The Relationship of Digestible Carbohydrate Intake With Cardiovascular Disease, Type 2 Diabetes, Obesity, and Body Composition

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Appendix A. Search Strategy

Appendix A.1. The Effect of Dietary Digestible Carbohydrate Intake on Risk of Cardiovascular Disease

Ovid

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials September 2023, Embase 1974 to 2023 October 23, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions 1946 to October 23, 2023
Search Strategy:

#	Searches
1	exp Cardiovascular Diseases/
2	(((cerebral or brain) adj3 (insult or insultus or accident* or "blood flow disturbance*" or infarct* or ischem* or ischaem*)) or ((endocardial or subendocardial or angiocardiovascular or cardiovascular or heart or cardiac or cardial or coronary or vascular or myocardial or myocardium or myocard or pericardial or vasculitic or vessel* or aorta or aortic or arteriovenous or artery or arteries or arterial or vein or vein or veins or cerebrovascular) adj3 ("adverse event*" or anomaly or anomalies or abnormalit* or defect or defects or disease* or complication* or disorder* or disturbance* or infection* or inflammation* or lesion* or malformation* or symptom* or syndrome* or event* or deficiency or deformity or dysfunction* or ischemia* or ischaemia* or ischemic or ischaemic or insufficienc*)) or angina or apoplexia or apoplexy or arteriosclerosis or atherosclerosis or "cardiac allograft vasculopath*" or "cardiac arrest" or "cardiac backward failure" or "cardiac death" or "cardiac decompensation" or "Cardiac Failure" or "cardiac incompetence" or "cardiac infarct*" or "cardiac stand still" or "cardiac sudden death" or "cardial decompensation" or "cardial infarct*" or cardiomyopathy or cardiopath* or "cerebral vascular*" or cerebrovascular* or "cerebrum vascular*" or "coronary artery constriction*" or "coronary artery obstruction*" or "coronary artery thrombos*" or "decompensatio cordis" or "heart attack" or "heart backward failure" or "heart death" or "Heart Decompensation" or "heart failure" or "heart incompetence" or "heart infarct*" or "heart micro infarct*" or "heart muscle infarct*" or "insufficientia cardis" or "ischaemic seizure*" or "ischemic seizure*" or "Kounis syndrome" or "Myocardial Failure" or "myocardial hibernation" or "Myocardial Infarct*" or "myocardium infarct*" or "no reflow phenomenon" or "premonitory infarction sign*" or stroke or strokes or "subendocardial infarct*").ti,ab,kf.
3	1 or 2
4	dietary carbohydrates/ or exp dietary sugars/ or exp starch/

5 exp carbohydrate intake/

6 exp Diet, Ketogenic/

7 exp Diet, Carbohydrate-Restricted/

8 ("2-Hydroxypropyl-beta-cyclodextrin" or "alimentary carbohydrate*" or "alpha-Cyclodextrin*" or Amylopectin or Amylose or "beta-Cyclodextrin*" or "carbohydrate consumption" or "carbohydrate feeding" or "Carbohydrate-Restricted" or "Carbohydrate-Restriction" or Cyclodextrins or Dextrin* or "diet carbohydrate*" or "Dietary Carbohydrate*" or "dietary intake" or "Dietary Sucrose" or "Dietary Sugar*" or "digestible carbohydrate*" or "fructose intake" or "gamma-Cyclodextrin*" or "glucose intake" or "High Fructose Corn Syrup" or "Hydroxyethyl Starch Derivative*" or Inulin or ketogenic or "low carbohydrate diet*" or "Resistant Starch*" or "saccharide intake" or Starch* or "sugar intake").ti,ab,kf.

9 or/4-8

10 3 and 9

11 exp Randomized Controlled Trial/

12 randomised controlled trials.sd.

13 exp controlled study/

14 exp triple blind procedure/

15 exp Double-Blind Method/

16 exp Single-Blind Method/

17 exp latin square design/

18 exp Placebos/

19 exp Placebo Effect/

20 exp prospective study/

21 exp quasi experimental study/

22 exp case-control studies/

23 ((control* adj3 study) or (control* adj3 trial) or (randomized adj3 study) or (randomized adj3 trial) or (randomised adj3 study) or (randomised adj3 trial) or "pragmatic clinical trial" or (random* adj1 allocat*) or (doubl* adj blind*) or (doubl* adj mask*) or (singl* adj blind*) or (singl* adj mask*) or (tripl* adj blind*) or (tripl* adj mask*) or (trebl* adj blind*) or (trebl* adj mask*) or "latin square" or placebo* or nocebo* or random* or "prospective

study" or "prospective survey" or "prospective analysis" or prospectiv* or "quasi experimental study" or "quasi experimental analysis" or "quasiexperimental study" or "quasiexperimental analysis" or "case control study" or "case base study" or "case referrent study" or "case referent study" or "case referent study" or "case compeer study" or "case comparison study" or "matched case control" or "before and after" or "before after").mp,pt.

24 or/11-23

25 10 and 24

26 limit 25 to english language

27 limit 25 to no language specified

28 26 or 27

29 limit 28 to yr="2000 -Current"

30 limit 29 to (conference abstract or editorial or erratum or note or addresses or autobiography or bibliography or biography or blogs or comment or dictionary or directory or interactive tutorial or interview or lectures or legal cases or legislation or news or newspaper article or overall or patient education handout or periodical index or portraits or published erratum or video-audio media or webcasts) [Limit not valid in CCTR,Embase,Ovid MEDLINE(R); records were retained]

31 29 not 30

32 limit 31 to yr="2016 -Current"

33 remove duplicates from 32

34 limit 31 to yr="2010 -2015"

35 remove duplicates from 34

36 31 not (32 or 34)

37 remove duplicates from 36

38 33 or 35 or 37

Scopus

1 TITLE-ABS-KEY(((cerebral or brain) W/3 (insult or insultus or accident* or "blood flow disturbance*" or infarct* or ischem* or ischaem*)) OR ((endocardial or subendocardial or angiocardiovascular or cardiovascular or heart or cardiac or cardial or coronary or vascular or myocardial or myocardium or myocard or pericardial or vasculitic or vessel* or aorta or aortic or arteriovenous or artery or arteries or arterial or vein or vein or veins or cerebrovascular) W/3

("adverse event*" or anomaly or anomalies or abnormalit* or defect or defects or disease* or complication* or disorder* or disturbance* or infection* or inflammation* or lesion* or malformation* or symptom* or syndrome* or event* or deficiency or deformity or dysfunction* or ischemia* or ischaemia* or ischemic or ischaemic or insufficienc*)) OR angina OR apoplexia OR apoplexy OR arteriosclerosis OR atherosclerosis OR "cardiac allograft vasculopath*" OR "cardiac arrest" OR "cardiac backward failure" OR "cardiac death" OR "cardiac decompensation" OR "Cardiac Failure" OR "cardiac incompetence" OR "cardiac infarct*" OR "cardiac stand still" OR "cardiac sudden death" OR "cardial decompensation" OR "cardial infarct*" OR cardiomyopathy OR cardiopath* OR "cerebral vascular*" OR cerebrovascular* OR "cerebrum vascular*" OR "coronary artery constriction*" OR "coronary artery obstruction*" OR "coronary artery thrombos*" OR "decompensatio cordis" OR "heart attack" OR "heart backward failure" OR "heart death" OR "Heart Decompensation" OR "heart failure" OR "heart incompetence" OR "heart infarct*" OR "heart micro infarct*" OR "heart muscle infarct*" OR "insufficientia cardis" OR "ischaemic seizure*" OR "ischemic seizure*" OR "Kounis syndrome" OR "Myocardial Failure" OR "myocardial hibernation" OR "Myocardial Infarct*" OR "myocardium infarct*" OR "no reflow phenomenon" OR "premonitory infarction sign*" OR stroke OR strokes OR "subendocardial infarct*")

2 TITLE-ABS-KEY("2-Hydroxypropyl-beta-cyclodextrin" or "alimentary carbohydrate*" or "alpha-Cyclodextrin*" or Amylopectin or Amylose or "beta-Cyclodextrin*" or "carbohydrate consumption" or "carbohydrate feeding" or "Carbohydrate-Restricted" or "Carbohydrate-Restriction" or Cyclodextrins or Dextrin* or "diet carbohydrate*" or "Dietary Carbohydrate*" or "dietary intake" or "Dietary Sucrose" or "Dietary Sugar*" or "digestible carbohydrate*" or "fructose intake" or "gamma-Cyclodextrin*" or "glucose intake" or "High Fructose Corn Syrup" or "Hydroxyethyl Starch Derivative*" or Inulin or ketogenic or "low carbohydrate diet*" or "Resistant Starch*" or "saccharide intake" or Starch* or "sugar intake")

3 TITLE-ABS-KEY((control* W/3 study) or (control* W/3 trial) or (randomized W/3 study) or (randomized W/3 trial) or (randomised W/3 study) or (randomised W/3 trial) or "pragmatic clinical trial" or (random* W/1 allocat*) or (doubl* W/1 blind*) or (doubl* W/1 mask*) or (singl* W/1 blind*) or (singl* W/1 mask*) or (tripl* W/1 blind*) or (tripl* W/1 mask*) or (trebl* W/1 blind*) or (trebl* W/1 mask*) or "latin square" or placebo* or nocebo* or random* or "prospective study" or "prospective survey" or "prospective analysis" or prospectiv* or "quasi experimental study" or "quasi experimental analysis" or "quasiexperimental study" or "quasiexperimental analysis" or "case control study" or "case base study" or "case referrent study" or "case referent study" or "case referent study" or "case compeer study" or "case comparison study" or "matched case control" or "before and after" or "before after")

4 PUBYEAR AFT 1999 AND LANGUAGE(english)

5 1 and 2 and 3 and 4

6	DOCTYPE(ab) OR DOCTYPE(ed) OR DOCTYPE(bk) OR DOCTYPE(er) OR DOCTYPE(no) OR DOCTYPE(sh)
7	5 and not 6
8	INDEX(embase) OR INDEX(medline) OR PMID(0* OR 1* OR 2* OR 3* OR 4* OR 5* OR 6* OR 7* OR 8* OR 9*)
9	7 and not 8

Clinicaltrials.gov

Condition or disease:

Cardiovascular disease

Other Terms:

"2-Hydroxypropyl-beta-cyclodextrin" OR "alimentary carbohydrate" OR "alpha-Cyclodextrin" OR Amylopectin OR Amylose OR "beta-Cyclodextrin" OR "carbohydrate consumption" OR "carbohydrate feeding" OR Cyclodextrins OR Dextrin OR "diet carbohydrate"

"Dietary Carbohydrate" OR "dietary intake" OR "Dietary Sucrose" OR "Dietary Sugar" OR "digestible carbohydrate" OR "fructose intake" OR "gamma-Cyclodextrin" OR "glucose intake" OR "High Fructose Corn Syrup" OR "Hydroxyethyl Starch Derivative"

Inulin OR "Resistant Starch" OR "saccharide intake" OR Starch OR "sugar intake" ketogenic OR "Carbohydrate restricted" OR "Carbohydrate restriction" OR "low carbohydrate diet"

First Posted

1/1/2000-10/24/2023

Appendix. A 2. The Effect of Dietary Digestible Carbohydrate Intake on Risk of Type 2 Diabetes, Growth, Size, and Body Composition

Ovid

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials September 2023, Embase 1974 to 2023 October 23, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions 1946 to October 23, 2023
Search Strategy:

#	Searches

1 exp Diabetes Mellitus, Type 2/

2 exp non insulin dependent diabetes mellitus/

3 exp Body Composition/

4 exp body weight changes/

5 ("adult onset diabetes" or "Body Composition*" or "Body Fat Distribution" or "Body weight change*" or "change in body weight" or "diabetes mellitus type 2" or "diabetes mellitus type II" or "diabetes type 2" or "diabetes type II" or "dm 2" or "insulin independent diabetes" or "ketosis resistant diabetes" or "maturity onset diabetes" or niddm or "non insulin dependent diabetes" or "noninsulin dependent diabetes" or "type 2 diabetes" or "type II diabetes" or "weight gain" or "weight loss").ti,ab,kf.

