Supplementary Table 2. Characteristics of studies included in the meta-analysis of vitamin C intake and breast cancer survival.

| Author | Country | Study type | Follow-up period (year) | Age (year) | No. of cases/deaths/recurrence | Estimation target | Vitamin C Intake (mg/day) | Adjusted HR(95%CI) | Adjustment factors |
|--------|---------|------------|-------------------------|-----------|-------------------------------|------------------|---------------------------|--------------------|-------------------|
| Harris 2013 | Sweden | Cohort | 7.8 | Mean | 3405/1055 | >92.5 vs <42.9 Highest / Lowest | 0.84 (0.71–1.00) | 0.75 (0.57–0.99) | Age, energy intake, education level, marital status, menopausal status at diagnosis, body mass index, alcohol intake and calendar year of diagnosis. |
| Poole 2013 | USA | Cohort | 5 | Mean, 54.8 | 10222/659 | Death From All Causes | Highest/Lowest | 0.87 (0.73–1.03) | Age at diagnosis, exercise, stage, treatment, BMI, smoking, menopausal status, race |
| Greenlee 2012 | USA | Cohort | 10 | 18-79 | 2264/214 | Death From All Causes | Highest/Lowest | 0.71 (0.54–0.92) | Age at diagnosis, race/ethnicity, education, breast cancer stage at diagnosis, number positive lymph nodes, tumor hormone receptor status, chemotherapy received, radiation therapy received, hormone therapy received, body mass index 1 year before diagnosis, smoking history at enrollment, alcohol consumption at enrollment, physical activity at enrollment, daily servings of fruits and vegetables at enrollment, and comorbidity score at enrollment |
| Nechuta 2011 | China | Cohort | 4.1 | 20-75 | 4877/444 | Death From All Causes | Highest / Lowest | 0.81 (0.61–1.07) | Age, ER/PR status, TNM stage, chemotherapy, radiotherapy, tamoxifen use, education, income, BMI, regular tea consumption, regular exercise participation, daily cruciferous vegetable intake, daily soy protein intake, and other vitamin variables |
| Saquib 2011 | USA | Cohort | 9 | 53 | 3081/412 | Death From All Causes | Highest/Lowest | 1.1 (0.79–1.6) | Age at randomization, tumor stage, tumor grade, time since diagnosis, BMI, smoking, randomization group, hot flashes, group by hot flash interaction, and physical health |
| Rohan 2009 | Australia | Case-control | - | 20-74 | 412/412 | Death From Breast Cancer | >234 vs ≤71 | 0.74 (0.42–1.30) | Age at menarche, Quetelet index, age at 1st live birth, energy, education, history of benign breast disease, menopausal status, height, weight, ER/PR status |
| McEligot 2006 | USA | Cohort | 1 | Mean, 65 | 516/96 | Death From All Causes | Q3 vs Q1 | 0.45 (0.25–0.78) | Age at diagnosis, stage of disease, body mass index, parity, hormone replacement therapy use, alcohol use, multivitamin use, and energy intake, micronutrients |
| Study     | Country | Cohort | Cases/Deaths | Death From | Analysis | HR (95% CI) | Risk Factors                                                                 |
|-----------|---------|--------|--------------|------------|----------|-------------|--------------------------------------------------------------------------------|
| Maynard   | UK      | 2002   | 8 NA 101/36  | Death From Breast Cancer | Highest/Lowest | 0.58 (0.19–1.84) | Age, and energy intake, BMI, family history of breast cancer, smoking status |
| Holmes    | USA     | 1999   | 13 Mean 1.54 | Death From All Causes | Q5 vs Q1 | 0.80 (0.58–1.10) | Age, diet interval, calendar year of diagnosis, body mass index, oral contraceptive use, menopausal status, postmenopausal hormone use, smoking, age at first birth and parity, number of metastatic lymph nodes, and tumor size |
| Jain      | Canada  | 1994   | 5 40-59 673/76 | Death From Breast Cancer | >201.3 vs ≤10.7 | 0.43 (0.21–0.86) | Total energy, age at diagnosis, smoking, and body weight |

Abbreviations: HR, hazard risk; CI=confidence interval; Ref, reference; NO. of cases/deaths/recurrence, number of cases/deaths/recurrence; BMI=body mass index (kg/m^2); ER, estrogen receptor; PR, progesterone receptor; TNM, tumor, Node, Metastasis.

*The HRs of all studies used the lowest category of vitamin C intake levels as a reference in the meta-analysis.*