



Figures and figure supplements

Associations of combined phenotypic aging and genetic risk with incident cancer:
A prospective cohort study

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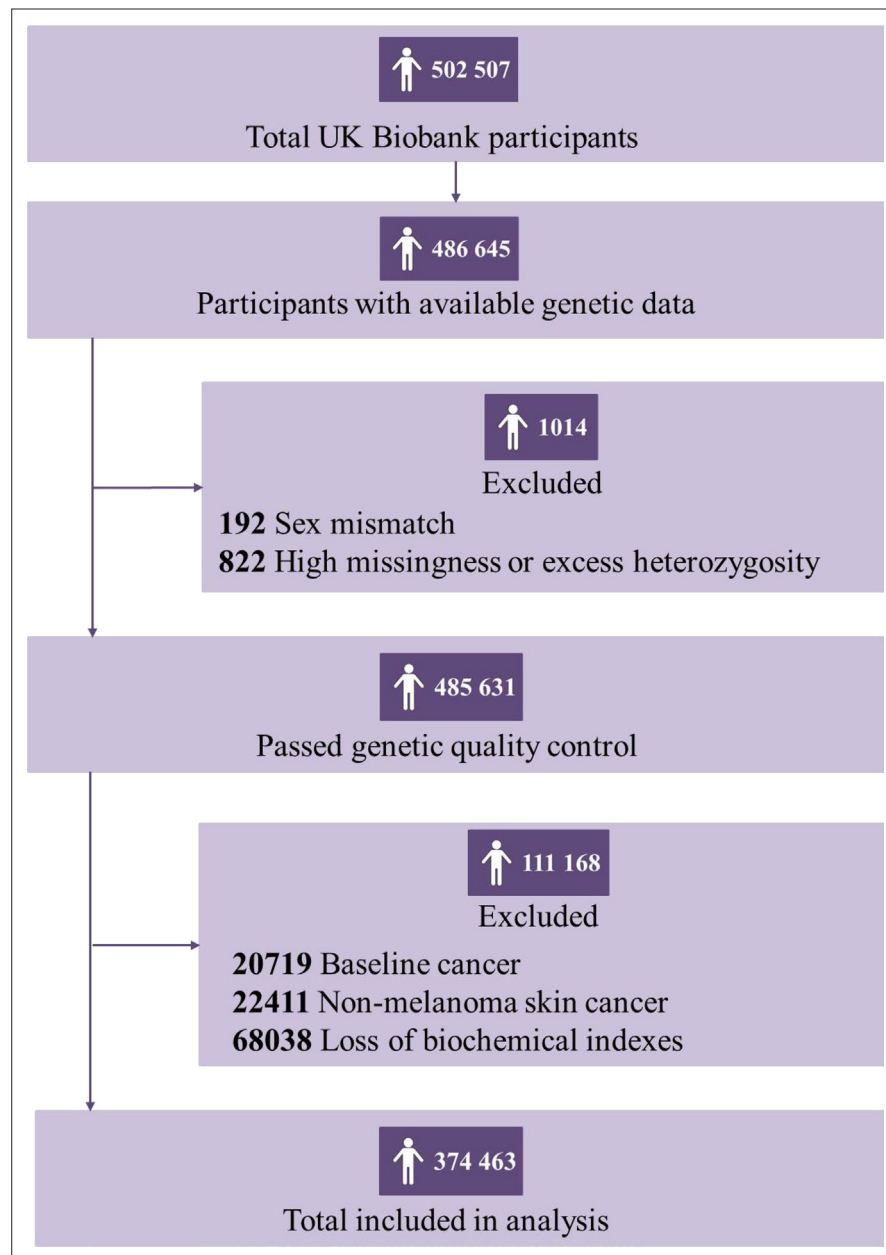


Figure 1. Flowchart for filtering participants from the UK Biobank cohort. Participants who had withdrawn their consent, had been diagnosed with cancer before baseline, failed to be genotyped, reported a mismatch sex with genetic data, or with missing data on Phenotypic Age (PhenoAge) were excluded.