6 or/1-5

7 dietary carbohydrates/ or exp dietary sugars/ or exp starch/

8 exp carbohydrate intake/

9 exp Diet, Ketogenic/

10 exp Diet, Carbohydrate-Restricted/

11 ("2-Hydroxypropyl-beta-cyclodextrin" or "alimentary carbohydrate*" or "alpha-Cyclodextrin*" or Amylopectin or Amylose or "beta-Cyclodextrin*" or "carbohydrate consumption" or "carbohydrate feeding" or "Carbohydrate-Restricted" or "Carbohydrate-Restriction" or Cyclodextrins or Dextrin* or "diet carbohydrate*" or "Dietary Carbohydrate*" or "dietary intake" or "Dietary Sucrose" or "Dietary Sugar*" or "digestible carbohydrate*" or "fructose intake" or "gamma-Cyclodextrin*" or "glucose intake" or "High Fructose Corn Syrup" or "Hydroxyethyl Starch Derivative*" or Inulin or ketogenic or "low carbohydrate diet*" or "Resistant Starch*" or "saccharide intake" or Starch* or "sugar intake").ti,ab,kf.

12 or/7-11

13 6 and 12

14 exp Randomized Controlled Trial/

15 randomised controlled trials.sd.

16 exp controlled study/

17 exp triple blind procedure/

18 exp Double-Blind Method/

19 exp Single-Blind Method/

20 exp latin square design/

21 exp Placebos/

22 exp Placebo Effect/

23 exp prospective study/

24 exp quasi experimental study/

25 exp case-control studies/

26 ((control* adj3 study) or (control* adj3 trial) or (randomized adj3 study) or (randomized adj3 trial) or (randomised adj3 study) or (randomised adj3 trial) or "pragmatic clinical trial" or (random* adj1 allocat*) or (doubl* adj blind*) or (doubl* adj mask*) or (singl* adj blind*) or (singl* adj mask*) or (tripl* adj blind*) or (tripl* adj mask*) or (trebl* adj blind*) or (trebl* adj mask*) or "latin square" or placebo* or nocebo* or random* or "prospective study" or "prospective survey" or "prospective analysis" or prospectiv* or "quasi experimental study" or "quasi experimental analysis" or "quasiexperimental study" or "quasiexperimental analysis" or "case control study" or "case base study" or "case referrent study" or "case referent study" or "case referent study" or "case compeer study" or "case comparison study" or "matched case control" or "before and after" or "before after").mp,pt.

27 or/14-26

28 13 and 27

29 limit 28 to english language

30 limit 28 to no language specified

31 29 or 30

32 limit 31 to yr="2000 -Current"

33 limit 32 to (conference abstract or editorial or erratum or note or addresses or autobiography or bibliography or biography or blogs or comment or dictionary or directory or interactive tutorial or interview or lectures or legal cases or legislation or news or newspaper article or overall or patient education handout or periodical index or portraits or published erratum or

video-audio media or webcasts) [Limit not valid in CCTR,Embase,Ovid MEDLINE(R); records were retained]

34 32 not 33

35 limit 34 to yr="2020 -Current"

36 remove duplicates from 35

37 limit 34 to yr="2014 -2019"

38 remove duplicates from 37

39 34 not (35 or 37)

40 remove duplicates from 39

41 36 or 38 or 40

Scopus

1 TITLE-ABS-KEY("adult onset diabetes" or "Body Composition*" or "Body Fat Distribution" or "Body weight change*" or "change in body weight" or "diabetes mellitus type 2" or "diabetes mellitus type II" or "diabetes type 2" or "diabetes type II" or "dm 2" or "insulin independent diabetes" or "ketosis resistant diabetes" or "maturity onset diabetes" or niddm or "non insulin dependent diabetes" or "noninsulin dependent diabetes" or "type 2 diabetes" or "type II diabetes" or "weight gain" or "weight loss")

2 TITLE-ABS-KEY("2-Hydroxypropyl-beta-cyclodextrin" or "alimentary carbohydrate*" or "alpha-Cyclodextrin*" or Amylopectin or Amylose or "beta-Cyclodextrin*" or "carbohydrate consumption" or "carbohydrate feeding" or "Carbohydrate-Restricted" or "Carbohydrate-Restriction" or Cyclodextrins or Dextrin* or "diet carbohydrate*" or "Dietary Carbohydrate*" or "dietary intake" or "Dietary Sucrose" or "Dietary Sugar*" or "digestible carbohydrate*" or "fructose intake" or "gamma-Cyclodextrin*" or "glucose intake" or "High Fructose Corn Syrup" or "Hydroxyethyl Starch Derivative*" or Inulin or ketogenic or "low carbohydrate diet*" or "Resistant Starch*" or "saccharide intake" or Starch* or "sugar intake")

3 TITLE-ABS-KEY((control* W/3 study) or (control* W/3 trial) or (randomized W/3 study) or (randomized W/3 trial) or (randomised W/3 study) or (randomised W/3 trial) or "pragmatic clinical trial" or (random* W/1 allocat*) or (doubl* W/1 blind*) or (doubl* W/1 mask*) or (singl* W/1 blind*) or (singl* W/1 mask*) or (tripl* W/1 blind*) or (tripl* W/1 mask*) or (trebl* W/1 blind*) or (trebl* W/1 mask*) or "latin square" or placebo* or nocebo* or random* or "prospective study" or "prospective survey" or

"prospective analysis" or prospectiv* or "quasi experimental study" or "quasi experimental analysis" or "quasiexperimental study" or "quasiexperimental analysis" or "case control study" or "case base study" or "case referrent study" or "case referent study" or "case referent study" or "case compeer study" or "case comparison study" or "matched case control" or "before and after" or "before after")

4	PUBYEAR AFT 1999 AND LANGUAGE(english)
5	1 and 2 and 3 and 4
6	DOCTYPE(ab) OR DOCTYPE(ed) OR DOCTYPE(bk) OR DOCTYPE(er) OR DOCTYPE(no) OR DOCTYPE(sh)
7	5 and not 6
8	INDEX(embase) OR INDEX(medline) OR PMID(0* OR 1* OR 2* OR 3* OR 4* OR 5* OR 6* OR 7* OR 8* OR 9*)
9	7 and not 8

Clinicaltrials.gov

Condition or disease:

Diabetes Type 2

Other Terms:

"2-Hydroxypropyl-beta-cyclodextrin" OR "alimentary carbohydrate" OR "alpha-Cyclodextrin" OR Amylopectin OR Amylose OR "beta-Cyclodextrin" OR "carbohydrate consumption" OR "carbohydrate feeding" OR Cyclodextrins OR Dextrin OR "diet carbohydrate"

"Dietary Carbohydrate" OR "dietary intake" OR "Dietary Sucrose" OR "Dietary Sugar" OR "digestible carbohydrate" OR "fructose intake" OR "gamma-Cyclodextrin" OR "glucose intake" OR "High Fructose Corn Syrup" OR "Hydroxyethyl Starch Derivative"

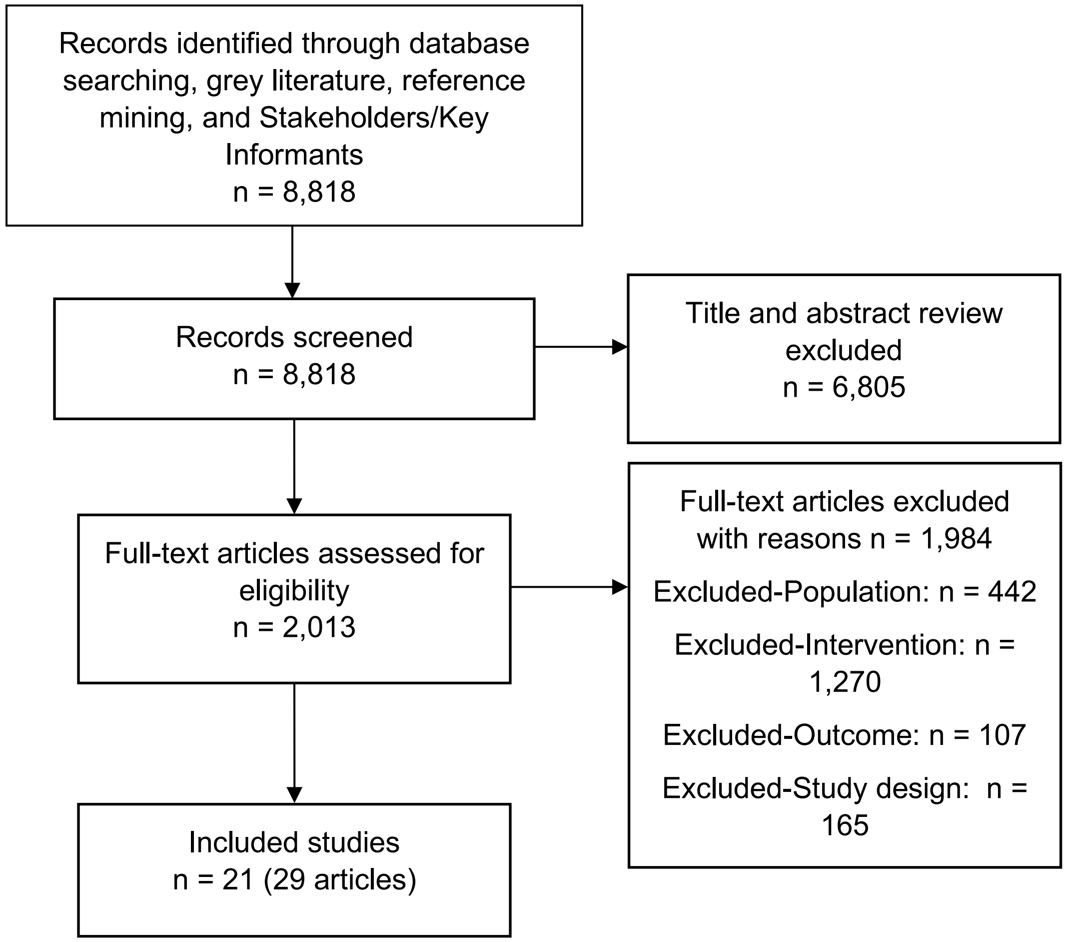
Inulin OR "Resistant Starch" OR "saccharide intake" OR Starch OR "sugar intake" ketogenic OR "Carbohydrate restricted" OR "Carbohydrate restriction" OR "low carbohydrate diet"

