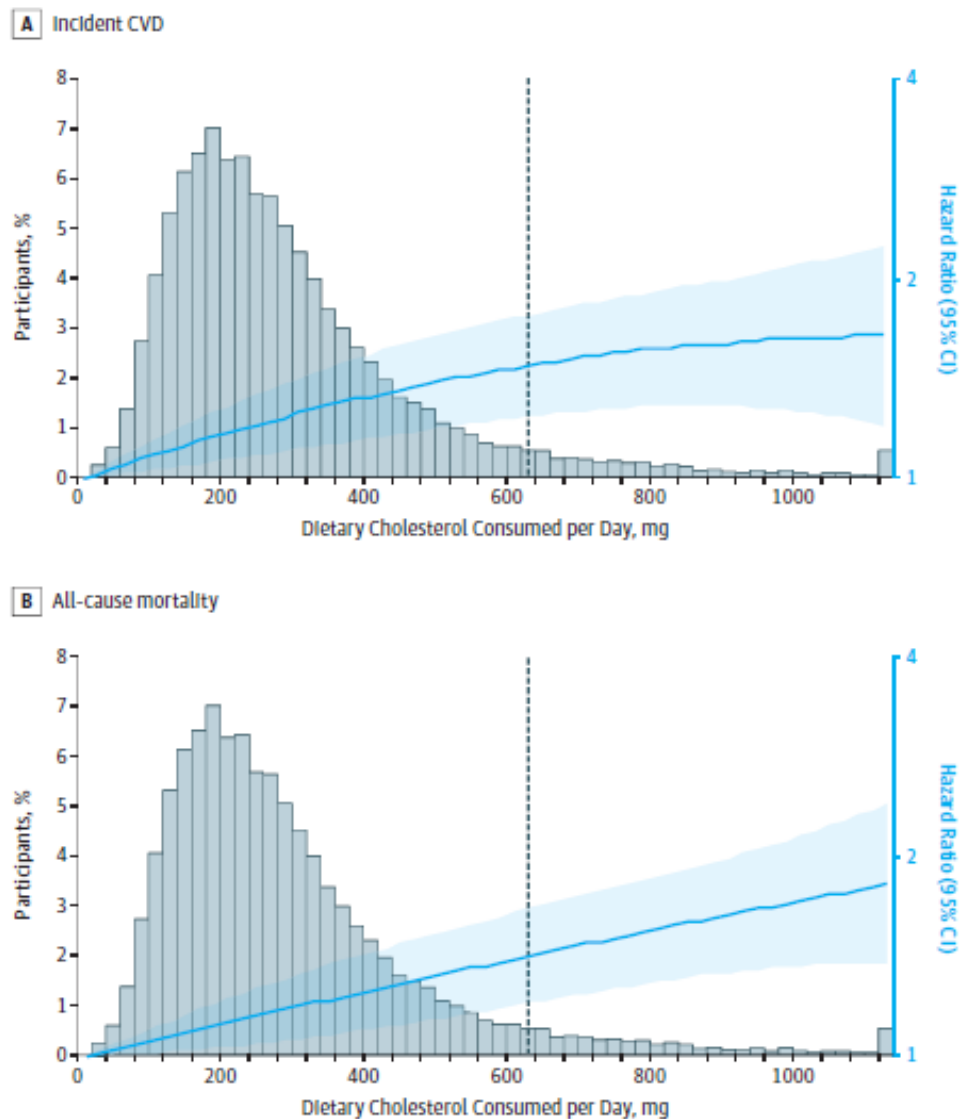


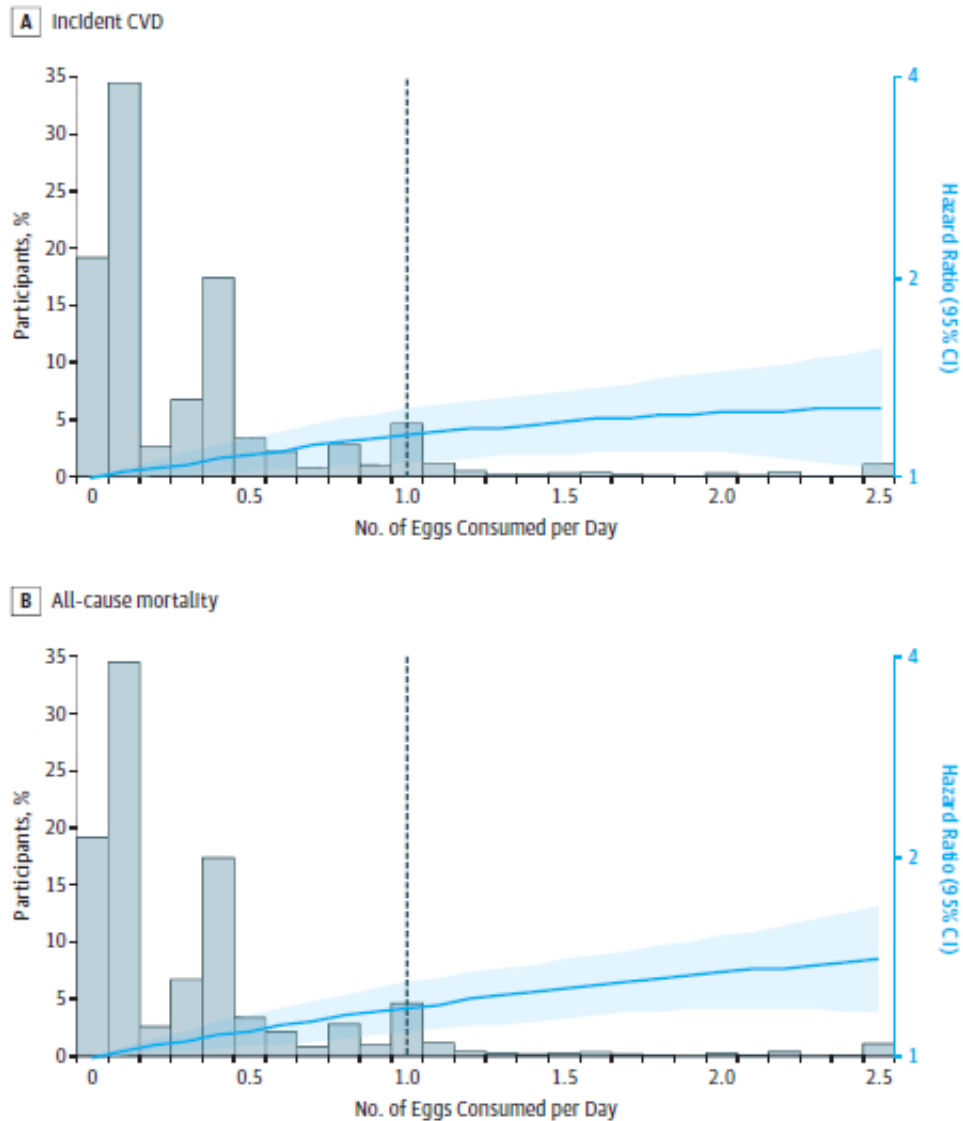
Figure 1. Associations Between Dietary Cholesterol Consumption and Incident CVD and All-Cause Mortality



There were 5400 incident cardiovascular disease (CVD) events and 6132 all-cause deaths ($N=29\ 615$ participants). Incident CVD included fatal and nonfatal coronary heart disease, stroke, heart failure, and other CVD deaths. Cohort-stratified cause-specific hazard models for incident CVD and standard proportional hazard models for all-cause mortality were applied and included dietary cholesterol, dietary cholesterol squared, age, sex, race/ethnicity (white, black, Hispanic, Chinese), education (<high school, high school, \geq some college), total energy, smoking status (current, former, never), smoking pack-years (0, 0.1-4.9, 5.0-9.9, 10-19.9, 20-29.9, 30-39.9, \geq 40), cohort-specific physical activity z score, alcohol consumption (gram), and use of hormone therapy (y/n). The dashed line indicates the cutoff for the 95th percentile of consumption (640 mg/d). The distribution of dietary cholesterol was winsorized at the 0.5 and 99.5 percentiles. For quadratic cholesterol consumption term for incident CVD, P value = .19, and for quadratic cholesterol consumption term for all-cause mortality, P value = .83. The hazard ratio (HR [95% CI]) is indicated by the blue line and blue shading.

ブルーの線がコレステロール摂取が増えると心血管疾患が増加する事を示します。