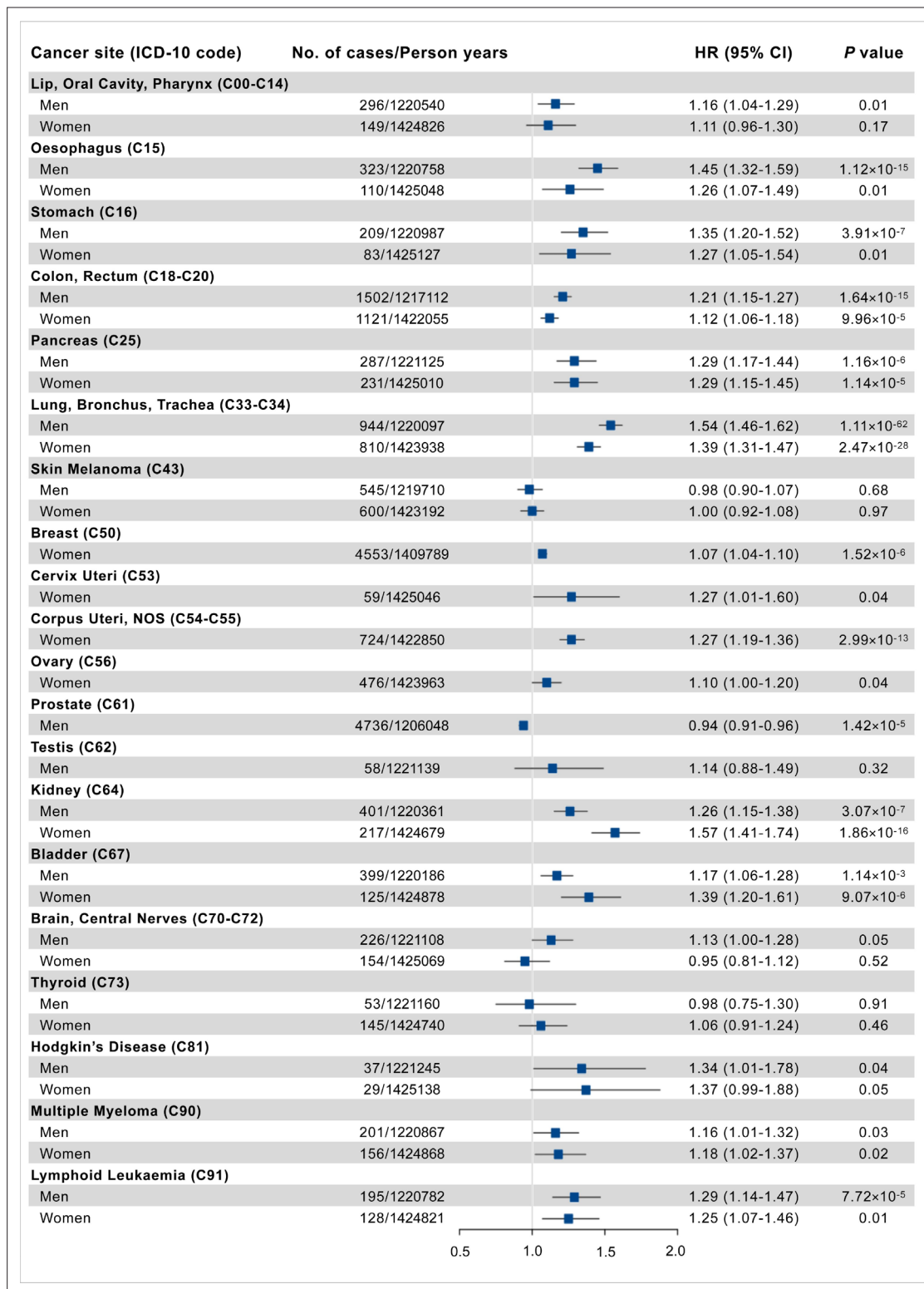


Figure 2. Association results of Phenotypic Age Acceleration (PhenoAgeAccel) with site-specific cancer risk per 5 years increased. Cox proportional hazards regression adjusted for age, height, cancer family history, Townsend deprivation index at recruitment, and the first 10 principal components of ancestry. Error bars are 95% confidence intervals (CIs).

