SC, Wallin A, Wolk A. Dietary Approaches to Stop Hypertension Diet and Incidence of Stroke: Results From 2 Prospective Cohorts. Stroke. 2016;47(4):986-90.

49. Larsson SC, Wolk A, Bäck M. Dietary patterns, food groups, and incidence of aortic valve stenosis: A prospective cohort study. Int J Cardiol. 2019;283:184-8.

50. Levitan EB, Wolk A, Mittleman MA. Consistency with the DASH diet and incidence of heart failure. Arch Intern Med. 2009;169(9):851-7.

51. Levitan EB, Wolk A, Mittleman MA. Relation of consistency with the dietary approaches to stop hypertension diet and incidence of heart failure in men aged 45 to 79 years. Am J Cardiol. 2009;104(10):1416-20.

52. Lin PH, Yeh WT, Svetkey LP, Chuang SY, Chang YC, Wang C, et al. Dietary intakes consistent with the DASH dietary pattern reduce blood pressure increase with age and risk for stroke in a Chinese population. Asia Pac J Clin Nutr. 2013;22(3):482-91.

53. Cuenca-García M, Artero EG, Sui X, Lee DC, Hebert JR, Blair SN. Dietary indices, cardiovascular risk factors and mortality in middle-aged adults: findings from the Aerobics Center Longitudinal Study. Ann Epidemiol. 2014;24(4):297-303.e2.

54. Hardy DS, Mersha TB, Xu H, Garvin JB, Stallings DT, Racette SB. Association of the DASH diet and a genetic risk score with type 2 diabetes risk among African-American and White adults. Diabetes. 2017;66:A442-A3.

55. Liese AD, Nichols M, Sun X, D'Agostino RB, Jr., Haffner SM. Adherence to the DASH Diet is inversely associated with incidence of type 2 diabetes: the insulin resistance atherosclerosis study. Diabetes Care. 2009;32(8):1434-6.

56. Zaslavsky O, Zelber-Sagi S, Hebert JR, Steck SE, Shivappa N, Tabung FK, et al. Biomarker-calibrated nutrient intake and healthy diet index associations with mortality risks among older and frail women from the Women's Health Initiative. Am J Clin Nutr. 2017;105(6):1399-407.

57. Shivappa N, Steck SE, Hussey JR, Ma Y, Hebert JR. Inflammatory potential of diet and all-cause, cardiovascular, and cancer mortality in National Health and Nutrition Examination Survey III Study. Eur J Nutr. 2017;56(2):683-92.

58. Shivappa N, Blair CK, Prizment AE, Jacobs DR, Jr., Steck SE, Hébert JR. Association between inflammatory potential of diet and mortality in the Iowa Women's Health study. Eur J Nutr. 2016;55(4):1491-502.

59. Shivappa N, Harris H, Wolk A, Hebert JR. Association between inflammatory potential of diet and mortality among women in the Swedish Mammography Cohort. Eur J Nutr. 2016;55(5):1891-900.

60. Deng FE, Shivappa N, Tang Y, Mann JR, Hebert JR. Association between diet-related inflammation, all-cause, all-cancer, and cardiovascular disease mortality, with special focus on prediabetics: findings from NHANES III. Eur J Nutr. 2017;56(3):1085-93.

61. Graffouillère L, Deschasaux M, Mariotti F, Neufcourt L, Shivappa N, Hébert JR, et al. Prospective association between the Dietary Inflammatory Index and mortality: modulation by antioxidant supplementation in the SU.VI.MAX randomized controlled trial. Am J Clin Nutr. 2016;103(3):878-85.

62. O'Neil A, Shivappa N, Jacka FN, Kotowicz MA, Kibbey K, Hebert JR, et al. Pro-inflammatory dietary intake as a risk factor for CVD in men: a 5-year longitudinal study. Br J Nutr. 2015;114(12):2074-82.

63. Garcia-Arellano A, Ramallal R, Ruiz-Canela M, Salas-Salvadó J, Corella D, Shivappa N, et al. Dietary Inflammatory Index and Incidence of Cardiovascular Disease in the PREDIMED Study. Nutrients. 2015;7(6):4124-38.