First Posted

1/1/2000-10/24/2023

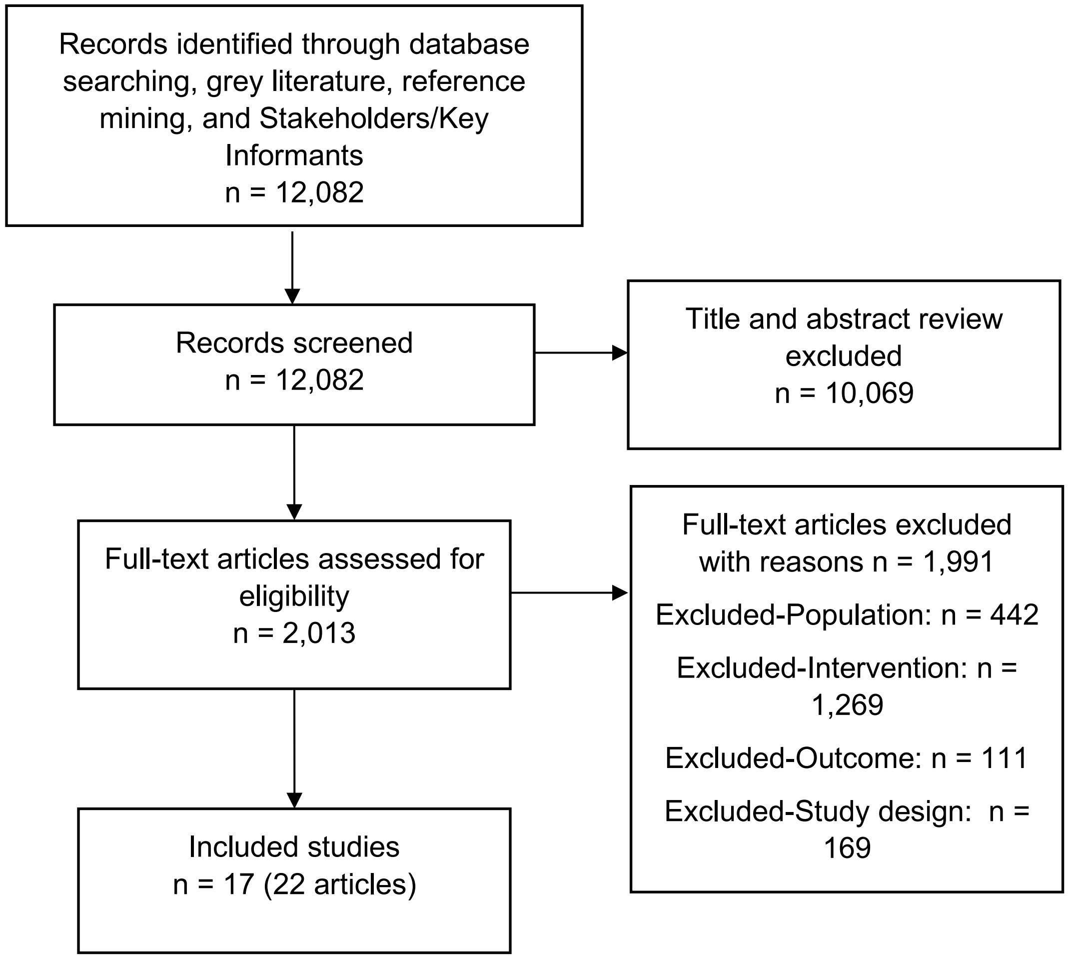
Appendix B. Flow Chart

Figure B.1. The effect of dietary digestible carbohydrate intake on the risk of cardiovascular disease



Abbreviations: n = number

Figure B.2. The effect of dietary digestible carbohydrate intake on the risk of type 2 diabetes, growth, size, and body composition



Abbreviations: n = number

Appendix C. List of Excluded Studies Upon Full-Text Review

Appendix C.1. Excluded Studies: The Effect of Dietary Digestible Carbohydrate Intake on Risk of Cardiovascular Disease

Aarhus Uo. High-amylose Barley (HIAMBA) in the Regulation and Prevention of Type 2 Diabetes. 2021. PMID: CN-02233844. *Population*

Aarhus Uo, Denmark IF. High-amylose Barley (HIAMBA) in the Regulation and Prevention of Type 2 Diabetes. https://classic.clinicaltrials.gov/show/NCT04702672; 2023. *Population*

Abbasi F, McLaughlin T, Lamendola C, et al. High carbohydrate diets, triglyceride-rich lipoproteins, and coronary heart disease risk. Am J Cardiol. 2000 Jan 01;85(1):45-8. PMID: 11078235. *Intervention*

Abbasnezhad A, Falahi E, Gonzalez MJ, et al. Effect of Different Dietary Approaches in Comparison with High/Low-Carbohydrate Diets on Systolic and Diastolic Blood Pressure in Type 2 Diabetic Patients: A Systematic Review and Meta-Analysis. Prev. 2020 Sep 30;25(3):233-45. doi: https://dx.doi.org/10.3746/pnf.2020.25.3.233. PMID: 33083372. *Population*

Abboud M, Alanouti F, Georgaki E, et al. Effect of ketogenic diet on quality of life in adults with chronic disease: A systematic review of randomized controlled trials. Nutrients. 2021 December;13(12) (no pagination). doi: https://dx.doi.org/10.3390/nu13124463. PMID: 2014868144. *Population*

Abdelkhalek MM, Sakr HR, Elfattah HMA, et al. Effect of ketogenic diet and aerobic exercise on glucose level in prediabetes female with normal weight: A randomized controlled trial. Fizjoter Pol. 2021;21(3):206-11. *Intervention*

Abete I, Konieczna J, Zulet MA, et al. Association of lifestyle factors and inflammation with sarcopenic obesity: data from the PREDIMED-Plus trial. Journal of Cachexia, Sarcopenia and Muscle. 2019 10;10(5):974-84. doi: https://dx.doi.org/10.1002/jcsm.12442. PMID: 31144432. *Population*

Abete I, Parra D, De Morentin BM, et al. Effects of two energy-restricted diets differing in the carbohydrate/protein ratio on weight loss and oxidative changes of obese men. Int J Food Sci Nutr. 2009;60 Suppl 3:1-13. doi: https://dx.doi.org/10.1080/09637480802232625. PMID: 18654910. *Intervention*

Abete I, Parra D, Martinez JA. Energy-restricted diets based on a distinct food selection affecting the glycemic index induce different weight loss and oxidative response. Clin Nutr. 2008 Aug;27(4):545-51. doi: https://dx.doi.org/10.1016/j.clnu.2008.01.005. PMID: 18308431. *Population*

Abubakar B, Zawawi N, Omar AR, et al. Predisposition to insulin resistance and obesity due to staple consumption of rice: Amylose content versus germination status. PLoS ONE. 2017 July;12(7) (no pagination). doi: https://dx.doi.org/10.1371/journal.pone.0181309. PMID: 617398380. *Population*

Adaliene Versiani M. Ferreira FUoMG. Acute Inflammatory and Metabolic Effect of High Fructose Intake. 2022. PMID: CN-02471367 NEW. *Outcome*

Adamska-Patruno E, Samczuk P, Ciborowski M, et al. Metabolomics Reveal Altered Postprandial Lipid Metabolism After a High-Carbohydrate Meal in Men at High Genetic Risk of Diabetes. J Nutr. 2019 06 01;149(6):915-22. doi: https://dx.doi.org/10.1093/jn/nxz024. PMID: 31049566. *Intervention*

Adelaide Uo, University AC, University LT. What Or When to Eat to Reduce the Risk of Type 2 Diabetes (WOW). https://classic.clinicaltrials.gov/show/NCT04762251; 2021. *Intervention*

Afilalo J, Hospital JG. The TARGET-EFT Randomized Clinical Trial. https://classic.clinicaltrials.gov/show/NCT04291690; 2020. *Population*

Afoakwah AN, Owusu WB. The relationship between dietary intake, body composition and blood pressure in male adult miners in Ghana. Asian J Clin Nutr. 2011;3(1):1-13. doi: 10.3923/ajcn.2011.1.13. *Outcome*

Agarwal P, Ford CN, Leurgans SE, et al. Dietary Sugar Intake Associated with a Higher Risk of Dementia in Community-Dwelling Older Adults. Journal of Alzheimer's disease : JAD. 2023;02. doi: https://dx.doi.org/10.3233/JAD-230013. PMID: 642237885. *Outcome*

Agnoli C, Sieri S, Ricceri F, et al. Macronutrient composition of the diet and long-term changes in weight and waist circumference in the EPIC-Italy cohort. Nutr Metab Cardiovasc Dis. 2021 01 04;31(1):67-75. doi: https://dx.doi.org/10.1016/j.numecd.2020.08.007. PMID: 33097407. *Intervention*

Aguiar EJ, Morgan PJ, Collins CE, et al. The PULSE (Prevention Using LifeStyle Education) trial protocol: A randomised controlled trial of a Type 2 Diabetes Prevention programme for men. Contemp Clin Trials. 2014 August 01;39(1):132-44. doi: https://dx.doi.org/10.1016/j.cct.2014.07.008. PMID: 605170044. *Outcome*

Ahiawodzi PD, Furtado JD, Mukamal KJ. Dietary Macronutrients and Circulating Nonesterified Fatty Acids: A Secondary Analysis of the OMNI Heart Crossover Trial. J Nutr. 2023 01 14;152(12):2802-7. doi: https://dx.doi.org/10.1093/jn/nxac187. PMID: 36026540. *Intervention*

Ahmad A, Isherwood C, Umpleby M, et al. Effects of high and low sugar diets on cardiovascular disease risk factors. Ann Nutr Metab. 2019 to 2019-08-07;Vol.75(3):46p. doi: https://doi.org/10.1159/000501751. PMID: CN-01989106. *Study Design*

Ahmad S, Demler OV, Sun Q, et al. Association of the Mediterranean Diet with Onset of Diabetes in the Women's Health Study. JAMA netw. 2020 19 Nov;3(11) (no pagination). doi: https://dx.doi.org/10.1001/jamanetworkopen.2020.25466. PMID: 633446526. *Population*

Ahmadi-Abhari S, Luben RN, Powell N, et al. Dietary intake of carbohydrates and risk of type 2 diabetes: the European Prospective Investigation into Cancer-Norfolk study. Br J Nutr. 2014 Jan 28;111(2):342-52. doi: https://dx.doi.org/10.1017/S0007114513002298. PMID: 23880355. *Outcome*

Ahola AJ, Forsblom C, Harjutsalo V, et al. Dietary carbohydrate intake and cardio-metabolic risk factors in type 1 diabetes. Diabetes Research and Clinical Practice. 2019 September;155 (no pagination). doi: https://dx.doi.org/10.1016/j.diabres.2019.107818. PMID: 2002672786. *Population*

Ajala O, English P, Pinkney J. Systematic review and meta-analysis of different dietary approaches to the management of type 2 diabetes. Am J Clin Nutr. 2013 Mar;97(3):505-16. doi: https://dx.doi.org/10.3945/ajcn.112.042457. PMID: 23364002. *Population*