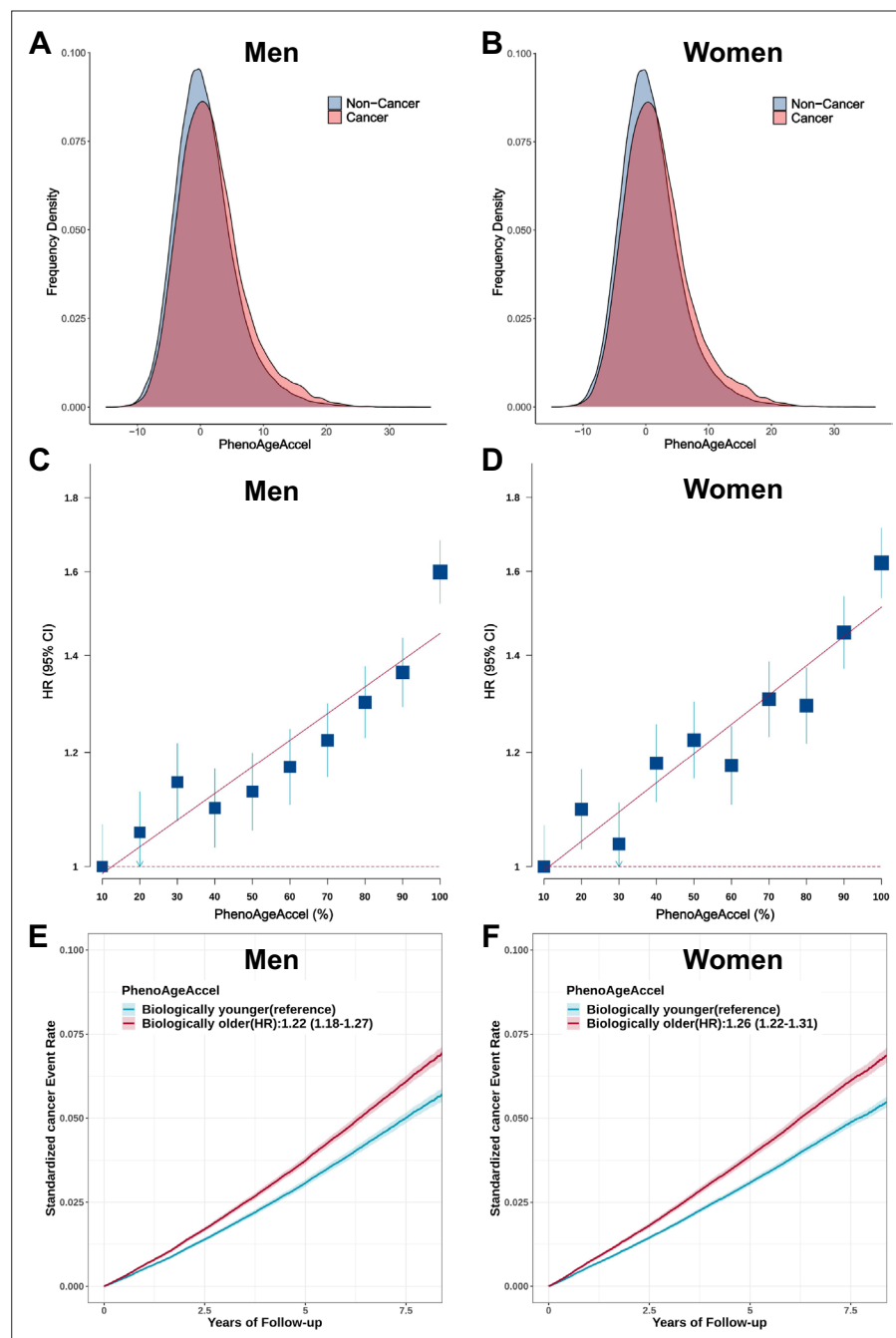


Figure 3. Effect of Phenotypic Age Acceleration (PhenoAgeAccel) on the risk of incident cancer in the UK Biobank. The distribution of PhenoAgeAccel between participants with incident cancer and those without incident cancer in the UK Biobank for men (A) and women (B). Participants in the UK Biobank were divided into ten equal groups according to the PhenoAgeAccel for men (C) and women (D), and the hazard ratios (HRs) of each group were compared with those in the bottom decile of PhenoAgeAccel. Error bars are 95% confidence intervals (CIs). Standardized rates of cancer events in younger and older PhenoAge groups in the UK Biobank for men (E) and women (F). HRs and 95% CIs were estimated using Cox proportional hazard models with adjustment for age, height, family history of cancer, Townsend deprivation index, and the first 10 principal components of ancestry. Shaded areas are 95% CIs.