64. Ramallal R, Toledo E, Martínez-González MA, Hernández-Hernández A, García-Arellano A, Shivappa N, et al. Dietary Inflammatory Index and Incidence of Cardiovascular Disease in the SUN Cohort. PLoS One. 2015;10(9):e0135221.

65. Vissers LE, Waller MA, van der Schouw YT, Hebert JR, Shivappa N, Schoenaker DA, et al. The relationship between the dietary inflammatory index and risk of total cardiovascular disease, ischemic heart disease and cerebrovascular disease: Findings from an Australian population-based prospective cohort study of women. Atherosclerosis. 2016;253:164-70.

66. Neufcourt L, Assmann KE, Fezeu LK, Touvier M, Graffouillère L, Shivappa N, et al. Prospective Association Between the Dietary Inflammatory Index and Cardiovascular Diseases in the SUpplémentation en VItamines et Minéraux AntioXydants (SU.VI.MAX) Cohort. J Am Heart Assoc. 2016;5(3):e002735.

67. Shivappa N, Schneider A, Hébert JR, Koenig W, Peters A, Thorand B. Association between dietary inflammatory index, and cause-specific mortality in the MONICA/KORA Augsburg Cohort Study. Eur J Public Health. 2018;28(1):167-72.

68. Bondonno NP, Lewis JR, Blekkenhorst LC, Shivappa N, Woodman RJ, Bondonno CP, et al. Dietary inflammatory index in relation to sub-clinical atherosclerosis and atherosclerotic vascular disease mortality in older women. Br J Nutr. 2017;117(11):1577-86.

69. Agudo A, Masegú R, Bonet C, Jakszyn P, Quirós JR, Ardanaz E, et al. Inflammatory potential of the diet and mortality in the Spanish cohort of the European Prospective Investigation into Cancer and Nutrition (EPIC-Spain). Mol Nutr Food Res. 2017;61(8).

70. Hodge AM, Bassett JK, Dugué PA, Shivappa N, Hébert JR, Milne RL, et al. Dietary inflammatory index or Mediterranean diet score as risk factors for total and cardiovascular mortality. Nutr Metab Cardiovasc Dis. 2018;28(5):461-9.

71. Park SY, Kang M, Wilkens LR, Shvetsov YB, Harmon BE, Shivappa N, et al. The Dietary Inflammatory Index and All-Cause, Cardiovascular Disease, and Cancer Mortality in the Multiethnic Cohort Study. Nutrients. 2018;10(12).

72. Okada E, Shirakawa T, Shivappa N, Wakai K, Suzuki K, Date C, et al. Dietary Inflammatory Index Is Associated with Risk of All-Cause and Cardiovascular Disease Mortality but Not with Cancer Mortality in Middle-Aged and Older Japanese Adults. J Nutr. 2019;149(8):1451-9.

73. Kappeler R, Eichholzer M, Rohrmann S. Meat consumption and diet quality and mortality in NHANES III. Eur J Clin Nutr. 2013;67(6):598-606.

74. Panizza CE, Shvetsov YB, Harmon BE, Wilkens LR, Le Marchand L, Haiman C, et al. Testing the Predictive Validity of the Healthy Eating Index-2015 in the Multiethnic Cohort: Is the Score Associated with a Reduced Risk of All-Cause and Cause-Specific Mortality? Nutrients. 2018;10(4).

75. Shahar DR, Yu B, Houston DK, Kritchevsky SB, Lee JS, Rubin SM, et al. Dietary factors in relation to daily activity energy expenditure and mortality among older adults. J Nutr Health Aging. 2009;13(5):414-20.

76. McCullough ML, Feskanich D, Stampfer MJ, Rosner BA, Hu FB, Hunter DJ, et al. Adherence to the Dietary Guidelines for Americans and risk of major chronic disease in women. Am J Clin Nutr. 2000;72(5):1214-22.

77. McCullough ML, Feskanich D, Rimm EB, Giovannucci EL, Ascherio A, Variyam JN, et al. Adherence to the Dietary Guidelines for Americans and risk of major chronic disease in men. Am J Clin Nutr. 2000;72(5):1223-31.

78. Yu D, Sonderman J, Buchowski MS, McLaughlin JK, Shu XO, Steinwandel M, et al. Healthy Eating and Risks of Total and Cause-Specific Death among Low-Income Populations of African-Americans and Other Adults in the Southeastern United States: A Prospective Cohort Study. PLoS Med. 2015;12(5):e1001830; discussion e.