Akter S, Kurotani K, Kashino I, et al. High Dietary Acid Load Score Is Associated with Increased Risk of Type 2 Diabetes in Japanese Men: The Japan Public Health Center-based Prospective Study. J Nutr. 2016 05;146(5):1076-83. doi: https://dx.doi.org/10.3945/jn.115.225177. PMID: 27052540. *Intervention*

Akter S, Mizoue T, Nanri A, et al. Low carbohydrate diet and all cause and cause-specific mortality. Clin Nutr. 2021 04;40(4):2016-24. doi: https://dx.doi.org/10.1016/j.clnu.2020.09.022. PMID: 33046262. *Intervention*

Al Dhaheri AS, Henry CJK, Lightowler HJ, et al. Role of body composition in the glycaemic response to foods fed to three different ethnic groups: a pilot study. Ann Nutr Metab. 2010;56(3):217-24. doi: https://dx.doi.org/10.1159/000276598. PMID: 20299784. *Outcome*

Al-Daghri NM, Khan N, Alkharfy KM, et al. Selected dietary nutrients and the prevalence of metabolic syndrome in adult males and females in Saudi Arabia: A pilot study. Nutrients. 2013 19 Nov;5(11):4587-604. doi: https://dx.doi.org/10.3390/nu5114587. PMID: 370355685. *Intervention*

Al-Disi D, Ansari MGA, Sabico S, et al. High glucose load and endotoxemia among overweight and obese Arab women with and without diabetes: An observational study. Medicine (United States). 2020 13 Nov;99(46):E23211. doi: https://dx.doi.org/10.1097/MD.0000000000023211. PMID: 2024606341. *Population*

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Erratum: correction to: gardner et al. Effect of a ketogenic diet versus Mediterranean diet on glycated hemoglobin in individuals with prediabetes and type 2 diabetes mellitus: the interventional Keto-Med randomized crossover trial (The American journal of clinical nutrition (2022) 116 3 (640-652) PII: nqac279). Am J Clin Nutr. 2022. doi: https://doi.org/10.1093/ajcn/nqac279. PMID: CN-02506975 NEW. *Study Design*

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Zamani B, Daneshzad E, Mofrad MD, et al. Dietary Quality Index and Cardiometabolic Risk Factors among Adult Women. Iran J Public Health. 2021 Aug;50(8):1713-21. doi: https://dx.doi.org/10.18502/ijph.v50i8.6819. PMID: 34917543. *Intervention*

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Zhang J, Tang Z, Lu Z, et al. The Association between Dietary Sugar Intake and Nephrolithiasis: Results from National Health and Nutrition Examination Survey 2007-2018. J Nutr. 2023 October;153(10):2968-78. doi: https://dx.doi.org/10.1016/j.tjnut.2023.08.025. PMID: 2027135694. *Outcome*

Zhang Q, Zhao R, Gan Q, et al. The effect of two years milk and egg supplementation on body composition of pre-pubertal children in Chinese poor rural area. Ann Nutr Metab. 2017;71(888):2017-10. doi: https://doi.org/10.1159/000480486. PMID: CN-01428776. *Study Design*

Zhang S, Li H, Engstrom G, et al. Milk intake, lactase persistence genotype, plasma proteins and risks of cardiovascular events in the Swedish general population. Eur J Epidemiol. 2023 Feb;38(2):211-24. doi: https://dx.doi.org/10.1007/s10654-022-00937-7. PMID: 36604367. *Intervention*

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Zhang Y, Yang S, Wu Q, et al. Dietary vitamin E intake and new-onset hypertension. Hypertens Res. 2023 05;46(5):1267-75. doi: https://dx.doi.org/10.1038/s41440-022-01163-0. PMID: 36609495. *Intervention*

Zhang YB, Chen JX, Jiang YW, et al. Association of sugar-sweetened beverage and artificially sweetened beverage intakes with mortality: an analysis of US National Health and Nutrition Examination Survey. Eur J Nutr. 2021 June;60(4):1945-55. doi: https://dx.doi.org/10.1007/s00394-020-02387-x. PMID: 2006725574. *Intervention*

Zhao L-G, Li H-L, Liu D-K, et al. Dietary glycemic index, glycemic load, and cause-specific mortality: two population-based prospective cohort studies. Eur J Clin Nutr. 2022 08;76(8):1142-9. doi: https://dx.doi.org/10.1038/s41430-022-01083-9. PMID: 35105945. *Intervention*

Zhao R, Zhao L, Gao X, et al. Geographic Variations in Dietary Patterns and Their Associations with Overweight/Obesity and Hypertension in China: Findings from China Nutrition and Health Surveillance (2015-2017). Nutrients. 2022 October;14(19) (no pagination). doi: https://dx.doi.org/10.3390/nu14193949. PMID: 2019544804. *Study Design*

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Zheng M, Allman-Farinelli M, Heitmann BL, et al. Liquid versus solid energy intake in relation to body composition among Australian children. J Hum Nutr Diet. 2015 Feb;28 Suppl 2:70-9. doi: https://dx.doi.org/10.1111/jhn.12223. PMID: 24548259. *Intervention*

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Zhong Y, Chen X, Huang C, et al. The effects of a low carbohydrate diet combined with partial meal replacement on obese individuals. Nutr Metab (Lond). 2023 Mar 30;20(1):18. doi: https://dx.doi.org/10.1186/s12986-023-00740-5. PMID: 36997952. *Intervention*

Zhou H, Wang L, Liu G, et al. Critical roles of soluble starch synthase SSIIIa and granule-bound starch synthase Waxy in synthesizing resistant starch in rice. Proc Natl Acad Sci U S A. 2016 08 Nov;113(45):12844-9. doi: https://dx.doi.org/10.1073/pnas.1615104113. PMID: 613121223. *Population*

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Zhu R, Larsen TM, Poppitt SD, et al. Associations of quantity and quality of carbohydrate sources with subjective appetite sensations during 3-year weight-loss maintenance: Results from the PREVIEW intervention study. Clin Nutr. 2022 01;41(1):219-30. doi: https://dx.doi.org/10.1016/j.clnu.2021.11.038. PMID: 34915273. *Outcome*

Zhu Y, Olsen SF, Mendola P, et al. Maternal dietary intakes of refined grains during pregnancy and growth through the first 7 y of life among children born to women with gestational diabetes. Am J Clin Nutr. 2017 01 Jul;106(1):96-104. doi: https://dx.doi.org/10.3945/ajcn.116.136291. PMID: 617175196. *Population*

Zinn C, McPhee J, Harris N, et al. A 12-week low-carbohydrate, high-fat diet improves metabolic health outcomes over a control diet in a randomised controlled trial with overweight defence force personnel. Appl Physiol Nutr Metab. 2017 Nov;42(11):1158-64. doi: https://dx.doi.org/10.1139/apnm-2017-0260. PMID: 28700832. *Intervention*

Zohar Y, Hjorth MF, Ritz C, et al. Pretreatment fasting plasma glucose and insulin as determinants of weight loss success: the NUGENOB study. Diabetes. 2017;66:2017-06. PMID: CN-01740022. *Study Design*

Appendix C. 2. Excluded Studies: The Effect of Dietary Digestible Carbohydrate Intake on Risk of Type 2 Diabetes, Growth, Size, and Body Composition

Aarhus Uo. High-amylose Barley (HIAMBA) in the Regulation and Prevention of Type 2 Diabetes. 2021. PMID: CN-02233844. *Population*

Aarhus Uo, Denmark IF. High-amylose Barley (HIAMBA) in the Regulation and Prevention of Type 2 Diabetes. https://classic.clinicaltrials.gov/show/NCT04702672; 2023. *Population*

Abbasi F, McLaughlin T, Lamendola C, et al. High carbohydrate diets, triglyceride-rich lipoproteins, and coronary heart disease risk. Am J Cardiol. 2000 Jan 01;85(1):45-8. PMID: 11078235. *Intervention*

Abbasnezhad A, Falahi E, Gonzalez MJ, et al. Effect of Different Dietary Approaches in Comparison with High/Low-Carbohydrate Diets on Systolic and Diastolic Blood Pressure in Type 2 Diabetic Patients: A Systematic Review and Meta-Analysis. Prev. 2020 Sep 30;25(3):233-45. doi: https://dx.doi.org/10.3746/pnf.2020.25.3.233. PMID: 33083372. *Population*

Abboud M, Alanouti F, Georgaki E, et al. Effect of ketogenic diet on quality of life in adults with chronic disease: A systematic review of randomized controlled trials. Nutrients. 2021 December;13(12) (no pagination). doi: https://dx.doi.org/10.3390/nu13124463. PMID: 2014868144. *Population*

Abdelkhalek MM, Sakr HR, Elfattah HMA, et al. Effect of ketogenic diet and aerobic exercise on glucose level in prediabetes female with normal weight: A randomized controlled trial. Fizjoter Pol. 2021;21(3):206-11. *Intervention*

Abete I, Konieczna J, Zulet MA, et al. Association of lifestyle factors and inflammation with sarcopenic obesity: data from the PREDIMED-Plus trial. Journal of Cachexia, Sarcopenia and Muscle. 2019 10;10(5):974-84. doi: https://dx.doi.org/10.1002/jcsm.12442. PMID: 31144432. *Population*

Abete I, Parra D, De Morentin BM, et al. Effects of two energy-restricted diets differing in the carbohydrate/protein ratio on weight loss and oxidative changes of obese men. Int J Food Sci Nutr. 2009;60 Suppl 3:1-13. doi: https://dx.doi.org/10.1080/09637480802232625. PMID: 18654910. *Intervention*

Abete I, Parra D, Martinez JA. Energy-restricted diets based on a distinct food selection affecting the glycemic index induce different weight loss and oxidative response. Clin Nutr. 2008 Aug;27(4):545-51. doi: https://dx.doi.org/10.1016/j.clnu.2008.01.005. PMID: 18308431. *Population*

Abubakar B, Zawawi N, Omar AR, et al. Predisposition to insulin resistance and obesity due to staple consumption of rice: Amylose content versus germination status. PLoS ONE. 2017 July;12(7) (no pagination). doi: https://dx.doi.org/10.1371/journal.pone.0181309. PMID: 617398380. *Population*

Adaliene Versiani M. Ferreira FUoMG. Acute Inflammatory and Metabolic Effect of High Fructose Intake. 2022. PMID: CN-02471367 NEW. *Outcome*

Adamska-Patruno E, Samczuk P, Ciborowski M, et al. Metabolomics Reveal Altered Postprandial Lipid Metabolism After a High-Carbohydrate Meal in Men at High Genetic Risk of Diabetes. J Nutr. 2019 06 01;149(6):915-22. doi: https://dx.doi.org/10.1093/jn/nxz024. PMID: 31049566. *Intervention*

Adelaide Uo, University AC, University LT. What Or When to Eat to Reduce the Risk of Type 2 Diabetes (WOW). https://classic.clinicaltrials.gov/show/NCT04762251; 2021. *Intervention*

Afilalo J, Hospital JG. The TARGET-EFT Randomized Clinical Trial. https://classic.clinicaltrials.gov/show/NCT04291690; 2020. *Population*

Afoakwah AN, Owusu WB. The relationship between dietary intake, body composition and blood pressure in male adult miners in Ghana. Asian J Clin Nutr. 2011;3(1):1-13. doi: 10.3923/ajcn.2011.1.13. *Outcome*

