

Author	Data from	Study type	Time	Age	Female (%)	Case	Total	BMI	Follo w-up time	Dietary assessment mode	Diet type	Outcome	Adjusted
Jihye Kim 2024	The Multiethnic Cohort Study (MEC)	Cohort Study	1993-2019	59.0 (8.7)	0	9837	66357	26.6 (4.0)	21	A quantitative food frequency questionnaire (FFQ)	hPDI 、 uPDI	CVD mortality	Age at cohort entry, race and ethnicity, education, marital status, history of diabetes, body mass index, smoking status, pack-years of cigarette, physical activity, menopausal hormone therapy use for women only, alcohol consumption, and total energy intake.
Yanping Li 2023	The Million Veteran Program	Cohort Study	2011-2020	61.2 1	12.14	2858 for CVD, 2167 for CVD mortality	148506	28.98	3.8	Semi quantitative Food Frequency Questionnaire (sFFQ)	hPDI 、 uPDI	CVD 、 CVD mortality 、 Ischemic stroke	Age (continuous), sex (male or female), race/ethnicity (European Americans, African American or other), education level (≤high school or GED, some colleague, or college or above), income level (<US\$30 000, US\$30 000–US\$59 000 or ≥US\$60 000) and marital status (currently married or not), smoking status(current, former or never smoking), frequency of alcohol consumption (never, <1 times/week or ≥1 times/week), frequency of exercise vigorously (never/rarely, 1–4 times/month, 2–4 times/week or ≥5 times/week, total energy intake (in quintiles), body mass index (<23.0, 23.0–24.9, 25.0–29.9, 30.0–34.9 or ≥35.0 kg/m2) and histories of hypertension and hypercholesterolemia at baseline (yes vs no)

Magda Gamba 2023	The CoLaus study	Cohort Study	2009-2021	57.2	54.8	262 for CVD, 49 for CVD mortality	3721	25.86	9	Semi-quantitative FFQ	hPDI	CVD、CVD mortality	Age, sex, educational level, smoking status, alcohol consumption, physical activity, BMI, total caloric intake (only for the hPBD), dieting, type 2 diabetes, hypertension, hypercholesterolemia, and family history of CVD.
Alysha S. Thompson 2022	Multicentre prospective population-based study in the United Kingdom (UK Biobank)	Cohort Study	2006-2022	56.1	55.9	6890 for CVD, 1151 for Ischemic stroke, 489 for Haemorrhagic stroke	126394	26.69	11.4	The Oxford WebQ tool	hPDI、uPDI	CVD、Ischemic stroke、Hemorrhagic stroke	Sex, body mass index, race and ethnicity, physical activity level, smoking status, alcohol intake, education level, energy intake, polypharmacy index, multimorbidity index, and aspirin use, stratified by region.
M Delgado-Velandia 2022	The Study on Nutrition and Cardiovascular Risk in Spain (ENRICA)	Cohort Study	2008-2020	47.01	54	157	11825	26.95	9.8	Electronic diet history (HD-ENRICA),	hPDI、uPDI	CVD mortality	Age (years), sex (men, women), education (≤primary, secondary, and university), smoking status (never, former, and current smoker), body mass index (kg/m2), energy intake (kcal/day), alcohol intake (never drinker, former drinker, moderate alcohol intake, excessive alcohol intake), recreational physical activity (tertiles), number of chronic diseases (continuous), and number of medications taken (continuous).

Yi-Yun Chen 2022	Hispanic Community Health Study/Study of Latinos(HC HS/SOL)	Cohort Study	2008-2020	40.9	59	232	10293	29.26	6	Two 24-h dietary recalls	hPDI	CVD	Age, sex, study field center, Hispanic/Latino background, generation status, education, smoking, alcohol consumption (not for aMED), total energy intake, physical activity, BMI, and use of antidiabetic drugs, antihypertensive drugs, or lipid-lowering drugs.
Matina Kouvari 2022	ATTICA study	Cohort Study	2002-2012	39.89	45.74	317	2020	25.79	8.41	Semi-quantitative, paper-based, food frequency questionnaire	hPDI 、 uPDI	CVD	Energy intake (kcal), demographic characteristics, Lifestyle and anthropometric characteristics, history of diabetes, hypertension and hypercholesterolemia and family CVD history and Alcohol consumption. Day of the week on which 24-h dietary recall was collected [weekday/weekend (Friday–Sunday)], sequence of dietary recall (first or second), baseline age (continuous), or education (less than secondary school graduation; secondary school graduation; some postsecondary; postsecondary graduation), smoking (daily/occasional smoker with $20 \leq$ cigarettes/d < 90; daily/occasional smoker with <20 cigarettes/d; former daily/occasional smoker and those who smoked a total of ≥ 100 cigarettes in lifetime; never smoked), misreporting (under-reporter; plausible reporter and over-reporter),
Svilena V Lazarova 2022	Canadian Community Health Survey (CCHS)-Nutrition	Cohort Study	2004-2017	48.66	50.64	748	14026	27.45	11	24-h dietary recalls	hPDI 、 uPDI	CVD	

