

Article

# Milk intake and risk of mortality risk in the Japan Collaborative Cohort Study - a Bayesian survival analysis

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- give a pertinent overview of the work. We strongly encourage authors to use the following style of
- structured abstracts, but without headings: 1) Background: Place the question addressed in a broad
- context and highlight the purpose of the study; 2) Methods: Describe briefly the main methods or
- treatments applied; 3) Results: Summarize the article's main findings; and 4) Conclusion: Indicate
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- article, it must not contain results which are not presented and substantiated in the main text and
- should not exaggerate the main conclusions.
- **Keywords:** keyword 1; keyword 2; keyword 3 (list three to ten pertinent keywords specific to the article, yet reasonably common within the subject discipline.).

#### 1. Introduction

# 2. Materials and Methods

# 13 2.1. The database

We used data from the Japan Collaborative Cohort (JACC) study, which was sponsored by the Ministry of Education, Sports, Science, and Technology of Japan. Sampling methods and details about the JACC study have been described extensively in the literature [1–3]. Participants of the JACC study completed self-administered questionnaires about their lifestyles, food intake (food frequency questionnaire, FFQ), and medical histories of cardiovascular disease or cancer. In the final follow-up of the JACC study, data from a total of 110585 individuals (46395 men and 64190 women) were successfully retained for the current analysis. We further excluded samples if they meet one of the following criteria: 1) with any disease history of stroke, cancer, myocardial infarction, ischemic heart disease, or other types heart disease (n = 6655, 2931 men and 3724 women); 2) did not answer the question regarding their milk consumption in the baseline FFQ survey (n = 9545, 3593 men and 5952 women). Finally, 94385 (39386 men and 54999 women) are left in the database. The study design and informed consent procedure were approved by the Ethics Review Committee of Nagoya University School of Medicine.

## 7 2.2. Exposure and the outcome of interest

Frequency of milk intake during the preceding year of the baseline was assessed by FFQ from "never", "1-2 times/month", "1-2 times/week", "3-4 times/week", and "Almost daily". The exact amount of milk consumption was difficult to assess here. However, good reproducibility and validity were confirmed previously (Spearman rank correlation coefficient between milk intake frequency and weighed dietary record for 12 days was 0.65) [4].

The causes and date of death were obtained from death certificates and were systematically reviewed. The follow-up period was defined as from the time of the baseline survey was completed, which was between 1988-1990, until the end of 2009 (administrative censor), or the date when move-out of study area, or the date of death from stroke recorded, whichever occurred first. Other causes of death were treated as censored and assumed not informative. The causes of death were coded by the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), therefore stroke was defined as I60-I69. We further classified these deaths into hemorrhagic stroke (I60, I61 and I62) or cerebral infarction (I63) when subtypes of stroke in their death certificate were available.

2.3. Statistical approach

#### 43 3. Results

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Table 1

	Hazard ratio (HR)					Acceleration factor (AF)			
Milk intake	Median	Mean (SD)	95% CrI	MCSE	Probability	Median	Mean (SD)	95% CrI	MCSE
Never	-	-	-	-	-	-	-	-	-
1-2 t/Mon	0.88	0.89 (0.09)	(0.73, 1.08)	0.0022	86.50%	0.93	0.93 (0.06)	(0.81, 1.06)	0.0016
1-2 t/Week	0.77	0.77(0.07)	(0.63, 0.91)	0.0019	99.90%	0.83	0.83 (0.05)	(0.73, 0.94)	0.0014
3-4 t/Week	0.79	0.79 (0.07)	(0.66, 0.94)	0.0022	99.70%	0.85	0.85 (0.05)	(0.74, 0.96)	0.0016
Daily	0.90	0.90 (0.06)	(0.79, 1.03)	0.0018	93.47%	0.93	0.93 (0.04)	(0.85, 1.02)	0.0013
Never	-	-	-	-	-	-	-	-	-
1-2 t/Mon	0.98	0.98 (0.11)	(0.79, 1.19)	0.0027	58.70%	0.99	0.99 (0.06)	(0.87, 1.11)	0.0016
1-2 t/Week	0.84	0.84 (0.08)	(0.70, 1.00)	0.0022	97.31%	0.90	0.90 (0.05)	(0.81, 1.00)	0.0014
3-4 t/Week	0.85	0.86 (0.08)	(0.71, 1.02)	0.0021	96.05%	0.91	0.91 (0.05)	(0.82, 1.01)	0.0013
Daily	0.75	0.76 (0.05)	(0.66, 0.87)	0.0016	100.00%	0.85	0.85 (0.04)	(0.78, 0.92)	0.0011
Never	-	-	-	-	-	-	-	-	-
1-2 t/Mon	1.00	1.01 (0.12)	(0.81, 1.24)	0.0041	50.61%	1.00	1.00 (0.07)	(0.88, 1.14)	0.0029
1-2 t/Week	0.86	0.87 (0.09)	(0.72, 1.05)	0.0036	93.73%	0.92	0.92 (0.06)	(0.82, 1.03)	0.0024
3-4 t/Week	0.89	0.90 (0.09)	(0.74, 1.08)	0.0038	89.62%	0.93	0.94 (0.06)	(0.84, 1.05)	0.0026
Daily	0.80	0.80 (0.07)	(0.69, 0.93)	0.0031	99.04%	0.88	0.88 (0.05)	(0.81, 0.96)	0.0020

Note:

Abbreviations: SD, standard deviation; CrI, credible interval; MCSE, Monte Carlo Standard Error; Probability indicates that the p for HR smaller than 1.

**Table 2.** This is a table caption. Tables should be placed in the main text near to the first time they are cited.

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#### 46 4. Discussion

## 47 5. Conclusion

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- of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, an in the
- decision to publish the results.

#### 56 Abbreviations

- 57 The following abbreviations are used in this manuscript:
  - JACC Japan Collaborative Cohort
  - FFQ Food Frequency Questionnaire

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