Substitution of red meat with legumes and risk of primary liver cancer in 126,744 UK Biobank participants: a prospective cohort study

true

2024-04-16

### Abstract

Objective:

Research Design and Methods:

Results:

Conclusions:

## Introduction

# Research Design and Methods

## Study population

The UK Biobank, a population-based prospective cohort, were initiated in 2006. [1] During 2006-2010, more than 500,000 participants, aged 40-69, were recruited and assessed at designated assessment centres across the UK. Data on sociodemographic factors (education, ethnicity, Townsend deprivation Index) and lifestyle factors (smoking, alcohol consumption, physical activity) were collected via touch screen questionnaires and computer-assisted interviews. Anthropometric data (BMI, waist circumference) were collected via physical measurements (reference to UKB document here).

### Dietary assessment

A web-based diet questionnaire was administered at the end of the initial assessment visit for the last 70,000 recruited participants (reference from UKB document here). In the period February 2011 to April 2012, 320,000 participants who had provided an e-mail address were invited on four separate occasions to complete the diet questionnaire, of which 210,947 participants completed at least one. The questionnaire comprised the Oxford WebQ, an online 24-hour dietary recall assessment tool covering 206 foods and 32 beverages commonly consumed in the UK with intake categories ranging from 0 to +3 units of measurement (e.g. servings, cups, slices). [2] The Oxford WebQ has been validated with interviewer-based 24-hour recalls and biomarkers [3, 4].

Researchers classified 79 food groups and 14 beverage groups from the Oxford WebQ food groups using UK National Diet and Nutrition Survey (NDNS) categories [3, 4]. We used this classification to categorise intake of foods groups to match our substitution analysis. Legume intake was defined as intake of dietary pulses, baked beans, tofu-based products, peas, hummus, soy drinks, and soy-based desserts and yoghurt;

red meat intake was defined as intake of beef, pork, lamb, or other meat, including offal. Processed meat intake was defined as sausages, bacon (with and without fat), ham, or liver pate. Other food groups included were animal-based foods, unhealthy plant-based foods, healthy plant-based foods, and alcoholic beverages (supplemental table 1). animal-based and plant-based food groups were calculated in line with previous studies that used these food categories to construct a healthy plant-based diet index and an unhealthy plant-based diet index [5–8]. An overview of included foods in each food group is displayed in supplemental table 1.

Due to the incapability of a single 24-hour dietary recall evaluation to properly assess variation in diet over time (reference to nutritional epi methods here?), only participants who completed two or more questionnaires were eligible for inclusion in our study (reference to nutritional epi methods that two 24-hour recall is sufficient to capture variation in diet here?).

#### Liver cancer assessment

Liver cancer was defined according to ICD-10 diagnosis codes C22.0 Hepatocellular carcinoma (HCC) or C22.1 Intrahepatic cholangiocarcinoma (ICC). Incident and prevalent cases of liver cancer and corresponding diagnosis dates were obtained via linkage to central cancer registers or hospital inpatient episodes [1].

#### Assessment of confounders

Confounders were defined a priori from a literature review of diet components as exposure and liver cancer as the outcome and illustrated using directed acyclic graphs (supplemental fig. 1.). The following confounding variables were selected: age (years [continuous]), sex (male, female [categorical]), educational level (high: College or University degree, intermediate: A levels/AS levels, O levels/GCSEs, or equivalent, low: none of the previous mentioned [categorical]), Townsend Deprivation Index [continuous], Living alone (yes, no [categorical]), waist circumference (cm [continuous]), physical activity (above/below the 2017 UK Physical activity guidelines of 150 minutes of moderate activity per week or 75 minutes of vigorous activity, or missing data [categorical]), smoking (pack years as a proportion of lifespan exposed to smoking [continuous]), and alcohol intake (grams/day continuous). All confounders except age were selected from the initial assessment visit before the start of follow-up.