Agarwal P, Ford CN, Leurgans SE, et al. Dietary Sugar Intake Associated with a Higher Risk of Dementia in Community-Dwelling Older Adults. Journal of Alzheimer's disease : JAD. 2023;02. doi: https://dx.doi.org/10.3233/JAD-230013. PMID: 642237885. *Outcome*

Agnoli C, Sieri S, Ricceri F, et al. Macronutrient composition of the diet and long-term changes in weight and waist circumference in the EPIC-Italy cohort. Nutr Metab Cardiovasc Dis. 2021 01 04;31(1):67-75. doi: https://dx.doi.org/10.1016/j.numecd.2020.08.007. PMID: 33097407. *Intervention*

Aguiar EJ, Morgan PJ, Collins CE, et al. The PULSE (Prevention Using LifeStyle Education) trial protocol: A randomised controlled trial of a Type 2 Diabetes Prevention programme for men. Contemp Clin Trials. 2014 August 01;39(1):132-44. doi: https://dx.doi.org/10.1016/j.cct.2014.07.008. PMID: 605170044. *Outcome*

Ahiawodzi PD, Furtado JD, Mukamal KJ. Dietary Macronutrients and Circulating Nonesterified Fatty Acids: A Secondary Analysis of the OMNI Heart Crossover Trial. J Nutr. 2023 01 14;152(12):2802-7. doi: https://dx.doi.org/10.1093/jn/nxac187. PMID: 36026540. *Intervention*

Ahmad A, Isherwood C, Umpleby M, et al. Effects of high and low sugar diets on cardiovascular disease risk factors. Ann Nutr Metab. 2019 to 2019-08-07;Vol.75(3):46p. doi: https://doi.org/10.1159/000501751. PMID: CN-01989106. *Study Design*

Ahmad S, Demler OV, Sun Q, et al. Association of the Mediterranean Diet with Onset of Diabetes in the Women's Health Study. JAMA netw. 2020 19 Nov;3(11) (no pagination). doi: https://dx.doi.org/10.1001/jamanetworkopen.2020.25466. PMID: 633446526. *Population*

Ahola AJ, Forsblom C, Harjutsalo V, et al. Dietary carbohydrate intake and cardio-metabolic risk factors in type 1 diabetes. Diabetes Research and Clinical Practice. 2019 September;155 (no pagination). doi: https://dx.doi.org/10.1016/j.diabres.2019.107818. PMID: 2002672786. *Population*

Ajala O, English P, Pinkney J. Systematic review and meta-analysis of different dietary approaches to the management of type 2 diabetes. Am J Clin Nutr. 2013 Mar;97(3):505-16. doi: https://dx.doi.org/10.3945/ajcn.112.042457. PMID: 23364002. *Population*

Akter S, Kurotani K, Kashino I, et al. High Dietary Acid Load Score Is Associated with Increased Risk of Type 2 Diabetes in Japanese Men: The Japan Public Health Center-based Prospective Study. J Nutr. 2016 05;146(5):1076-83. doi: https://dx.doi.org/10.3945/jn.115.225177. PMID: 27052540. *Intervention*

Akter S, Mizoue T, Nanri A, et al. Low carbohydrate diet and all cause and cause-specific mortality. Clin Nutr. 2021 04;40(4):2016-24. doi: https://dx.doi.org/10.1016/j.clnu.2020.09.022. PMID: 33046262. *Intervention*

Al Dhaheri AS, Henry CJK, Lightowler HJ, et al. Role of body composition in the glycaemic response to foods fed to three different ethnic groups: a pilot study. Ann Nutr Metab. 2010;56(3):217-24. doi: https://dx.doi.org/10.1159/000276598. PMID: 20299784. *Outcome*

Al-Daghri NM, Khan N, Alkharfy KM, et al. Selected dietary nutrients and the prevalence of metabolic syndrome in adult males and females in Saudi Arabia: A pilot study. Nutrients. 2013 19 Nov;5(11):4587-604. doi: https://dx.doi.org/10.3390/nu5114587. PMID: 370355685. *Intervention*

Al-Disi D, Ansari MGA, Sabico S, et al. High glucose load and endotoxemia among overweight and obese Arab women with and without diabetes: An observational study. Medicine (United States). 2020 13 Nov;99(46):E23211. doi: https://dx.doi.org/10.1097/MD.0000000000023211. PMID: 2024606341. *Population*

Al-Hamdan R, McCullough F, Avery A, et al. Efficacy of different prediabetes program models in improving clinical outcomes in people with prediabetes. Proc Nutr Soc. 2019 2019;Vol.79(OCE2):2019-10-15 to -10-18. 13th European Nutrition Conference. doi: https://doi.org/10.1017/S0029665120004711. PMID: CN-02236151. *Intervention*

Alhazmi A, Stojanovski E, McEvoy M, et al. Macronutrient intakes and development of type 2 diabetes: a systematic review and meta-analysis of cohort studies. J Am Coll Nutr. 2012 Aug;31(4):243-58. PMID: 23378452. Study design

Al-Ozairi E, Rivard CJ, Sanchez Lozada LG, et al. Fructose tolerance test in obese people with and without type 2 diabetes. J Diabetes. 2020 01 Mar;12(3):197-204. doi: https://dx.doi.org/10.1111/1753-0407.12984. PMID: 2003451492. *Intervention*

Al-Sarraj T, Saadi H, Volek JS, et al. Carbohydrate restriction favorably alters lipoprotein metabolism in Emirati subjects classified with the metabolic syndrome. Nutrition, Metabolism and Cardiovascular Diseases. 2010 December;20(10):720-6. doi: https://dx.doi.org/10.1016/j.numecd.2009.06.004. PMID: 50637647. *Intervention*

Al-Sarraj T, Volek JS, Saadi H, et al. Carbohydrate restriction reduces dyslipidemias associated with atherogenic lipoprotein profiles in Emirati men and women with metabolic syndrome. Faseb J. 2013;27:2013-04. PMID: CN-01025562. *Study Design*

Al-Tamimi AM, Petrisko M, Hong MY, et al. Honey does not adversely impact blood lipids of adult men and women: a randomized cross-over trial. Nutr Res. 2020 February;74:87-95. doi: https://dx.doi.org/10.1016/j.nutres.2019.11.012. PMID: 2004635616. *Intervention*

Alathari BE, Aji AS, Ariyasra U, et al. Interaction between vitamin d-related genetic risk score and carbohydrate intake on body fat composition: A study in southeast asian Minangkabau women. Nutrients. 2021 Feb;13(2):1-13. doi: https://dx.doi.org/10.3390/nu13020326. PMID: 2005866722. *Intervention*

Alderete E, Bejarano I, Rodriguez A. Beverage intake and obesity in early childhood: evidence form primary health care clients in Northwest Argentina. J Dev Orig Health Dis. 2016 Jun;7(3):244-52. doi: https://dx.doi.org/10.1017/S204017441500793X. PMID: 26639571. *Intervention*

Alderete TL, Wild LE, Mierau SM, et al. Added sugar and sugar-sweetened beverages are associated with increased postpartum weight gain and soluble fiber intake is associated with postpartum weight loss in Hispanic women from Southern California. Am J Clin Nutr. 2020 01 Aug;112(3):519-26. doi: https://dx.doi.org/10.1093/ajcn/nqaa156. PMID: 633171173. *Population*

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Alexandraki I, Palacio C, Mooradian AD. Relative Merits of Low-Carbohydrate Versus Low-Fat Diet in Managing Obesity. South Med J. 2015 Jul;108(7):401-16. doi: https://dx.doi.org/10.14423/SMJ.0000000000000308. PMID: 26192936. *Intervention*

Alissa EM, Bahijri SM, Ferns GA. Dietary macronutrient intake of Saudi males and its relationship to classical coronary risk factors. Saudi Med J. 2005 Feb;26(2):201-7. PMID: 15770291. *Outcome*

Alizadeh S, Pooyan S, Mirzababaei A, et al. Interaction of MC4R rs17782313 variants and dietary carbohydrate quantity and quality on basal metabolic rate and general and central obesity in overweight/obese women: a cross-sectional study. BMC Endocr Disord. 2022 December;22(1) (no pagination). doi: https://dx.doi.org/10.1186/s12902-022-01023-5. PMID: 2016556868. *Intervention*

Aljada A, Friedman J, Ghanim H, et al. Glucose ingestion induces an increase in intranuclear nuclear factor kappaB, a fall in cellular inhibitor kappaB, and an increase in tumor necrosis factor alpha messenger RNA by mononuclear cells in healthy human subjects. Metabolism: Clinical and Experimental. 2006 September;55(9):1177-85. doi: https://dx.doi.org/10.1016/j.metabol.2006.04.016. PMID: 44215936. *Intervention*

Aljadani HM, Patterson AJ, Sibbritt DW, et al. Improving diet quality over nine-years is associated with less weight gain in mid-age Australian women: A cohort study. Nutrition, Metabolism and Cardiovascular Diseases. 2020 10 February;30(2):223-32. doi: https://dx.doi.org/10.1016/j.numecd.2019.10.003. PMID: 2003905334. *Intervention*

Allaire B, Tjaden AH, Apolzan JW, et al. Dietary quality, weight loss, and diabetes incidence in the diabetes prevention program (DPP). Diabetes. 2019;68:2019-06. doi: https://doi.org/10.2337/db19-1571-P. PMID: CN-01995556. *Intervention*

Allehdan S, Basha A, Hyassat D, et al. Effectiveness of carbohydrate counting and Dietary Approach to Stop Hypertension dietary intervention on managing Gestational Diabetes Mellitus among pregnant women who used metformin: A randomized controlled clinical trial. Clin Nutr. 2022 February;41(2):384-95. doi: https://dx.doi.org/10.1016/j.clnu.2021.11.039. PMID: 2016363237. *Population*

Allen P, Herman C, Thomson J, et al. Dietary, physical activity and metabolic changes among young urban Native American women with prediabetes participating in a primary prevention program. American public health association 134th annual meeting & exposition. 2006. PMID: CN-00635172. *Study design*

Aller EEJG, Larsen TM, Claus H, et al. Weight loss maintenance in overweight subjects on ad libitum diets with high or low protein content and glycemic index: the DIOGENES trial 12-month results. Int J Obes (Lond). 2014 Dec;38(12):1511-7. doi: https://dx.doi.org/10.1038/ijo.2014.52. PMID: 24675714. *Intervention*

Almoosawi S, Prynne CJ, Hardy R, et al. Time-of-day and nutrient composition of eating occasions: Prospective association with the metabolic syndrome in the 1946 British birth cohort. Int J Obes (Lond). 2013 May;37(5):725-31. doi: https://dx.doi.org/10.1038/ijo.2012.103. PMID: 52106698. *Intervention*

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Appendix D. Characteristics of Included Studies

Table D.1. Characteristics of included studies for the effect of dietary digestible carbohydrate intake on risk of cardiovascular disease

