**Supplemental Table 1 Summary of Findings Table**

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| **Patients with schizophrenia and the risk of lung cancer** | | | |
| **Patient or population: Schizophrenic patients versus general population Settings: Clinically diagnosed patients with schizophrenia Exposure: Schizophrenia** | | | |
| **Outcomes** | **Relative effect (95% CI)** | **No of Participants (studies)** | **Quality of the evidence (GRADE)** |
| **Lung cancer risk National Cancer Registries Follow-up: 10~29 years** | **SIR 1.11  (0.9 to 1.37)** | **496265 (12 studies)** | **⊕⊝⊝⊝ very low1,2,3** |
| **\*The corresponding risk (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI). CI: Confidence interval;** | | | |
| **GRADE Working Group grades of evidence High quality: Further research is very unlikely to change our confidence in the estimate of effect. Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate. Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate. Very low quality: We are very uncertain about the estimate.** | | | |

**Footnotes**

**1 Inconsistency: A considerable heterogeneity was detected which could not be explained by gender difference or whether lung cancer cases before the diagnosis of schizophrenia was excluded.**

**2 Indirectness: the validity of the diagnostic criteria of schizophrenia and confirmation of lung cancer outcomes were not consistently reported in registries.**

**3 Imprecision: 95% confidence interval around the pooled or best estimate of effect includes both 1) no effect and 2) appreciable benefit or appreciable harm.**