Supplementary table 1. SNPs included in the $25(\mathrm{OH})$ D allele score in the HUNT2 study ( $\mathrm{n}=54580$ )

| SNP | In gene/near gene (distance*) | Chromosome: position | Other allele/ effect allele ${ }^{\dagger}$ | Effect allele ${ }^{\dagger}$ frequency (HUNT2) | Effect allele ${ }^{\dagger}$ frequency ${ }^{\#}$ | Hardy- <br> Weinberg equilibrium $P$ value | Gene function |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| rs2282679 | GC/ | 4:71742666 | G/T | 0.73 | 0.80 | 0.20 | vitamin D binding protein |
| rs 12785878 | $\begin{aligned} & \text { NADSYNI/DHCR7 } \\ & (3.5 \mathrm{~kb}) \end{aligned}$ | 11:71456403 | G/T | 0.35 | 0.35 | 0.94 | NAD synthetase 1/ 7-dehydrocholesterol reductase |
| rs10741657 | /CYP2R1 (1.0 kb) | 11:14893332 | G/A | 0.39 | 0.31 | 0.36 | vitamin D 25-hydroxylase |
| 25(OH)D: 25-hydroxyvitamin D; HUNT2: The Nord-Trøndelag Health Study Survey 2; SNP: Single-Nucleotide Polymorphism |  |  |  |  |  |  |  |
| *SNP is located upstream of the gene |  |  |  |  |  |  |  |
| ${ }^{\dagger}$ Effect allele: 25(OH)D increasing allele |  |  |  |  |  |  |  |
| ${ }^{\text {FFrom }} 1000$ Genomes Phase 3 combined population |  |  |  |  |  |  |  |

Supplementary table 2. Associations between the $25(\mathrm{OH})$ D allele score and potential confounders in the HUNT2 study ( $\mathrm{n}=54580$ )

| Baseline variables $^{*}$ | Coefficient $^{\dagger}$ | $95 \%$ CI | $P$ value |
| :--- | :---: | :---: | :---: |
| Age (difference in years) | 0.06 | $(-0.06$ to 0.18$)$ | 0.30 |
| Sex (men vs. women) | -0.004 | $(-0.02$ to 0.01$)$ | 0.57 |
| Active smoking (ever vs. never) | -0.004 | $(-0.02$ to 0.01$)$ | 0.61 |
| Pack-years of active smoking (difference) | -0.01 | $(-0.03$ to 0.01$)$ | 0.19 |
| Family history of cancer (yes vs. no) | 0.004 | $(-0.01$ to 0.02$)$ | 0.66 |
| Education (years) $(\geq 10$ vs. $<10)$ | -0.001 | $(-0.02$ to 0.02$)$ | 0.93 |
| Economic difficulties (yes vs. no) | -0.01 | $(-0.03$ to 0.01$)$ | 0.41 |
| Body mass index (BMI, kg $\left./ \mathrm{m}^{2}\right)(\geq 25$ vs. $<25)$ | 0.01 | $(-0.00$ to 0.03$)$ | 0.09 |
| Physical activity (active vs. inactive) | 0.0002 | $(-0.02$ to 0.02$)$ | 0.98 |
| Alcohol consumption (times $/$ month) $(\geq 1$ vs. never) | -0.02 | $(-0.03$ to -0.00$)$ | 0.04 |
| Chronic bronchitis (yes vs. no) | -0.01 | $(-0.05$ to 0.03$)$ | 0.77 |

25(OH)D: 25-hydroxyvitamin D; CI: confidence interval; HUNT2: The Nord-Trøndelag Health Study Survey 2
*Data of baseline variables were collected by questionnaires or clinical examination in HUNT2. The classification of each covariate was described in detail in a previous study [1].
${ }^{\dagger}$ Coefficient was derived from linear regression for continuous variables and from logistic regression for categorical variables.