79. Conway BN, Han X, Munro HM, Gross AL, Shu XO, Hargreaves MK, et al. The obesity epidemic and rising diabetes incidence in a low-income racially diverse southern US cohort. PLoS One. 2018;13(1):e0190993.

80. Tait CA, L'Abbé MR, Smith PM, Watson T, Kornas K, Rosella LC. Adherence to Predefined Dietary Patterns and Risk of Developing Type 2 Diabetes in the Canadian Adult Population. Can J Diabetes. 2020;44(2):175-83.e2.

81. Trichopoulou A, Kouris-Blazos A, Wahlqvist ML, Gnardellis C, Lagiou P, Polychronopoulos E, et al. Diet and overall survival in elderly people. Bmj. 1995;311(7018):1457-60.

82. Kouris-Blazos A, Gnardellis C, Wahlqvist ML, Trichopoulos D, Lukito W, Trichopoulou A. Are the advantages of the Mediterranean diet transferable to other populations? A cohort study in Melbourne, Australia. Br J Nutr. 1999;82(1):57-61.

83. Trichopoulou A, Orfanos P, Norat T, Bueno-de-Mesquita B, Ocké MC, Peeters PH, et al. Modified Mediterranean diet and survival: EPIC-elderly prospective cohort study. Bmj. 2005;330(7498):991.

84. Lagiou P, Trichopoulos D, Sandin S, Lagiou A, Mucci L, Wolk A, et al. Mediterranean dietary pattern and mortality among young women: a cohort study in Sweden. Br J Nutr. 2006;96(2):384-92.

85. Sjögren P, Becker W, Warensjö E, Olsson E, Byberg L, Gustafsson IB, et al. Mediterranean and carbohydrate-restricted diets and mortality among elderly men: a cohort study in Sweden. Am J Clin Nutr. 2010;92(4):967-74.

86. Tognon G, Rothenberg E, Eiben G, Sundh V, Winkvist A, Lissner L. Does the Mediterranean diet predict longevity in the elderly? A Swedish perspective. Age (Dordr). 2011;33(3):439-50.

87. van den Brandt PA. The impact of a Mediterranean diet and healthy lifestyle on premature mortality in men and women. Am J Clin Nutr. 2011;94(3):913-20.

88. Tognon G, Nilsson LM, Lissner L, Johansson I, Hallmans G, Lindahl B, et al. The Mediterranean diet score and mortality are inversely associated in adults living in the subarctic region. J Nutr. 2012;142(8):1547-53.

89. Tognon G, Lissner L, Sæbye D, Walker KZ, Heitmann BL. The Mediterranean diet in relation to mortality and CVD: a Danish cohort study. Br J Nutr. 2014;111(1):151-9.

90. Vormund K, Braun J, Rohrmann S, Bopp M, Ballmer P, Faeh D. Mediterranean diet and mortality in Switzerland: an alpine paradox? Eur J Nutr. 2015;54(1):139-48.

91. Stefler D, Malyutina S, Kubinova R, Pajak A, Peasey A, Pikhart H, et al. Mediterranean diet score and total and cardiovascular mortality in Eastern Europe: the HAPIEE study. Eur J Nutr. 2017;56(1):421-9.

92. Prinelli F, Yannakoulia M, Anastasiou CA, Adorni F, Di Santo SG, Musicco M, et al. Mediterranean diet and other lifestyle factors in relation to 20-year all-cause mortality: a cohort study in an Italian population. Br J Nutr. 2015;113(6):1003-11.

93. Park YM, Steck SE, Fung TT, Zhang J, Hazlett LJ, Han K, et al. Mediterranean diet and mortality risk in metabolically healthy obese and metabolically unhealthy obese phenotypes. Int J Obes (Lond). 2016;40(10):1541-9.

94. Bo S, Ponzo V, Goitre I, Fadda M, Pezzana A, Beccuti G, et al. Predictive role of the Mediterranean diet on mortality in individuals at low cardiovascular risk: a 12-year follow-up population-based cohort study. J Transl Med. 2016;14:91.