### The substitution model

Substitutions were carried out in an equal-mass manner, i.e., substituting x grams of red meats with x grams of legumes. The size of the substitution was set to 15 grams of legumes for 15 grams of red meats to keep the substitution size below the mean intake any of the substituted food groups in the cohort. Substitutions were modelled using the leave-one-out-approach in which variables for every food group along with a variable for total food intake are included, except the food group that are to be substituted [9]. To estimate substitution of 15 grams of all red meats with 15 grams of legumes, the following model was defined:

 $log(h(t;x)) = log(h(0;t)) + \beta_1 Legumes(15g) + \beta_2 Total food intake(g) + \beta_3 Other food groups(g) + \beta_4 Covariates$ 

When substituting red meat with legumes, processed meat was added to the model:

 $log(h(t;x)) = log(h(0;t)) + \beta_1 Legumes(15g) + \beta_2 Processed meat(15g) + \beta_3 Total food in take(g) + \beta_4 Other food groups(g) + \beta_5 Color food groups(g) +$ 

When substituting processed meat with legumes, red meat was added to the model:

 $log(h(t;x)) = log(h(0;t)) + \beta_1 Legumes(15q) + \beta_2 Redmeat(15q) + \beta_3 Total food intake(q) + \beta_4 Other food groups(q) + \beta_5 Covariat$ 

#### Statistical analysis

Multivariable-adjusted Cox proportional hazards regression models were used to estimate hazard ratios (HR) with corresponding 95% confidence intervals (CI) with age as the underlying timescale. Participants were followed from the date of their last completed diet questionnaire until the event of interest occurred or due to right censoring, whichever came first. Participants were right censored due to one of the following events occurring: death, loss to follow-up, or administrative end of follow-up (set to Jan 31, 2022). Two levels of adjustments were added to the substitution model. A crude model was minimally adjusted for age, total weight of food intake, and all other foods groups to fit the substitution model. The adjusted model was further adjusted for sex, educational level, Townsend Deprivation Index, living alone, physical activity, smoking, alcohol intake, and waist circumference.

A stratified analysis on each cancer type was performed to test whether pooling of HCC and ICC as an outcome was justified. Further, the following sensitivity analyses were performed to test the robustness of the main analysis:

- 1. Exclusion of high alcohol consumers (more than 32 grams per day for men and 24 grams per day for women), exclusion of food intake misreporters ( 3200 or 16800 kJ/day for men and 2000 or 14000 kJ/day for women), exclusion of participants with any other liver disease before baseline, exclusion of participants with any type of cancer before baseline, and exclusion of the first two years of follow-up.
- 2. Inclusion criteria for number of completed diet questionnaires were set to 3 completed questionnaires.
- 3. (Mangler)

To estimate the effect of legume intake regardless of other dietary components, legume consumers (divided into quartiles) were compared to non-consumers.

All analyses were conducted in R with a significance level of 5 %.

# Results

After excluding participants with liver cancer and participants lost to follow-up before baseline, 126,744 participants remained who had completed two or more diet questionnaires. During a median follow-up time of 11.3 years, 173 participants developed liver cancer. Baseline characteristics are displayed in table 1. Participants who developed liver cancer were older at baseline, had a higher waist circumference, were less physically active, fewer had never smoked, and more were male, compared to all included participants.

Mean daily energy intake and food intake and median daily intake of all specified food groups are presented in table 2.

Main results are presented in table 3. In the crude model, no association was found for substituting 15 grams of legumes per day with 15 grams of total meat, red meat, or processed meat per day and risk of primary liver cancer (total meat: HR: 0.98 (95% CI: 0.93, 1.04), red meat: HR: 0.97 (95% CI: 0.91-1.03) and processed meat: HR 1.02 (95% CI:0.93, 1.13)). the results did not change when with further adjustments (total meat: HR: 1.02 (95% CI: 0.96, 1.08), red meat: HR: 1.00 (95% CI: 0.94-1.07) and processed meat: HR: 1.09 (95% CI: 0.98, 1.20).