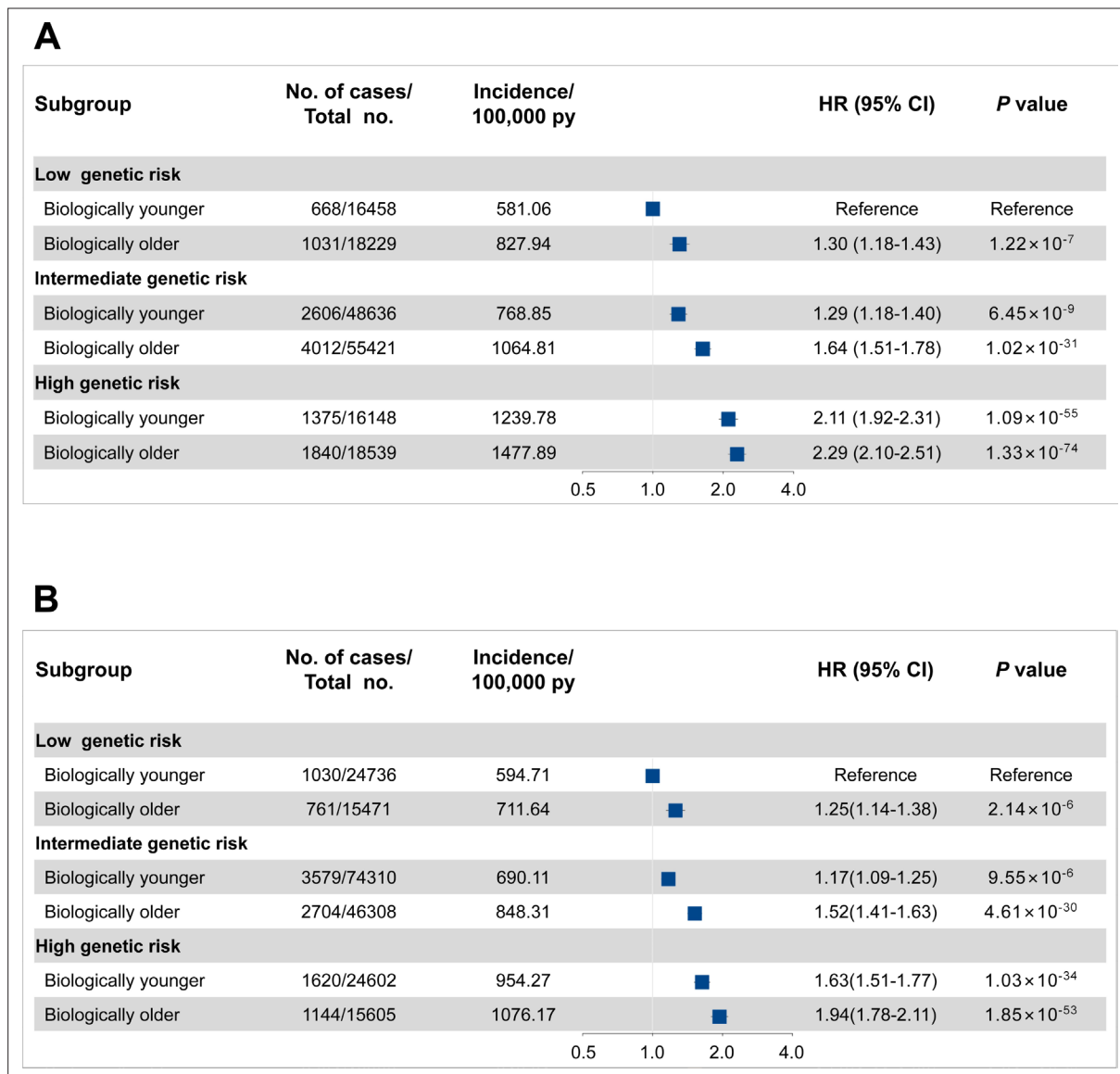


Figure 4. Risk of incident cancer according to genetic and Phenotypic Age Acceleration (PhenoAgeAccel) categories in the UK Biobank for men (A) and women (B). The hazard ratios (HRs) were estimated using Cox proportional hazard models with adjustment for age, height, family history of cancer, Townsend deprivation index, and the first 10 principal components of ancestry. Participants were divided into younger and older PhenoAge under different genetic risk groups. Error bars are 95% confidence intervals (CIs).