Supplementary table 3. MR estimates of a $10 \%$ increase in genetically determined $25(\mathrm{OH}) \mathrm{D}$ and risk of lung cancer overall and histologic types in a two-sample MR analysis ${ }^{*}$

| Outcome | IVW method |  |  |  |  |  | Weighted median method |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{aligned} & \text { MR estimate HR } \\ & (95 \% \mathrm{CI}) \end{aligned}$ |  | $P$ value | $I^{2}(95 \% \mathrm{CI})$ |  | $P$ value of Q statistic |  | $\begin{aligned} & \text { estimate } \mathrm{HR} \\ & 95 \% \mathrm{CI}) \end{aligned}$ | $P$ value |
| Lung cancer overall | 0.99 | (0.88 to 1.12) | 0.85 | 0.00 | (0.00 to 0.20) | 0.88 | 0.99 | (0.87 to 1.13) | 0.91 |
| SCLC | 0.87 | (0.63 to 1.20) | 0.39 | 0.41 | (0.00 to 0.82) | 0.18 | 0.90 | (0.63 to 1.29) | 0.56 |
| Adenocarcinoma | 0.88 | (0.70 to 1.10) | 0.27 | 0.00 | (0.00 to 0.68) | 0.72 | 0.89 | (0.71 to 1.13) | 0.35 |
| Squamous cell carcinoma | 0.89 | (0.69 to 1.15) | 0.37 | 0.00 | (0.00 to 0.89) | 0.39 | 0.89 | (0.68 to 1.17) | 0.40 |
| Other/unknown subtypes | 1.20 | (0.98 to 1.47) | 0.07 | 0.00 | (0.00 to 0.24) | 0.87 | 1.22 | (0.99 to 1.52) | 0.06 |

25(OH)D: 25-hydroxyvitamin D; CI: confidence interval; HR: hazard ratio; IVW: inverse-variance weighted; MR: Mendelian randomization; SCLC: small cell lung cancer
*Summarized data of SNPs-25(OH)D association was derived from the study of Vimaleswaran et al [2] ( $\mathrm{n} \approx 35000$ ); summarized data of SNPsoutcome association was derived from the HUNT2 study ( $\mathrm{n}=54580$ )

Supplementary table 4. MR-Egger pleiotropy test of associations between a $10 \%$ increase in genetically determined 25(OH)D and risk of lung cancer overall and histologic types in a two-sample MR analysis*

| Outcome | MR-Egger method |  |  |
| :---: | :---: | :---: | :---: |
|  | Intercept (95\% CI) |  | $P$ value |
| Lung cancer overall | -0.01 | (-0.16 to 0.14$)$ | 0.90 |
| SCLC | -0.08 | (-0.83 to 0.66 ) | 0.83 |
| Adenocarcinoma | -0.10 | (-0.39 to 0.19) | 0.49 |
| Squamous cell carcinoma | 0.22 | (-0.11 to 0.55) | 0.19 |
| Other/unknown subtypes | -0.05 | (-0.31 to 0.20 ) | 0.68 |

25(OH)D: 25-hydroxyvitamin D; CI: confidence interval; MR: Mendelian randomization; SCLC: small cell lung cancer
*Summarized data of SNPs-25(OH)D association was derived from the study of Vimaleswaran et al [2] (n $\approx 35000$ ); summarized data of SNPsoutcome association was derived from the HUNT2 study ( $\mathrm{n}=54580$ )

Supplementary table 5. Mendelian randomization estimates of the associations between one pack-year increase of genetically determined smoking and risk of lung cancer overall and histologic types among ever smokers in the HUNT2 study ( $\mathrm{n}=26815$ )

$\left.\begin{array}{lcccc}\hline & \text { Number of cases } & \text { MR estimate HR } & & 95 \% \text { CI }\end{array}\right]$| value |
| :--- |
| Lung cancer overall |
| SCLC |

CI: confidence interval; HR: hazard ratio; HUNT2: The Nord-Trøndelag Health Study Survey 2; MR: Mendelian randomization; SCLC: small cell lung cancer
*Two-stage method was applied [3] using rs 1051730 as instrumental variable for smoking quantity [4]. Firstly, based on the linear regression of per effect allele (A) of rs 1051730 on pack-years of smoking, the predicted values of pack-years of smoking were generated. Secondly, Cox regression analyses of predicted pack-year values as exposure on incidence of lung cancer overall and histologic types were performed. Robust standard errors were applied for both regressions.

## References

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