95. Bonaccio M, Di Castelnuovo A, Costanzo S, Persichillo M, De Curtis A, Donati MB, et al. Adherence to the traditional Mediterranean diet and mortality in subjects with diabetes. Prospective results from the MOLI-SANI study. Eur J Prev Cardiol. 2016;23(4):400-7.

96. Alvarez-Alvarez I, Zazpe I, Pérez de Rojas J, Bes-Rastrollo M, Ruiz-Canela M, Fernandez-Montero A, et al. Mediterranean diet, physical activity and their combined effect on all-cause mortality: The Seguimiento Universidad de Navarra (SUN) cohort. Prev Med. 2018;106:45-52.

97. Limongi F, Noale M, Gesmundo A, Crepaldi G, Maggi S. Adherence to the Mediterranean Diet and All-Cause Mortality Risk in an Elderly Italian Population: Data from the ILSA Study. J Nutr Health Aging. 2017;21(5):505-13.

98. Shvetsov YB, Harmon BE, Ettienne R, Wilkens LR, Le Marchand L, Kolonel LN, et al. The influence of energy standardisation on the alternate Mediterranean diet score and its association with mortality in the Multiethnic Cohort. Br J Nutr. 2016;116(9):1592-601.

99. Whalen KA, Judd S, McCullough ML, Flanders WD, Hartman TJ, Bostick RM. Paleolithic and Mediterranean Diet Pattern Scores Are Inversely Associated with All-Cause and Cause-Specific Mortality in Adults. J Nutr. 2017;147(4):612-20.

100. Cárdenas-Fuentes G, Subirana I, Martinez-Gonzalez MA, Salas-Salvadó J, Corella D, Estruch R, et al. Multiple approaches to associations of physical activity and adherence to the Mediterranean diet with all-cause mortality in older adults: the PREvención con DIeta MEDiterránea study. Eur J Nutr. 2019;58(4):1569-78.

101. Warensjö Lemming E, Byberg L, Wolk A, Michaëlsson K. A comparison between two healthy diet scores, the modified Mediterranean diet score and the Healthy Nordic Food Index, in relation to all-cause and cause-specific mortality. Br J Nutr. 2018;119(7):836-46.

102. Panagiotakos DB, Pitsavos C, Chrysohoou C, Skoumas I, Stefanadis C. Five-year incidence of cardiovascular disease and its predictors in Greece: the ATTICA study. Vasc Med. 2008;13(2):113-21.

103. Buckland G, González CA, Agudo A, Vilardell M, Berenguer A, Amiano P, et al. Adherence to the Mediterranean diet and risk of coronary heart disease in the Spanish EPIC Cohort Study. Am J Epidemiol. 2009;170(12):1518-29.

104. Fung TT, Rexrode KM, Mantzoros CS, Manson JE, Willett WC, Hu FB. Mediterranean diet and incidence of and mortality from coronary heart disease and stroke in women. Circulation. 2009;119(8):1093-100.

105. Chrysohoou C, Panagiotakos DB, Aggelopoulos P, Kastorini CM, Kehagia I, Pitsavos C, et al. The Mediterranean diet contributes to the preservation of left ventricular systolic function and to the long-term favorable prognosis of patients who have had an acute coronary event. Am J Clin Nutr. 2010;92(1):47-54.

106. Gardener H, Wright CB, Gu Y, Demmer RT, Boden-Albala B, Elkind MS, et al. Mediterranean-style diet and risk of ischemic stroke, myocardial infarction, and vascular death: the Northern Manhattan Study. Am J Clin Nutr. 2011;94(6):1458-64.

107. Martínez-González MA, García-López M, Bes-Rastrollo M, Toledo E, Martínez-Lapiscina EH, Delgado-Rodriguez M, et al. Mediterranean diet and the incidence of cardiovascular disease: a Spanish cohort. Nutr Metab Cardiovasc Dis. 2011;21(4):237-44.

108. Menotti A, Alberti-Fidanza A, Fidanza F. The association of the Mediterranean Adequacy Index with fatal coronary events in an Italian middle-aged male population followed for 40 years. Nutr Metab Cardiovasc Dis. 2012;22(4):369-75.

109. Misirli G, Benetou V, Lagiou P, Bamia C, Trichopoulos D, Trichopoulou A. Relation of the traditional Mediterranean diet to cerebrovascular disease in a Mediterranean population. Am J Epidemiol. 2012;176(12):1185-92.