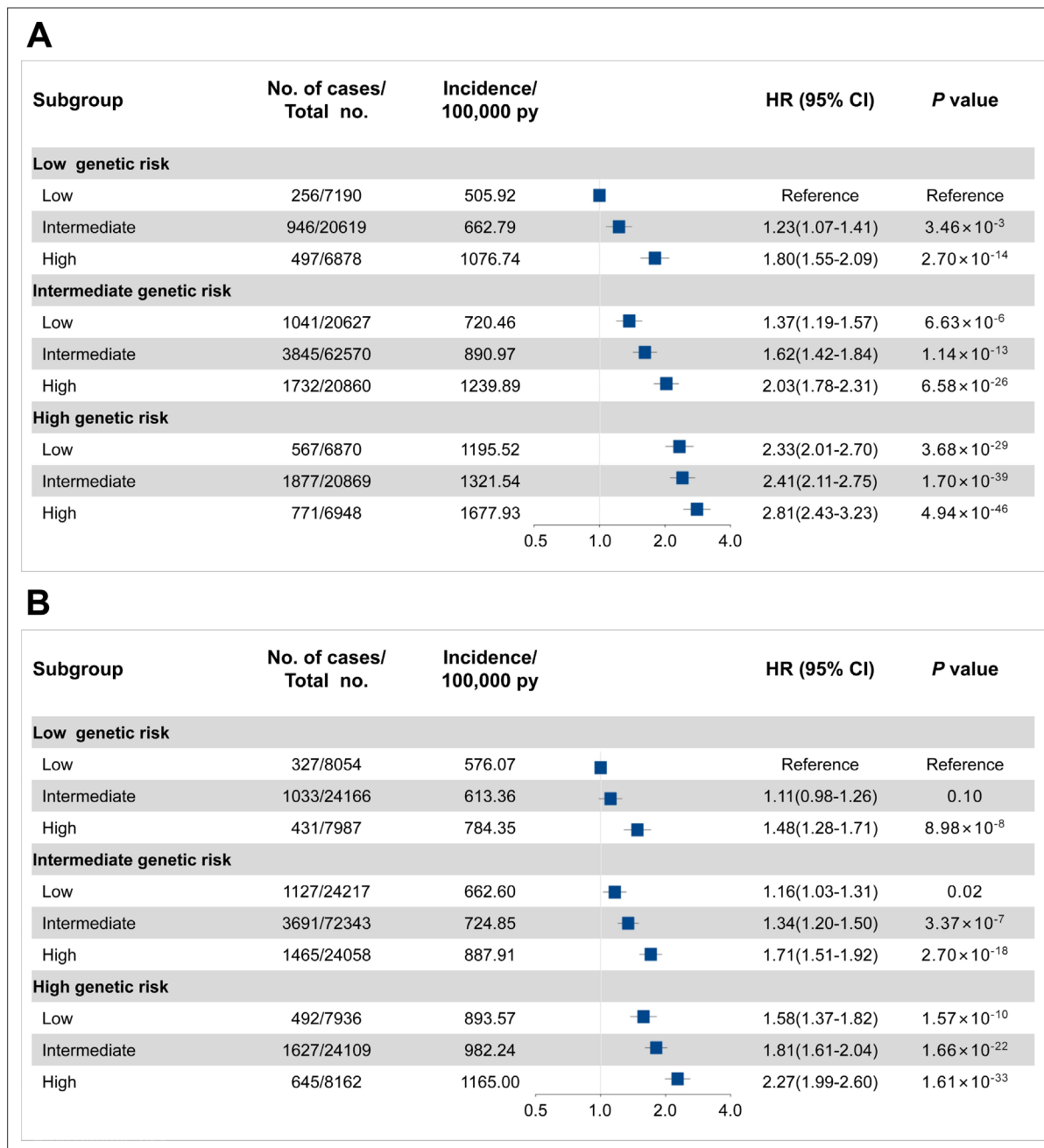


Figure 4—figure supplement 1. Risk of incident cancer according to genetic and Phenotypic Age Acceleration (PhenoAgeAccel) categories (quintiles) in the UKB cohort for men (A) and women (B). The hazard ratios (HRs) were estimated using Cox proportional hazard models with adjustment for age, height, family history of cancer, Townsend deprivation index, and the first 10 principal components of ancestry. Participants were divided into low (the bottom quintile of PhenoAgeAccel), intermediate (quintiles 2–4), and high (the top