Figure 3. Associations Between Egg Consumption and Incident CVD and All-Cause Mortality



There were 5400 incident cardiovascular disease (CVD) events and 6132 all-cause deaths (N=29 615 participants). See the Figure 1 footnote for conditions included in the incident CVD definition. Cohort-stratified cause-specific hazard models for incident CVD and standard proportional hazard models for all-cause mortality were applied and included egg consumption, egg consumption squared, age, sex, race/ethnicity (white, black, Hispanic, Chinese), education (<high school, high school, ≥some college), total energy, smoking status (current, former, never), smoking pack-years (0, 0.1-4.9, 5.0-9.9, 10-19.9, 20-29.9, 30-39.9, ≥40), cohort-specific physical activity z score, alcohol consumption (gram), and use of hormone therapy (y/n). The dashed line indicates the cutoff for the 95th percentile of consumption (1 egg/d). For the association between egg consumption and all-cause mortality, cohort- and sex-stratified standard proportional hazard models were used to satisfy proportional hazards assumption. The distribution of egg consumption was winsorized at the 0.5 and 99.5 percentiles. For quadratic egg consumption term for incident CVD, P value = .34, and for quadratic egg consumption term for all-cause mortality, P value = .48. The hazard ratio (HR [95% CI]) is indicated by the blue line and blue shading.

ブルーの線は卵の摂取と心血管疾患との関係です。