110. Dilis V, Katsoulis M, Lagiou P, Trichopoulos D, Naska A, Trichopoulou A. Mediterranean diet and CHD: the Greek European Prospective Investigation into Cancer and Nutrition cohort. Br J Nutr. 2012;108(4):699-709.

111. Hoevenaar-Blom MP, Nooyens AC, Kromhout D, Spijkerman AM, Beulens JW, van der Schouw YT, et al. Mediterranean style diet and 12-year incidence of cardiovascular diseases: the EPIC-NL cohort study. PLoS One. 2012;7(9):e45458.

112. Tognon G, Lissner L, Sæbye D, Walker KZ, Heitmann BL. The Mediterranean diet in relation to mortality and CVD: a Danish cohort study. Br J Nutr. 2013;111(1):151-9.

113. Hoevenaar-Blom MP, Spijkerman AM, Boshuizen HC, Boer JM, Kromhout D, Verschuren WM. Effect of using repeated measurements of a Mediterranean style diet on the strength of the association with cardiovascular disease during 12 years: the Doetinchem Cohort Study. Eur J Nutr. 2014;53(5):1209-15.

114. Knoops KT, de Groot LC, Kromhout D, Perrin AE, Moreiras-Varela O, Menotti A, et al. Mediterranean diet, lifestyle factors, and 10-year mortality in elderly European men and women: the HALE project. Jama. 2004;292(12):1433-9.

115. Mitrou PN, Kipnis V, Thiébaut AC, Reedy J, Subar AF, Wirfält E, et al. Mediterranean dietary pattern and prediction of all-cause mortality in a US population: results from the NIH-AARP Diet and Health Study. Arch Intern Med. 2007;167(22):2461-8.

116. Buckland G, Agudo A, Travier N, Huerta JM, Cirera L, Tormo MJ, et al. Adherence to the Mediterranean diet reduces mortality in the Spanish cohort of the European Prospective Investigation into Cancer and Nutrition (EPIC-Spain). Br J Nutr. 2011;106(10):1581-91.

117. Hodge AM, English DR, Itsiopoulos C, O'Dea K, Giles GG. Does a Mediterranean diet reduce the mortality risk associated with diabetes: evidence from the Melbourne Collaborative Cohort Study. Nutr Metab Cardiovasc Dis. 2011;21(9):733-9.

118. Lopez-Garcia E, Rodriguez-Artalejo F, Li TY, Fung TT, Li S, Willett WC, et al. The Mediterranean-style dietary pattern and mortality among men and women with cardiovascular disease. Am J Clin Nutr. 2014;99(1):172-80.

119. Abiemo EE, Alonso A, Nettleton JA, Steffen LM, Bertoni AG, Jain A, et al. Relationships of the Mediterranean dietary pattern with insulin resistance and diabetes incidence in the Multi-Ethnic Study of Atherosclerosis (MESA). Br J Nutr. 2013;109(8):1490-7.

120. Dominguez LJ, Bes-Rastrollo M, de la Fuente-Arrillaga C, Toledo E, Beunza JJ, Barbagallo M, et al. Similar prediction of total mortality, diabetes incidence and cardiovascular events using relative- and absolute-component Mediterranean diet score: the SUN cohort. Nutr Metab Cardiovasc Dis. 2013;23(5):451-8.

121. Romaguera D, Guevara M, Norat T, Langenberg C, Forouhi NG, Sharp S, et al. Mediterranean diet and type 2 diabetes risk in the European Prospective Investigation into Cancer and Nutrition (EPIC) study: the InterAct project. Diabetes Care. 2011;34(9):1913-8.

122. Jacobs S, Harmon BE, Boushey CJ, Morimoto Y, Wilkens LR, Le Marchand L, et al. A priori-defined diet quality indexes and risk of type 2 diabetes: the Multiethnic Cohort. Diabetologia. 2015;58(1):98-112.

123. Rossi M, Turati F, Lagiou P, Trichopoulos D, Augustin LS, La Vecchia C, et al. Mediterranean diet and glycaemic load in relation to incidence of type 2 diabetes: results from the Greek cohort of the population-based European Prospective Investigation into Cancer and Nutrition (EPIC). Diabetologia. 2013;56(11):2405-13.