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Alpha-Tocopherol, Beta-Carotene Cancer Prevention (ATBC)	Similä, 2013 [1]	Finland; Prospective cohort study; Between 1985 and 1988	Overall participants: % E: 40.40%; 21,955	Inclusion criteria: Participants from an ongoing cohort study in the United States - the Health Professionals Follow-up Study which enrolled male health professionals aged 40 to 75 years in 1986. Exclusion criteria: Subjects who did not complete the food frequency questionnaire satisfactorily, history of myocardial infarction, angina pectoris, claudication, stroke and diabetes at baseline.	19.0 years	Age: 56.6 years; Women: 0.00%; BMI: 25.90 kg/m^2; Physical activity: Moderate leisure-time physical activity: 60.70%; Alcohol: 3.20 % E

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	United States; Prospective cohort study; Between 1987 and 1989	Overall participants: % E: 48.80% (SD 9.40); 13,384 participants	Inclusion criteria: Participants aged 45 to 64 years. Exclusion criteria: Participants who had race other than white or black, with prevalent atrial fibrillation or missing data of atrial fibrillation, missing dietary information, or with extreme caloric intake (defined as <600 or >4,200 kcal/d for men and <500 or >3,600 kcal/d for women), and missing other covariates.	22.4 years	Age: 54.2 (SD 5.8) years; Women: 54.90%; Race: White: 74.70%; Black: 25.30%; BMI: 27.60 (SD 5.30) kg/m^2; Other health conditions: HTN: 34.10%, DM: 9.70%, Stroke: 4.70%, CAD: 4.80%, HF: 4.50%; Physical activity: 2.30 (SD 0.59) Baecke questionnaire score; Alcohol: Never-drinker: 24.30%, Former drinker: 18.60%, Current drinker: 57.20%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	United States; Prospective cohort study; Between 1987 and 1989	Quartile 1: % E: 37.20% (SD 4.70); 3,344 participants	Inclusion criteria: Participants aged 45 to 64 years. Exclusion criteria: Participants who had race other than white or black, with prevalent atrial fibrillation or missing data of atrial fibrillation, missing dietary information, or with extreme caloric intake (defined as <600 or >4,200 kcal/d for men and <500 or >3,600 kcal/d for women), and missing other covariates.	22.4 years	Age: 53.9 (SD 5.7) years; Women: 47.00%; Race: White: 78.20%; Black: 21.80%; BMI: 27.80 (SD 5.10) kg/m^2; Other health conditions: HTN: 33.40%, DM: 10.60%, Stroke: 4.80%, CAD: 4.50%, HF: 4.30%; Physical activity: 2.30 (SD 0.59) Baecke questionnaire score; Alcohol: Never-drinker: 14.50%, Former drinker: 14.40%, Current drinker: 71.10%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	United States; Prospective cohort study; Between 1987 and 1989	Quartile 2: % E: 45.80% (SD 1.70); 3,345 participants	Inclusion criteria: Participants aged 45 to 64 years. Exclusion criteria: Participants who had race other than white or black, with prevalent atrial fibrillation or missing data of atrial fibrillation, missing dietary information, or with extreme caloric intake (defined as <600 or >4,200 kcal/d for men and <500 or >3,600 kcal/d for women), and missing other covariates.	22.4 years	Age: 54.2 (SD 5.8) years; Women: 53.80%; Race: White: 75.70%; Black: 24.30%; BMI: 27.80 (SD 5.30) kg/m^2; Other health conditions: HTN: 33.40%, DM: 10.00%, Stroke: 4.50%, CAD: 4.60%, HF: 4.10%; Physical activity: 2.30 (SD 0.59) Baecke questionnaire score; Alcohol: Never-drinker: 22.00%, Former drinker: 17.20%, Current drinker: 60.80%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	United States; Prospective cohort study; Between 1987 and 1989	Quartile 3: % E: 51.50% (SD 1.80); 3,348 participants	Inclusion criteria: Participants aged 45 to 64 years. Exclusion criteria: Participants who had race other than white or black, with prevalent atrial fibrillation or missing data of atrial fibrillation, missing dietary information, or with extreme caloric intake (defined as <600 or >4,200 kcal/d for men and <500 or >3,600 kcal/d for women), and missing other covariates.	22.4 years	Age: 54.3 (SD 5.8) years; Women: 55.90%; Race: White: 73.80%; Black: 26.20%; BMI: 27.50 (SD 5.30) kg/m^2; Other health conditions: HTN: 33.90%, DM: 8.30%, Stroke: 4.70%, CAD: 4.50%, HF: 4.40%; Physical activity: 2.30 (SD 0.59) Baecke questionnaire score; Alcohol: Never-drinker: 27.60%, Former drinker: 18.70%, Current drinker: 53.80%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	United States; Prospective cohort study; Between 1987 and 1989	Quartile 4: % E: 60.80% (SD 5.30); 3,347 participants	Inclusion criteria: Participants aged 45 to 64 years. Exclusion criteria: Participants who had race other than white or black, with prevalent atrial fibrillation or missing data of atrial fibrillation, missing dietary information, or with extreme caloric intake (defined as <600 or >4,200 kcal/d for men and <500 or >3,600 kcal/d for women), and missing other covariates.	22.4 years	Age: 54.3 (SD 5.8) years; Women: 63.00%; Race: White: 71.00%; Black: 29.00%; BMI: 27.30 (SD 5.50) kg/m^2; Other health conditions: HTN: 35.90%, DM: 8.10%, Stroke: 4.60%, CAD: 5.60%, HF: 5.30%; Physical activity: 2.30 (SD 0.59) Baecke questionnaire score; Alcohol: Never-drinker: 33.00%, Former drinker: 24.10%, Current drinker: 42.90%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 1: % E: <37.10%; 1,997 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.4 (SD 1.5) years; Women: 100.00%; BMI: 26.90 (SD 5.60) kg/m^2; Other health conditions: HTN: 32.20%, DM: 4.40%, Cancer: 3.80%, PCOS: 2.00%, GDM: 4.90%; Physical activity: Nil or sedentary: 21.40%, Low physical activity: 33.70%, Moderate physical activity: 18.40%, High physical activity: 26.40%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 2: % E: 37.10–41.00%; 1,998 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.5 (SD 1.4) years; Women: 100.00%; BMI: 27.00 (SD 5.50) kg/m^2; Other health conditions: HTN: 28.50%, DM: 5.60%, Cancer: 3.10%, PCOS: 1.10%, GDM: 5.30%; Physical activity: Nil or sedentary: 18.18%, Low physical activity: 33.70%, Moderate physical activity: 21.20%, High physical activity: 27.00%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 3: % E: 41.00–44.30%; 1,998 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.5 (SD 1.4) years; Women: 100.00%; BMI: 26.70 (SD 5.20) kg/m^2; Other health conditions: HTN: 28.00%, DM: 4.80%, Cancer: 2.90%, PCOS: 1.80%, GDM: 5.40%; Physical activity: Nil or sedentary: 16.30%, Low physical activity: 33.40%, Moderate physical activity: 22.80%, High physical activity: 27.50%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 4: % E: 44.30–48.10%; 1,998 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.5 (SD 1.5) years; Women: 100.00%; BMI: 26.70 (SD 5.40) kg/m^2; Other health conditions: HTN: 28.30%, DM: 4.10%, Cancer: 3.60%, PCOS: 1.80%, GDM: 4.80%; Physical activity: Nil or sedentary: 14.80%, Low physical activity: 33.60%, Moderate physical activity: 23.00%, High physical activity: 28.60%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 5: % E: >48.10%; 1,998 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.6 (SD 1.5) years; Women: 100.00%; BMI: 26.40 (SD 5.00) kg/m^2; Other health conditions: HTN: 26.20%, DM: 4.70%, Cancer: 3.60%, PCOS: 1.70%, GDM: 4.10%; Physical activity: Nil or sedentary: 139.90%, Low physical activity: 32.10%, Moderate physical activity: 21.80%, High physical activity: 32.30%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	China; Prospective cohort study; Between 1997 and 2015	Quintile 1: % E: 41.30% (SD 5.90); 2,436 participants	Inclusion criteria: Adults who were free of hypertension at baseline from the China Health and Nutrition Survey. Exclusion criteria: Patients who were pregnant, <18 years of age, having hypertension, with missing dietary carbohydrate data or with extreme dietary energy intake (Men: >4,200 or <600 kcal/day, Women: >3,600 or <500 kcal/day).	6.1 years	Age: 43.8 (SD 14.7) years; Women: 58.30%; BMI: 23.00 (SD 3.20) kg/m^2; Other health conditions: DM: 2.60%, MI: 1.10%, Stroke: 1.20%; Physical activity: Low physical activity: 39.70%, Moderate physical activity: 39.40%, High physical activity: 20.90%; Alcohol: Alcohol drinking: 35.20%
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	China; Prospective cohort study; Between 1997 and 2015	Quintile 2: % E: 51.40% (SD 1.80); 2,435 participants	Inclusion criteria: Adults who were free of hypertension at baseline from the China Health and Nutrition Survey. Exclusion criteria: Patients who were pregnant, <18 years of age, having hypertension, with missing dietary carbohydrate data or with extreme dietary energy intake (Men: >4,200 or <600 kcal/day, Women: >3,600 or <500 kcal/day).	6.1 years	Age: 41.7 (SD 14.3) years; Women: 56.20%; BMI: 22.60 (SD 3.20) kg/m^2; Other health conditions: DM: 0.90%, MI: 1.20%, Stroke: 1.20%; Physical activity: Low physical activity: 37.70%, Moderate physical activity: 37.10%, High physical activity: 25.30%; Alcohol: Alcohol drinking: 33.90%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	China; Prospective cohort study; Between 1997 and 2015	Quintile 3: % E: 57% (SD 1.60); 2,435 participants	Inclusion criteria: Adults who were free of hypertension at baseline from the China Health and Nutrition Survey. Exclusion criteria: Patients who were pregnant, <18 years of age, having hypertension, with missing dietary carbohydrate data or with extreme dietary energy intake (Men: >4,200 or <600 kcal/day, Women: >3,600 or <500 kcal/day).	6.1 years	Age: 40.5 (SD 14.3) years; Women: 53.40%; BMI: 22.40 (SD 3.10) kg/m^2; Other health conditions: DM: 1.20%, MI: 1.30%, Stroke: 1.30%; Physical activity: Low physical activity: 34.00%, Moderate physical activity: 34.30%, High physical activity: 31.70%; Alcohol: Alcohol drinking: 33.90%
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	China; Prospective cohort study; Between 1997 and 2015	Quintile 4: % E: 62.60% (SD 1.70); 2,435 participants	Inclusion criteria: Adults who were free of hypertension at baseline from the China Health and Nutrition Survey. Exclusion criteria: Patients who were pregnant, <18 years of age, having hypertension, with missing dietary carbohydrate data or with extreme dietary energy intake (Men: >4,200 or <600 kcal/day, Women: >3,600 or <500 kcal/day).	6.1 years	Age: 40.0 (SD 13.5) years; Women: 50.80%; BMI: 22.10 (SD 2.90) kg/m^2; Other health conditions: DM: 1.30%, MI: 1.90%, Stroke: 1.50%; Physical activity: Low physical activity: 29.30%, Moderate physical activity: 30.00%, High physical activity: 40.70%; Alcohol: Alcohol drinking: 34.10%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	China; Prospective cohort study; Between 1997 and 2015	Quintile 5: % E: 71.10% (SD 4.20); 2,436 participants	Inclusion criteria: Adults who were free of hypertension at baseline from the China Health and Nutrition Survey. Exclusion criteria: Patients who were pregnant, <18 years of age, having hypertension, with missing dietary carbohydrate data or with extreme dietary energy intake (Men: >4,200 or <600 kcal/day, Women: >3,600 or <500 kcal/day).	6.1 years	Age: 40.1 (SD 13.8) years; Women: 47.20%; BMI: 21.90 (SD 2.80) kg/m^2; Other health conditions: DM: 0.50%, MI: 1.50%, Stroke: 2.20%; Physical activity: Low physical activity: 25.40%, Moderate physical activity: 26.60%, High physical activity: 48.00%; Alcohol: Alcohol drinking: 34.90%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Cohort Study of Risk Factors for Coronary Heart Disease (CS-RFCHD)	Darjoko, 2019 [5]	Indonesia; Prospective cohort study; Between 01/2011 and 12/2017	Overall participants: NR; 4,840 participants	Inclusion criteria: Men and Womens aged 25 years and above, who did not have difficulties in verbal communication, did not have severe illness, agreed to follow all of the cohort study on risk factors of non-communicable diseases activities, did not have coronary heart disease at screening, and respondents aged 25 to 39 years without history of hypertension and/or heart disease. Exclusion criteria: Subjects who were diagnosed with coronary heart disease at screening.	6.0 years	Age: ≤34 years: 26.5%, 35-44 years: 31.9%, 45-54 years: 26.5%, ≥55 years: 15%; Women: 62.70%; Race: Asian: 100%