quintile) accelerated aging under different genetic risk groups. Error bars are 95% confidence intervals (CIs).

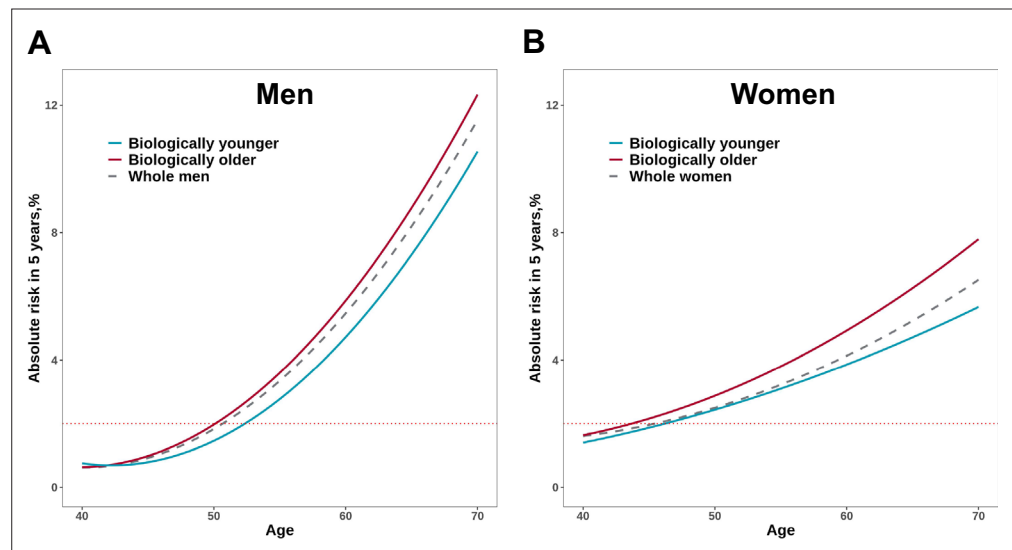


Figure 5. Absolute risk estimates of overall cancer based on the UK Biobank for men (A) and women (B). The x-axis is chronological age. The curves describe the average risk of participants in younger and older Phenotypic Age (PhenoAge) groups. The dashed curve represents the average risk of the whole population at different ages. The red horizontal dotted line represents 2% of 5 year absolute risks of overall cancer.