Estimates seemed to go in opposite directions when substituting total meat or red meat with legumes for risk of HCC (total meat: HR: 1.08 (95% CI: 0.99, 1.19), red meat: HR: 1,07 (95% CI: 0.97, 1.18) and processed meat: HR: 1.12 (95% CI: 0.97, 1.30)) and ICC (total meat: HR: 0.97 (95% CI: 0.90, 1.05), red meat: HR: 0.95 (95% CI: 0.87, 1.03) and processed meat: HR: 1.06 (95% CI: 0.92, 1.22)), but these trends were not statistically significant (supplementary table 2). Further, excluding high alcohol consumers or food intake misreporters or setting inclusion criteria to 3 completed diet questionnaires did not alter the estimates in any statistically significant way (supplementary tables 3 to 5). In the adjusted no substitution analysis, a mean intake of 6.3 grams of legumes per day was associated with a reduced risk of liver cancer, compared to no intake (HR: 0.59 (95% CI: 0.35, 0.98)); however, no associations were observed with further increase in legume intake (supplementary table 6).

# Conclusions

# Acknowledgements

## References

- 1. Sudlow C, Gallacher J, Allen N, et al (2015) UK Biobank: An Open Access Resource for Identifying the Causes of a Wide Range of Complex Diseases of Middle and Old Age. PLOS Medicine 12(3):e1001779. https://doi.org/10.1371/journal.pmed.1001779
- 2. Piernas C, Perez-Cornago A, Gao M, et al (2021) Describing a new food group classification system for UK biobank: analysis of food groups and sources of macro- and micronutrients in 208,200 participants. European Journal of Nutrition 60(5):2879–2890. https://doi.org/10.1007/s00394-021-02535-x
- 3. Liu B, Young H, Crowe FL, et al (2011) Development and evaluation of the Oxford WebQ, a low-cost, web-based method for assessment of previous 24 h dietary intakes in large-scale prospective studies. Public Health Nutrition 14(11):1998–2005. https://doi.org/10.1017/s1368980011000942
- 4. Greenwood DC, Hardie LJ, Frost GS, et al (2019) Validation of the Oxford WebQ Online 24-Hour Dietary Questionnaire Using Biomarkers. American Journal of Epidemiology 188(10):1858–1867. https://doi.org/10.1093/aje/kwz165
- 5. Thompson AS, Tresserra-Rimbau A, Karavasiloglou N, et al (2023) Association of Healthful Plant-based Diet Adherence With Risk of Mortality and Major Chronic Diseases Among Adults in the UK. JAMA Network Open 6(3):e234714. https://doi.org/10.1001/jamanetworkopen.2023.4714
- 6. Heianza Y, Zhou T, Sun D, Hu FB, Qi L (2021) Healthful plant-based dietary patterns, genetic risk of obesity, and cardiovascular risk in the UK biobank study. Clinical Nutrition 40(7):4694–4701. https://doi.org/10.1016/j.clnu.2021.06.018
- 7. Satija A, Bhupathiraju SN, Spiegelman D, et al (2017) Healthful and Unhealthful Plant-Based Diets and the Risk of Coronary Heart Disease in U.S. Adults. Journal of the American College of Cardiology 70(4):411–422. https://doi.org/10.1016/j.jacc.2017.05.047
- 8. Satija A, Bhupathiraju SN, Rimm EB, et al (2016) Plant-Based Dietary Patterns and Incidence of Type 2 Diabetes in US Men and Women: Results from Three Prospective Cohort Studies. PLOS Medicine 13(6):e1002039. https://doi.org/10.1371/journal.pmed.1002039
- 9. Ibsen DB, Laursen ASD, Würtz AML, et al (2021) Food substitution models for nutritional epidemiology. The American Journal of Clinical Nutrition 113(2):294–303. https://doi.org/10.1093/ajcn/nqaa315