Coronary Artery Risk Development in Young Adults (CARDIA)	Choi, 2022 [6]	United States; Prospective cohort study; Between 1985 and 1986	Overall participants: % E: 46.04% (SD 7.41); 4,701 participants	Inclusion criteria: Adults aged 18 to 30 years and free of cardiovascular disease at baseline. Exclusion criteria: Subjects with missing data at baseline for LDL-C, implausible energy intakes, having cardiovascular disease, diabetes or hypertension or receiving treatment at baseline, missing covariates.	32.0 years	Age: 24.8 (SD 3.6) years; Women: 55.10%; Race: Black: 50.03%; BMI: 24.36 (SD 4.87) kg/m^2; Physical activity: 415.65 (SD 294.00) exercise units; Alcohol: 0.80 (SD 1.38) drinks/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Coronary Artery Risk Development in Young Adults (CARDIA)	Gao, 2021 [7]	United States; Prospective cohort study; Between 1985 and 1986	Overall participants: % E: 47.80% (SD 6.50); 2,226 participants	Inclusion criteria: Black and White men and women aged 18 to 30 years. Exclusion criteria: Subjects with missing baseline coronary artery calcium data, follow-up coronary artery calcium data, covariate data, or validated dietary data (without complete dietary information or with implausible energy intake defined as <800 or >8,000 kcal for men and <600 or >6,000 kcal for women).	8.3 years	Age: 40.4 (SD 3.5) years; Women: 54.60%; Race: White: 59.20%; BMI: 26.30 (SD 4.90) kg/m^2; Other health conditions: HTN: 14.80%, DM: 5.00%; Physical activity: 326.00 (SD 221.85) exercise units; Alcohol: 5.00 (SD 10) drinks/week
European Prospective Investigation into Cancer and Nutrition (EPIC)	Sieri, 2020 [8]	European; Prospective cohort study; Between 1991 and 1999	Overall participants: g/day: 231.80 (SD 65.60); 340,579 participants	Inclusion criteria: Men and women aged 35 to 70 years. Exclusion criteria: Participants with a history of myocardial infarction, stroke, or diabetes, with no dietary data, and in the top or bottom 1% of the ratio of energy intake to energy requirement.	12.8 years	Age: 50.4 (SD 10.5) years; Women: 63.80%; BMI: 25.84 (SD 4.22) kg/m^2; Other health conditions: HTN: 33.00%; Physical activity: Inactive: 21.28%, Moderately inactive: 33.12%, Moderately active: 23.26%, Active: 20.90%; Alcohol: 12.98 (SD 15.60) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
European Prospective Investigation into Cancer and Nutrition (EPIC) - EPICOR	Sieri, 2010 [9]	Italy; Prospective cohort study; Between 1993 and 1998	Overall participants: g/day: 285.76 (SD 173.75); 44,139 participants	Inclusion criteria: Volunteers men who completed a dietary questionnaire. Exclusion criteria: Subjects with prevalent cardiovascular disease at recruitment, who were unavailable for follow-up at baseline, who did not complete dietary or lifestyle questionnaires, and those in whom the ratio of total energy intake to basal metabolic rate was at either extreme of the distribution (cutoffs, first and half percentiles), those who were being treated for diabetes and those with missing values of confounding variables.	7.9 years	Age: 50.0 (SD 15.9) years; Women: 69.10%; BMI: 25.98 (SD 15.94) kg/m^2; Other health conditions: HTN: 38.17%; Physical activity: Inactive: 29.06%, Moderately inactive: 38.31%, Moderately active: 17.66%, Active: 15.07%; Alcohol: Non-drinker: 12.98%, ≤ 12 g/day: 52.85%, >12 to 24 g/day: 16.55%, >24 g/day: 17.66%
European Prospective Investigation into Cancer and Nutrition (EPIC) - Prospect-EPIC	Beulens, 2007 [10]	The Netherlands; Prospective cohort study; Between 1993 and 1997	Overall participants: g/day: 195.18 (SD 27.59); 15,714 participants	Inclusion criteria: Women aged 49 to 70 years without diabetes or cardiovascular disease. Exclusion criteria: Women who did not consent to linkage with vital status registries, missing questionnaires, reported extreme energy intakes, had a history of coronary heart disease or cerebrovascular disease, or had established diabetes.	9.0 years	Age: 57.0 (SD 6.0) years; Women: 100.00%; BMI: 25.90 (SD 4.00) kg/m^2; Other health conditions: HTN: 18.40%, Hypercholesterolemia: 4.60%; Physical activity: Physical activity score: 6.90 (SD 5.00); Alcohol: 9.20 (SD 13.10) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
European Prospective Investigation into Cancer and Nutrition (EPIC) - EPICOR	Sieri, 2013 [11]	Italy; Prospective cohort study; Between 1993 and 1998	Overall participants: g/day: 285.90 (SD 99.40); 44,099 participants	Inclusion criteria: Men and women from five centers in Italy. Exclusion criteria: Participants with prevalent cardiovascular disease at baseline, those who did not complete the dietary or lifestyle questionnaires, those in whom the ratio of total energy intake to basal metabolic rate at either extreme of the distribution, and those stating they had diabetes and reported receiving medication for diabetes.	10.9 years	Age: 50.0 (SD 7.7) years; Women: 68.40%; BMI: 25.90 (SD 4.00) kg/m^2; Physical activity: Sedentary: 20%, Moderately sedentary: 20%, Moderately active: 20%, Active: 20%; Alcohol: 12.60 (SD 16.70) g/day
European Prospective Investigation into Cancer and Nutrition (EPIC) - EPIC-MORGEN	Burger, 2011 [12]	The Netherlands; Prospective cohort study; Between 1993 and 1997	Overall participants: g/day: 224.26 (SD 30.07); 19,608 participants	Inclusion criteria: Men and women aged 20 to 65 years from random samples of the Dutch population in 3 towns in the Netherlands between 1993 and 1997. Exclusion criteria: Subjects who gave no consent to linkage with disease registries, had a history of type 2 diabetes or cardiovascular disease, had missing nutritional data, or were in the top/bottom 0.5% energy intake over basal metabolic rate.	11.9 years	Age: 42.5 (SD 11.2) years; Women: 54.80%; BMI: 25.01 (SD 3.92) kg/m^2; Other health conditions: HTN: 31.21%, Hypercholesterolemia: 13.10%; Physical activity: Inactive: 10.63%, Moderately inactive: 31.57%, Moderately active: 29.29%, Active: 28.60%; Alcohol: 9.63 (SD 14.50) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Health Examinee (HEXA)	Jo, 2023 [13]	South Korea; Prospective cohort study; Between 2004 and 2016	Quartile 1: % E: 62.69% (SD 4.05); 41,021 participants	Inclusion criteria: Participants aged 40 to 69 years living in Ansan, a small, urban industrial city, and Anseong, a rural agricultural city. Exclusion criteria: Participants with a history of cardiovascular disease at baseline, those with missing information required for cardiovascular disease diagnosis at baseline, those with missing total energy intake and carbohydrate intake information, and those with extremely low or high total daily energy intake.	4.3 years	Age: 40-49 years: 47.55%, 50-59 years: 36.27%, ≥ 60 years: 16.18%; Women: 66.30%; Race: Asian: 100.00%; BMI: 23.85 (SD 2.03) kg/m^2; Physical activity: Low physical activity: 19.80%, Moderate physical activity: 67.00%, High physical activity: 13.20%; Alcohol: Non-drinker: 47.46%, Current drinker: 52.54%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Health Examinee (HEXA)	Jo, 2023 [13]	South Korea; Prospective cohort study; Between 2004 and 2016	Quartile 2: % E: 70.09% (SD 2.03); 41,022 participants	Inclusion criteria: Participants aged 40 to 69 years living in Ansan, a small, urban industrial city, and Anseong, a rural agricultural city. Exclusion criteria: Participants with a history of cardiovascular disease at baseline, those with missing information required for cardiovascular disease diagnosis at baseline, those with missing total energy intake and carbohydrate intake information, and those with extremely low or high total daily energy intake.	4.3 years	Age: 40-49 years: 41.32%, 50-59 years: 38.54%, ≥ 60 years: 20.14%; Women: 66.30%; Race: Asian: 100.00%; BMI: 23.85 (SD 2.03) kg/m^2; Physical activity: Low physical activity: 19.46%, Moderate physical activity: 67.07%, High physical activity: 13.47%; Alcohol: Non-drinker: 51.41%, Current drinker: 48.59%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Health Examinee (HEXA)	Jo, 2023 [13]	South Korea; Prospective cohort study; Between 2004 and 2016	Quartile 3: % E: 74.12% (SD 2.03); 41,023 participants	Inclusion criteria: Participants aged 40 to 69 years living in Ansan, a small, urban industrial city, and Anseong, a rural agricultural city. Exclusion criteria: Participants with a history of cardiovascular disease at baseline, those with missing information required for cardiovascular disease diagnosis at baseline, those with missing total energy intake and carbohydrate intake information, and those with extremely low or high total daily energy intake.	4.3 years	Age: 40-49 years: 34.89%, 50-59 years: 40.08%, ≥ 60 years: 25.03%; Women: 66.30%; Race: Asian: 100.00%; BMI: 23.93 (SD 2.03) kg/m^2; Physical activity: Low physical activity: 19.46%, Moderate physical activity: 67.54%, High physical activity: 13.00%; Alcohol: Non-drinker: 56.43%, Current drinker: 43.57%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Health Examinee (HEXA)	Jo, 2023 [13]	South Korea; Prospective cohort study; Between 2004 and 2016	Quartile 4: % E: 79.02% (SD 2.03); 41,022 participants	Inclusion criteria: Participants aged 40 to 69 years living in Ansan, a small, urban industrial city, and Anseong, a rural agricultural city. Exclusion criteria: Participants with a history of cardiovascular disease at baseline, those with missing information required for cardiovascular disease diagnosis at baseline, those with missing total energy intake and carbohydrate intake information, and those with extremely low or high total daily energy intake.	4.3 years	Age: 40-49 years: 26.94%, 50-59 years: 39.76%, ≥ 60 years: 33.30%; Women: 66.30%; Race: Asian: 100.00%; BMI: 23.98 (SD 2.03) kg/m^2; Physical activity: Low physical activity: 20.54%, Moderate physical activity: 67.11%, High physical activity: 12.35%; Alcohol: Non-drinker: 62.50%, Current drinker: 37.50%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Health Professionals Follow-up Study (HPFS)	Li, 2015 [14]	United States; Prospective cohort study; Between 1986 and 2010	Overall participants: % E: 47.80%; 42,908 participants	Inclusion criteria: Participants from an ongoing cohort study in the United States - the Health Professionals Follow-up Study which enrolled male health professionals aged 40 to 75 years in 1986. Exclusion criteria: Participants with implausible food frequency questionnaire data (<800 or >4,200 kcal/day for men, <600 or >3,500 kcal/day for women, or >70 food items missing), previously diagnosed cancer, cardiovascular disease, or diabetes at baseline, or loss of follow-up after baseline.	24.0 years	Age: 53.2 years; Women: 0.00%; BMI: 25.40 kg/m^2; Other health conditions: HTN: 19.60%; Alcohol: 12 g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Norway; Prospective cohort study; Between 1997 and 1999	Overall participants: % E: 49% (SD 5.19); 2,995 participants	Inclusion criteria: Participants aged 46 to 49 years who answered the food frequency questionnaire. Exclusion criteria: Participant who reported prior coronary heart disease, have missing information, reported extreme energy intakes (below the 1st percentile: <4,707·8 kJ for men and 2,951·8 kJ for women, or above the 99th percentile: >18,907·9 kJ for men and >14,944 kJ for women).	10.8 years	Age: 48.0 (SD 0.7) years; Women: 57.20%; BMI: 24.90 (SD 3.41) kg/m^2; Other health conditions: HTN: 23.60%, Pre-diabetes: 2.20%, DM: 0.90%; Physical activity: None: 25.90%, <1 hours/week: 28.20%, 1–2 hours/week: 31.50%, ≥3 hours/week: 14.40%; Alcohol: 1 (SD 2.22) % E
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Norway; Prospective cohort study; Between 1997 and 1999	Quartile 1: % E: 43% (SD 2.96); 749 participants	Inclusion criteria: Participants aged 46 to 49 years who answered the food frequency questionnaire. Exclusion criteria: Participant who reported prior coronary heart disease, have missing information, reported extreme energy intakes (below the 1st percentile: <4,707·8 kJ for men and 2,951·8 kJ for women, or above the 99th percentile: >18,907·9 kJ for men and >14,944 kJ for women).	10.8 years	Age: 48 (SD 0.7) years; Women: 53.50%; BMI: 25 (SD 3.33) kg/m^2; Other health conditions: HTN: 22.90%, Pre-diabetes: 2.80%, DM: 1.20%; Physical activity: None: 30%, <1 hours/week: 30.20%, 1–2 hours/week: 26.00%, ≥3 hours/week: 13.90%; Alcohol: 2 (SD 2.22) % E