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Author	Study	Design	Year	Age (years)	Follow-up (years)	N	Events	HR	95% CI	Exposure	hPDI	uPDI	Outcomes
Ambika Satija 2018	Nurses' Health Study (NHS), Nurses' Health Study II (NHSII), Health Professionals Follow-up Study (HPFS)	Cohort Study	1984-2013	45.49	79.33	8631	209298	25.16	25.7	Food frequency questionnaire (FFQ)	hPDI 、 uPDI	CHD	not), smoking status (current, former or never smoking), frequency of alcohol consumption (never, < 1 times/week or ≥ 1 times/week), frequency of exercise vigorously (never/rarely, 1–4 times/month, 2–4 times/week or ≥ 5 times/week), total energy intake (in quintiles) and BMI (< 23.0, 23.0–24.9, 25.0–29.9, 30.0–34.9 or ≥ 35.0 kg/m ²). Age, smoking status, physical activity, alcohol intake, multivitamin use, aspirin use, family history of CHD, margarine intake, energy intake, baseline hypertension, hypercholesterolemia, and diabetes, and updated body mass index.
Hyunju Kim 2018	the ARIC study	Cohort Study	1987-2016	53.82	55.28	4381 for CVD, 1565 for CVD mortality	12168	NA	25	A modified version of the 66-item semiquantitative Willett food frequency questionnaire.	hPDI 、 uPDI	CVD、 CVD mortality	Age, sex, race-center, total energy intake, education, smoking status, physical activity, alcohol consumption, and margarine consumption. hPDI indicates healthy plant-based diet index; PDI, overall plant-based diet index; uPDI, less healthy (unhealthy) plant-based diet index.

Lihui Zhou 2024	Multicentre prospective population- based study in the United Kingdom (UK Biobank)	Cohort Study	2006- 2021	55.9 9	54.3	1734	189003	26.87	9.6	24-h dietary assessment/The Oxford WebQ dietary questionnaire	hPDI 、 uPDI	CVD mortality	Age, menopausal status or hormone replacement use in females, ethnicity, education, and quintiles of the Townsend deprivation index, familial history of diseases (CVD, diabetes, or cancers), smoking status, alcohol drinking frequency, body mass index, physical activity, sedentary time, total dietary energy intake, multivitamin supplement use, and the Charlson Comorbidity Index. Age, calendar year, marriage status (married; divorced, separated, or single; or widowed), living status (alone or not alone), family history of myocardial infarction (yes or no), family history of diabetes (yes or no), family history of cancer (yes or no), menopausal status (pre- or postmenopausal [never, past, or current menopausal hormone use]; Nurses’ Health Study only), multivitamin use (yes or no), aspirin use (yes or no),total energy intake (quintile), smoking status (never, former, or current smoker [1-14, 15-24, or _x005f 25 cigarettes/d]), alcohol drinking (0, 0.1-4.9, 5.0-14.9, 15.0-19.9, 20.0- 29.9, or 30 g/d), physical activity (quintile), history of hypertension (yes or no), history of hypercholesterolemia (yes or no), and body mass index
Zhilei Shan 2023	The NHS and HPFS	Cohort Study	1984- 2020	51.3 5	63.10	12769	119315	25.08	36	Food frequency questionnaire (FFQ)	hPDI	CVD mortality 、 Stroke	

(<21, 21-24.9, 25-29.9, 30-34.9, or 35 [calculated as weight in kilograms divided by height in meters squared])).

Age, initial plant-based diet index score, race, family history of myocardial infarction, diabetes, or cancer, aspirin use, multivitamins use, initial body mass index, menopausal status and hormone use in women, smoking status, initial and changes in each of smoking pack-years, physical activity, total energy intake, alcohol consumption, and margarine intake, weight change, history of hypertension, hypercholesterolemia, or type 2 diabetes, antihypertensive medication use, and cholesterol-lowering medication use.