## **Tables**

	All participants	Participants who developed liver cancer
Variable	$N = 126,744^{1}$	$N=173^{1}$
Typical diet yesterday <sup>2</sup>	73,213 (58%)	105 (61%)
$\mathbf{Age}$	60 (53, 65)	64.0 (60.0, 68.0)
Sex		
Female	70,659~(56%)	65~(38%)

Male	56,085 (44%)	108 (62%)
Educational level	, ,	` ,
High	59,416 (47%)	76 (44%)
Intermediate	41,817 (33%)	52 (30%)
Low	25,472 (20%)	45 (26%)
Missing	39	
Townsend Deprivation Index	-2.4 (-3.8, 0.0)	-2.6 (-3.7, -0.7)
Missing	149	
Living alone	22,658 (18%)	34 (20%)
Missing	171	
Physical activity $^3$		
Above	58,111 (46%)	61~(35%)
Below	50,712~(40%)	79~(46%)
Missing	17,921 (14%)	33 (19%)
Smoking		
Never	72,583 (57%)	75 (43%)
Ever	$54,122 \ (43\%)$	98 (57%)
Missing	39	
Alcohol intake $[g/day]$	$11\ (0,\ 26)$	$11\ (0,\ 29)$
Waist circumference [cm]	88 (79, 97)	98 (89, 107)
Missing	168	

 $<sup>^{1}</sup>$ n (%); Median (IQR)  $^{2}$  Participants who reported eating a typical diet yesterday for all completed diet questionnaires.  $^{3}$  Above or below the 2017 UK Physical activity guidelines of 150 minutes of moderate activity per week or 75 minutes of vigorous activity.

	Cohort	Liver cancer
Daily food intake	$N = 126,744^{1}$	$N = 173^{1}$
Total food intake [kJ/day] or [g/d	ay]	
Energy [kJ]	8,643 (2,171)	8,903 (2,281)
$\mathbf{Weight} \; [\mathbf{g}]$	3,210 (715)	3,221 (714)
Food groups [g/day]		
Legumes	11 (0, 34)	8 (0, 35)
Red and processed meat	53 (15, 86)	60 (30, 95)
Red meat	30(0,60)	45(0,73)
Processed meat	9(0,30)	8(0,31)
Other animal-based foods	475 (361, 603)	448 (322, 604)
Healthy plant-based foods	1,806 (1,454, 2,198)	$1,791 \ (1,365,\ 2,158)$
Unhealthy plant-based foods	472 (324, 662)	491 (365, 698)
Alcoholic beverages	132 (0, 342)	144 (0, 375)

<sup>1</sup>mean ( $\pm$ SD) for total energy and food intake; median (IQR) for food groups

	$\mathrm{Crude}^{1}$		Adjusted <sup>2</sup>	
$15~\mathrm{g/day~substitution}$	HR	95% CI	HR	95% CI
Legumes for total meat	0.98	0.93, 1.04	1.02	0.96, 1.08
Legumes for red meat	0.97	0.91, 1.03	1.00	0.94, 1.07
Legumes for processed meat	1.02	0.93, 1.13	1.09	0.98, 1.20

# **Figures**

# Supplemental Material

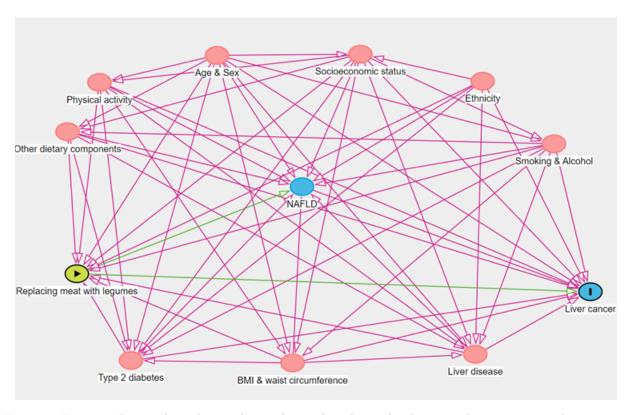


Figure 1: Figure 1. Directed acyclic graph visualizing the relationship between the exposure, replacing meat with legumes, and the outcome, liver cancer. Red circles indicate ancestors of exposure and outcome with red arrows being biasing paths. The NAFLD circle is blue to indicate that it is an ancestor of the outcome. The green arrows are causal paths.

