S12 Fig. Pooled hazard ratios for association between weight loss strategies and the incidence of type 2 diabetes stratified by baseline abdominal obesity status.

<table>
<thead>
<tr>
<th>Baseline Status</th>
<th>Weight Loss Strategies</th>
<th>Cases/Person-year</th>
<th>Adjusted for Age</th>
<th>Adjusted for Multiple Covariates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Without abdominal obesity</strong></td>
<td>Reference</td>
<td>987/553,456</td>
<td>1.00 (ref.)</td>
<td>1.00 (ref.)</td>
</tr>
<tr>
<td></td>
<td>LCD</td>
<td>554/142,531</td>
<td>2.09 (1.88-2.32)</td>
<td>* 1.25 (1.11-1.40)*</td>
</tr>
<tr>
<td></td>
<td>Exercise</td>
<td>293/141,212</td>
<td>1.48 (1.30-1.69)</td>
<td>* 1.02 (0.88-1.18)</td>
</tr>
<tr>
<td></td>
<td>LCD &amp; Exercise</td>
<td>1,131/357,519</td>
<td>1.84 (1.69-2.00)</td>
<td>* 1.15 (1.05-1.26)*</td>
</tr>
<tr>
<td></td>
<td>Fasting</td>
<td>485/150,487</td>
<td>2.02 (1.81-2.26)</td>
<td>* 1.30 (1.15-1.46)*</td>
</tr>
<tr>
<td></td>
<td>CWLP</td>
<td>1,242/283,505</td>
<td>2.65 (2.43-2.88)</td>
<td>* 1.36 (1.23-1.50)*</td>
</tr>
<tr>
<td></td>
<td>Pill</td>
<td>92/21,486</td>
<td>2.93 (2.36-3.63)</td>
<td>* 1.69 (1.34-2.12)*</td>
</tr>
<tr>
<td></td>
<td>FCP</td>
<td>215/48,767</td>
<td>3.03 (2.61-3.52)</td>
<td>* 1.49 (1.28-1.74)*</td>
</tr>
<tr>
<td><strong>Abdominal obesity</strong></td>
<td>Reference</td>
<td>463/47,540</td>
<td>1.00 (ref.)</td>
<td>1.00 (ref.)</td>
</tr>
<tr>
<td></td>
<td>LCD</td>
<td>690/52,710</td>
<td>1.33 (1.18-1.50)</td>
<td>* 1.03 (0.90-1.18)</td>
</tr>
<tr>
<td></td>
<td>Exercise</td>
<td>287/28,987</td>
<td>1.10 (0.95-1.28)</td>
<td>0.94 (0.80-1.10)</td>
</tr>
<tr>
<td></td>
<td>LCD &amp; Exercise</td>
<td>1,031/96,663</td>
<td>1.10 (0.98-1.23)</td>
<td>0.96 (0.85-1.08)</td>
</tr>
<tr>
<td></td>
<td>Fasting</td>
<td>495/41,339</td>
<td>1.26 (1.11-1.43)</td>
<td>* 1.02 (0.88-1.17)</td>
</tr>
<tr>
<td></td>
<td>CWLP</td>
<td>1,724/137,124</td>
<td>1.31 (1.18-1.45)</td>
<td>* 1.06 (0.94-1.18)</td>
</tr>
<tr>
<td></td>
<td>Pill</td>
<td>96/7,940</td>
<td>1.33 (1.07-1.67)</td>
<td>* 1.09 (0.87-1.38)</td>
</tr>
<tr>
<td></td>
<td>FCP</td>
<td>364/28,344</td>
<td>1.40 (1.22-1.61)</td>
<td>* 1.05 (0.91-1.22)</td>
</tr>
</tbody>
</table>

Hazard ratios and 95% confidence intervals (CIs) were calculated using Cox proportional-hazards model. Multivariable model was adjusted for cohort (Health Professionals Follow-up Study, Nurses’ Health Study, or Nurses’ Health Study II), age (in months, continuous), ethnicity (white, African American, Asian, or other), baseline body mass index (in kg/m², continuous), baseline waist circumference (in cm, continuous), physical activity (in quintiles), television watching (0-1, 2-5, 6-10, 11-20, or >20 hour/week), smoking status (never, past, or current smokers), alcohol intake (0, <5.0, 5.0-9.9, 10.0-14.9, 15.0-29.9, or >30.0 gram/day), hypertension (yes or no), hypercholesterolemia (yes or no), family history of diabetes (yes or no), multivitamin use (yes or no), Alternative Healthy Eating Index score (in quintiles), and total energy intake (in quintiles) before weight loss. P for interaction for overall and individual weight loss strategies were less than 0.001. The asterisk indicated that the false discovery rate was less than 0.05. Abbreviations: CWLP, commercial weight loss program; FCP, select at least two strategies among fasting, CWLP, and pill; LCD, low-calorie diet.