Megu Y. Baden 2021	Nurses' Health Study (NHS), Nurses' Health Study II (NHSII), Health Professionals Follow-up Study(HPFS)	Cohort Study	1984-2017	54.7	79.35	6241 total strokes (3015 ischemic and 853 hemorrhagic strokes)	209508	NA	28	Food frequency questionnaire (FFQ)	hPDI 、 uPDI	Stroke、 Ischemic stroke、 Hemorrhagic stroke	Age, smoking status, alcohol intake, physical activity, multivitamin use, aspirin use, margarine intake, total energy intake, body mass index, postmenopausal hormone use (Nurses' Health Study [NHS] and NHSII), oral contraceptive use (NHSII), hypertension, hypercholesterolemia, diabetes, antihypertensive use, and a ticholesterol medication use shown. Sex, age, ethnicity, educational level, deprivation index and region of assessment, smoking status, energy intake, alcohol consumption, margarine consumption and body mass index, sleep time, sociability, number of medications, dietary supplementation and number of chronic diseases.
Maroto-Rodriguez 2024	Multicentre prospective population-based study in the United Kingdom (UK Biobank)	Cohort Study	2009-2019	59	52.00	428	24996	NA	6.72	Oxford WebQ	hPDI 、 uPDI	frailty	Age (months), calendar time (4-year intervals), body mass index (<25.0, 25.0–29.9, and ≥30.0 kg/m status, smoking status (never, past and current; 1–14, 15–24, and ≥25 cigarettes per day), alcohol intake (0, 1.0–4.9, 5.0–14.9 or ≥15.0 g/day), energy intake (quintiles of kcal/day), mar_x0002_garine intake, and medication use (aspirin, postmenopausal hormone therapy, diuretics, β-blockers, calcium channel blockers, ACE inhibitors,
Sotos-Prieto 2022	Nurses' Health Study (NHS)	Cohort Study	1992-2014	64.16	100.00	12910	82234	25.66	38	Food frequency questionnaire (FFQ)	hPDI 、 uPDI	frailty	Age (months), calendar time (4-year intervals), body mass index (<25.0, 25.0–29.9, and ≥30.0 kg/m status, smoking status (never, past and current; 1–14, 15–24, and ≥25 cigarettes per day), alcohol intake (0, 1.0–4.9, 5.0–14.9 or ≥15.0 g/day), energy intake (quintiles of kcal/day), mar_x0002_garine intake, and medication use (aspirin, postmenopausal hormone therapy, diuretics, β-blockers, calcium channel blockers, ACE inhibitors,

													other blood pressure medication, statins and other cholesterol lowering drugs, insulin, oral hypoglycaemic medication) and physical activity.
Qi 2023	Chinese Longitudinal Healthy Longevity Survey (CLHLS)	Cohort Study	2008-2018	80.74	46.20	1987	2883	NA	10	Food frequency questionnaire (FFQ)	hPDI 、 uPDI	frailty	Age and gender, type pf residence, economic situation, residence status, marital status, smoking status, alcohol consumption, exercise status, and BMI. Sex, age, educational level (primary, secondary, university), alcohol consumption, smoking status (current, former, never), BMI (<25, 25–29.9,≥30), energy intake, physical activity, prevalent diseases (type 2 diabetes mellitus, cardiovascular disease [myocardial infarction, stroke, or heart failure], chronic lung disease [asthma or chronic obstructive pulmonary disease], osteomuscular disease [osteoarthritis, rheumatoid arthritis or hip fracture], cancer and depression), medicines consumption (0, 1–3, 4–6,>6)
Maroto-Rodriguez 2022	Spanish the Seniors-ENRICA-1 cohort	Cohort Study	2008-2012	68.7	51.70	136	1880	28.05	4	Validated computerized face-to-face diet history (DH-ENRICA)	hPDI 、 uPDI	frailty	

Wu 2023	Multicentre prospective population-based study in the United Kingdom (UK Biobank)	Cohort Study	2009-2021	57	56.20	1248	180532	26.3	10	Food frequency questionnaire (FFQ)	hPDI 、 uPDI	dementia	Age, sex, BMI, ethnicity, smoking status, alcohol drinking status, education level, visiting friends, living alone, PA, total energy intake, medication history (use of antihypertensive, lipid-lowering, and hypoglycaemic medication), Townson depressive index, family history disease (dementia and depression), hypertension and diabetes. Age at cognitive status measurement, sex, dialect group, marital status, education level, smoking status, physical activity, sleep duration, BMI, total energy intake. Analyses for the DASH, PDI, and hPDI indexes were additionally adjusted for alcohol consumption, and analyses for the aMED, DASH, and AHEI-2010 were additionally adjusted for tea and coffee intake, history of hypertension, diabetes, cardiovascular disease, and cancer.
Wu 2019	The Singapore Chinese Health Study	Cohort Study	1993-2016	73.2	59.20	2443	16948	NA	20	Food frequency questionnaire (FFQ)	hPDI	dementia	Sex, age, residence, education, occupation, smoking status, alcohol consumption, regular exercise, financial independence, and health conditions.
Fang 2022	Chinese Longitudinal Healthy Longevity Survey (CLHLS)	Cohort Study	2011-2018	80.7	49.39	1077	4792	22	7	Food frequency questionnaire (FFQ)	hPDI 、 uPDI	dementia	Age, waist circumference, education level (middle school or below, high school, or college or above), smoking status (never, past, or current smoker), alcohol consumption (non-drinker
Khongorzul Ganbat 2024	Genomic cohort survey of the Korean population (HEXA)	Cohort Study	2004-2016	52.8	0.00	2017	12356	24.1	4.2	Food frequency questionnaire (FFQ)	hPDI 、 uPDI	CHD	

or current drinker),
household income level (<3
or \geq 3 million Korean
won/mo), physical activity
(yes or no), and energy
intake.