Food group	Includes
Legumes	
Soya-based desserts & yogurt	Soya-based desserts
Legumes/pulses	Baked beans, pulses
Soy drink	Soya drinks (including calcium fortified)
Soy-based meals	Tofu-based products
Vegetable dips	Hummus, guacamole (assuming 50% hummus)
Peas/sweetcorn	Peas, sweetcorn (assuming 50% peas)
Red meat	
Beef	Beef
Lamb	Lamb

<sup>&</sup>lt;sup>1</sup>Adjusted for age (as underlying timescale), other food groups and total food intake to fit the substitution model.

<sup>&</sup>lt;sup>2</sup>Further adjusted for sex, educational level, Townsend Deprivation Index, living alone, physical activity, smoking, alcohol intake and waist circumference.

Other meat, offal Other meat including offal

Pork Pork

Processed meat

Processed meat Sausages, bacon (with and without fat), ham, liver pate

Animal-based foods

Poultry

Breaded/battered Chicken Fried poultry with batter/breadcrumbs

Poultry Poultry (with/without skin)

Fish

Bre aded/battered Fish Fried fish with batter/breadcrumbs

Oily fish Oily fish, including salmon Shellfish Prawns, lobster, crab, shellfish Tinned tuna, white fish, other fish White fish & tinned tuna

Dairy

Dairy fat spread lower fat Spreadable/lower fat butter, dairy-based very low fat spread

Dairy fat spread Spreadable normal fat butter, dairy-based normal fat spread (including Milk-dairy desserts Ice cream, milk puddings, milk-based desserts, cheesecake

Milk-based & powdered drinks Dairy-based smoothies, milk-based drinks, hot chocolate

Full fat yogurt Whole milk yogurt (plain)

Cheese >17.5 g fat per 100 g, including hard cheese, soft cheese, sprea High fat cheese

Low fat yogurt Fat free and lower fat yogurt, plain or flavoured

Medium & low fat cheese Cheese <=17.5g fat per 100 g, including hard and spreadable lower fa

Semi-skimmed milk Semi-skimmed milk >1 g fat per 100 g (cow, other)

Skimmed milk Skimmed milk <1 g fat per 100 g (cow, cholesterol lowering, powdere

Whole milk Whole milk >3.6 g fat per 100 g (cow, goat, sheep)

Cream Cream (cow's milk) Eggs

Egg and egg dishes Whole eggs and processed (omelette, scotch eggs, other)

Sauces

Sauces (higher fat) Mayonnaise, salad dressing, pesto, cheese sauce, white sauce, gravy Sauces (lower fat) Yeast, chutney, olives, ketchup, brown sauce, tomato sauce

Mixed dishes

Pizza Pizza (including gluten free crust)

Savoury snacks Crisps, savoury biscuits, cheese snacks, other savoury biscuits

Soups Soups, homemade, powdered and canned

Sushi Sushi

Healthy plant-based foods

Whole grains

Mixed bread, brown & seeded Mixed, brown or seeded bread, sliced, baguette, bap, roll

Wholemeal bread Wholemeal bread, sliced, baguette, bap, roll

Biscuit cereal Wholewheat biscuit cereal

Bran cereal Bran cereal

Oat cereal (non-sugar) Porridge oats (including milk/dried fruit added)

Oat cereal (sugar) Oatcrunch breakfast cereal

Muesli (with or without dried fruit)

Brown and wholemeal pasta and rice Wholemeal pasta, brown rice & other wholegrains

Fruits

Apples & pears Apples and pears

Berries Blackberries, strawberries, blueberries, raspberries, cherries

Citrus Grapefruit, orange, satsuma

Dried fruit Dried fruit, prunes

Bananas & other fruit Bananas, mixed fruit, grapes, mango, melon, peach, pineapple, kiwi, o

Stewed fruit Stewed fruit, plums

Nuts

Nut-based spreads Unsalted nuts & seeds Salted nuts & seeds

Plant oils

Olive oil (drizz ling/dunking) Vegetable spread lower fat

Vegetable spread Beverages

Coffee, caffeinated Coffee, decaffeinated

Tea

Tea, decaffeinated Water/sparkling water

Vegetables

Allium vegetables Green l eafy/cabbages

Raw salad Root vegetables Tomatoes

Other vegetables (mushrooms, fruiting, mixed)

Vegetable side dishes Vegetable dips Peas/sweetcorn

### Unhealthy plant-based foods

Refined cereals
Biscuits
Other bread
White bread
Oat cereal (sugar)
Savoury snacks
White pasta & rice

Potatoes

Potatoes/sweet potatoes (baked/boiled)

Fried/roast potatoes Mashed potatoes Fruit juice Fruit juice

Mixed dishes, vegetarian Grain dishes - added fat

Samosa, pakora Vegetarian meals Sweets & snacks

Added sugars & preserves Chocolate confectionery Desserts & cakes & pastries

Other sweets

Sugar sweetened beverages

Rice/oat drink Low/non sugar SSBs SSBs & other sugary drinks

Alcoholic beverages Beer & Cider

Fortified wine

Spirits

Peanut-butter and chocolate-based spread

Unsalted peanuts and nuts Salted peanuts and nuts

Olive oil

Olive oil based lower fat spread, plant-based lower fat margarine and Olive oil based spread, plant-based soft or hard margarine and soya-b

Normal instant, filter, cappuccino, espresso coffee Decaffeinated instant, filter, cappuccino, espresso coffee

Black, green and other tea

Decaffeinated black, herbal tea, rooibos

Plain water, sparkling water

Garlic, leek, onion

Broccoli, cabbage, kale, cauliflower, spinach, sprouts

Mixed side salad, lettuce, watercress Beetroot, carrots, celery, parsnip, turnip

Fresh and tinned tomatoes

Mushrooms, mixed vegetables, avocado, broad beans, green beans, bu

Coleslaw, salad with added fat/mayonnaise Hummus, guacamole (assuming 50% guacamole) Peas, sweetcorn (assuming 50% sweetcorn)

Chocolate biscuits, plain biscuits, sweet biscuits and cookies Naan, garlic bread, other bread (including gluten free)

White bread, sliced, baguette, bap, roll

Oatcrunch breakfast cereal

Crisps, savoury biscuits, cheese snacks, other savoury biscuits

White pasta, rice, couscous, gluten free pasta

Potatoes, sweet potatoes, boiled or baked Potatoes and chips, fried or roasted with fat

Potatoes, mashed

Orange, grapefruit drink and 100% fruit juice

Double and single crust pies, crumble pies, Yorkshire pudding, snackp

Indian samosa, pakora snacks

Quorn-based and vegetarian burgers and products

Table sugar, honey, jam and preserves

Chocolate bar (including white, milk and dark chocolate), chocolate-c Pancakes, croissant, Danish pastries, scones, fruitcakes, cakes, doughr

Hard and soft sweets (including sugar free)

Rice and oat vegetable drinks Low calorie fizzy drinks and squash

Fizzy sugary drinks, squash, fruit smoothies

Beer and cider

Spirits and other alcoholic drinks

Fortified wine

	$Crude^1$		Ac	djusted <sup>2</sup>
$15~\mathrm{g/day}$ substitution	HR	95% CI	HR	95% CI
Hepatocellular carcinoma				
Legumes for total meat Legumes for red meat Legumes for processed meat	1.03 1.03 1.03	0.94, 1.12 0.93, 1.13 0.89, 1.19	1.08 1.07 1.12	0.99, 1.19 0.97, 1.18 0.97, 1.30
Intrahepatic cholangiocarcino	ma			
Legumes for total meat Legumes for red meat Legumes for processed meat	0.95 $0.93$ $1.02$	0.87, 1.02 0.85, 1.01 0.89, 1.17	0.97 $0.95$ $1.06$	0.90, 1.05 0.87, 1.03 0.92, 1.22

<sup>&</sup>lt;sup>1</sup>Adjusted for age (as underlying timescale), other food groups and total food intake to fit the substitution model.

<sup>&</sup>lt;sup>2</sup>Further adjusted for sex, educational level, Townsend Deprivation Index, living alone, physical activity, smoking, alcohol intake and waist circumference.

	(	$\mathrm{Crude}^1$		djusted <sup>2</sup>
$15~\mathrm{g/day~substitution}$	HR	95% CI	HR	95% CI
Legumes for total meat		0.91, 1.04		,
Legumes for red meat Legumes for processed meat		0.90, 1.04 $0.89, 1.11$		,

 $<sup>^{1}</sup>$ Adjusted for age (as underlying timescale), other food groups and total food intake to fit the substitution model.

<sup>&</sup>lt;sup>2</sup>Further adjusted for sex, educational level, Townsend Deprivation Index, living alone, physical activity, smoking, alcohol intake and waist circumference.

	$\mathrm{Crude}^{1}$		$Adjusted^2$	
$15~\mathrm{g/day~substitution}$	HR	95% CI	HR	95% CI
Legumes for total meat	0.98	0.92, 1.04	1.02	0.96, 1.08
Legumes for red meat	0.97	0.91, 1.03	1.00	0.94, 1.06
Legumes for processed meat	1.02	0.93, 1.13	1.09	0.98, 1.20

<sup>&</sup>lt;sup>1</sup>Adjusted for age (as underlying timescale), other food groups and total food intake to fit the substitution model.

<sup>&</sup>lt;sup>2</sup>Further adjusted for sex, educational level, Townsend Deprivation Index, living alone, physical activity, smoking, alcohol intake and waist circumference.

	(	$\mathrm{Crude}^1$		djusted <sup>2</sup>
$15~\mathrm{g/day}$ substitution	HR	95% CI	HR	95% CI
Legumes for total meat	1.00	0.93, 1.07	1.04	0.97, 1.12
Legumes for red meat	0.98	0.91, 1.07	1.02	0.94, 1.11
Legumes for processed meat	1.04	0.91, 1.19	1.11	0.97,  1.27

<sup>&</sup>lt;sup>2</sup>Further adjusted for sex, educational level, Townsend Deprivation Index, living alone, physical activity, smoking, alcohol intake and waist circumference.

	(	$Crude^1$	${ m Adjusted}^2$	
${\bf Characteristic}$	HR	95% CI	$\overline{\mathrm{HR}}$	95% CI
Legume category <sup>3</sup>				
No intake		_		_
Q1	0.58	0.35,  0.96	0.59	0.35,  0.98
Q2	0.84	0.54, 1.29	0.85	0.55, 1.32
Q3	0.75	0.47, 1.19	0.75	0.47, 1.20
Q4	1.02	0.66, 1.56	1.10	0.71, 1.69

 $<sup>^{1}</sup>$ Adjusted for age (as underlying timescale), other food groups and total food intake to fit the substitution model.

 $<sup>^{1}</sup>$ Adjusted for age (as underlying timescale), other food groups and total food intake to fit the substitution model.

<sup>&</sup>lt;sup>2</sup>Further adjusted for sex, educational level, Townsend Deprivation Index, living alone, physical activity, smoking, alcohol intake and waist circumference.

<sup>&</sup>lt;sup>3</sup>mean daily intake of legumes in grams for each quartile: Q1: 6.3, Q2: 15.7, Q3: 34.3, Q4 109.