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Norway; Prospective cohort study; Between 1997 and 1999	Quartile 2: % E: 48% (SD 0.74); 749 participants	Inclusion criteria: Participants aged 46 to 49 years who answered the food frequency questionnaire. Exclusion criteria: Participant who reported prior coronary heart disease, have missing information, reported extreme energy intakes (below the 1st percentile: <4,707·8 kJ for men and 2,951·8 kJ for women, or above the 99th percentile: >18,907·9 kJ for men and >14,944 kJ for women).	10.8 years	Age: 48 (SD 0.7) years; Women: 55.70%; BMI: 24.70 (SD 3.33) kg/m^2; Other health conditions: HTN: 24.60%, Pre-diabetes: 2.60%, DM: 1.10%; Physical activity: None: 26.00%, <1 hours/week: 31.20%, 1–2 hours/week: 32.10%, ≥3 hours/week: 10.70%; Alcohol: 1 (SD 2.22) % E
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Norway; Prospective cohort study; Between 1997 and 1999	Quartile 3: % E: 51% (SD 1.48); 748 participants	Inclusion criteria: Participants aged 46 to 49 years who answered the food frequency questionnaire. Exclusion criteria: Participant who reported prior coronary heart disease, have missing information, reported extreme energy intakes (below the 1st percentile: <4,707·8 kJ for men and 2,951·8 kJ for women, or above the 99th percentile: >18,907·9 kJ for men and >14,944 kJ for women).	10.8 years	Age: 48 (SD 0.7) years; Women: 57.20%; BMI: 24.90 (SD 3.48) kg/m^2; Other health conditions: HTN: 23.80%, Pre-diabetes: 1.90%, DM: 0.40%; Physical activity: None: 24.10%, <1 hours/week: 26.20%, 1–2 hours/week: 34.10%, ≥3 hours/week: 15.70%; Alcohol: 1 (SD 1.48) % E

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Norway; Prospective cohort study; Between 1997 and 1999	Quartile 4: % E: 56% (SD 2.96); 749 participants	Inclusion criteria: Participants aged 46 to 49 years who answered the food frequency questionnaire. Exclusion criteria: Participant who reported prior coronary heart disease, have missing information, reported extreme energy intakes (below the 1st percentile: <4,707·8 kJ for men and 2,951·8 kJ for women, or above the 99th percentile: >18,907·9 kJ for men and >14,944 kJ for women).	10.8 years	Age: 48.0 (SD 0.7) years; Women: 62.30%; BMI: 24.90 (SD 3.41) kg/m^2; Other health conditions: HTN: 23.40%, Pre-diabetes: 1.60%, DM: 0.90%; Physical activity: None: 23.30%, <1 hours/week: 25.30%, 1–2 hours/week: 34%, ≥3 hours/week: 17.50%; Alcohol: 1 (SD 1.48) % E

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	Japan; Prospective cohort study; Between 02/11/2004 and 03/31/2014	% E: <40%; 1,501 participants	Inclusion criteria: Residents in the community, health check examinees, and patients at a cancer hospital. Exclusion criteria: Participants who had relocated from the study area on the day of the survey, self-reported medical histories of any cancer, cardiovascular disease or stroke, and those who deviated from 3 SDs of the sex-specific mean for total energy intake.	8.9 years	Age: 52.9 (SD 9.1) years; Women: 55.80%; BMI: Underweight (<18.50): 7.90%, Normal (18.50–24.99): 68.40%, Overweight/obese (≥25): 23.60%, Unknown: 0.10%; Other health conditions: HTN: 21.40%, DM: 7.30%, Hyperlipidemia: 14.70%; Physical activity: 13.60 (SD 12.04) MET-hour/day; Alcohol: Never-drinker: 14.90%, Former drinker: 0.70%, <23 g/d ethanol: 14.40%, ≥23 g/d ethanol: 69.90%, Unknown: 0.10% Total daily sleep: <6 hours/day: 16.70% , 6 to 8 hours/day: 62.90%, >8 hours/day: 20%, Unknown: 0.50%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	Japan; Prospective cohort study; Between 02/11/2004 and 03/31/2014	% E: 40-<45%; 2,933 participants	Inclusion criteria: Residents in the community, health check examinees, and patients at a cancer hospital. Exclusion criteria: Participants who had relocated from the study area on the day of the survey, self-reported medical histories of any cancer, cardiovascular disease or stroke, and those who deviated from 3 SDs of the sex-specific mean for total energy intake.	8.9 years	Age: 53.0 (SD 9.1) years; Women: 58.70%; BMI: Underweight (<18.50): 6.30%, Normal (18.50–24.99): 71.10%, Overweight/obese (≥25): 22.60%, Unknown: 0.03%; Other health conditions: HTN: 18.60%, DM: 4.80%, Hyperlipidemia: 13.90%; Physical activity: 13.20 (SD 11.60) MET-hour/day; Alcohol: Never-drinker: 19.40%, Former drinker: 1%, <23 g/d ethanol: 22.10%, ≥23 g/d ethanol: 57.50%, Unknown: 0.03% Total daily sleep: <6 hours/day: 14.90% , 6 to 8 hours/day: 64.50%, >8 hours/day: 20.50%, Unknown: 0.10%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	Japan; Prospective cohort study; Between 02/11/2004 and 03/31/2014	% E: 45-<50%; 8,085 participants	Inclusion criteria: Residents in the community, health check examinees, and patients at a cancer hospital. Exclusion criteria: Participants who had relocated from the study area on the day of the survey, self-reported medical histories of any cancer, cardiovascular disease or stroke, and those who deviated from 3 SDs of the sex-specific mean for total energy intake.	8.9 years	Age: 53.2 (SD 9.3) years; Women: 62.30%; BMI: Underweight (<18.50): 7.10%, Normal (18.50–24.99): 71.00%, Overweight/obese (≥25): 21.80%, Unknown: 0.20%; Other health conditions: HTN: 17.50%, DM: 4.40%, Hyperlipidemia: 14.10%; Physical activity: 13.90 (SD 12.10) MET-hour/day; Alcohol: Never-drinker: 26.50%, Former drinker: 1.50%, <23 g/d ethanol: 30%, ≥23 g/d ethanol: 41.90%, Unknown: 0.10% Total daily sleep: <6 hours/day: 14.70% , 6 to 8 hours/day: 67.70%, >8 hours/day: 17.50%, Unknown: 0.10%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	Japan; Prospective cohort study; Between 02/11/2004 and 03/31/2014	% E: 50-<55%; 20,366 participants	Inclusion criteria: Residents in the community, health check examinees, and patients at a cancer hospital. Exclusion criteria: Participants who had relocated from the study area on the day of the survey, self-reported medical histories of any cancer, cardiovascular disease or stroke, and those who deviated from 3 SDs of the sex-specific mean for total energy intake.	8.9 years	Age: 53.6 (SD 9.4) years; Women: 67.10%; BMI: Underweight (<18.50): 7.20%, Normal (18.50–24.99): 71.40%, Overweight/obese (≥25): 21.30%, Unknown: 0.13%; Other health conditions: HTN: 16.50%, DM: 4.40%, Hyperlipidemia: 15.40%; Physical activity: 14.10 (SD 12.20) MET-hour/day; Alcohol: Never-drinker: 39.30%, Former drinker: 1.60%, <23 g/d ethanol: 34.60%, ≥23 g/d ethanol: 24.40%, Unknown: 0.10% Total daily sleep: <6 hours/day: 13.70% , 6 to 8 hours/day: 70.70%, >8 hours/day: 15.50%, Unknown: 0.10%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	Japan; Prospective cohort study; Between 02/11/2004 and 03/31/2014	% E: 55-<60%; 29,015 participants	Inclusion criteria: Residents in the community, health check examinees, and patients at a cancer hospital. Exclusion criteria: Participants who had relocated from the study area on the day of the survey, self-reported medical histories of any cancer, cardiovascular disease or stroke, and those who deviated from 3 SDs of the sex-specific mean for total energy intake.	8.9 years	Age: 55.1 (SD 9.3) years; Women: 60.90%; BMI: Underweight (<18.50): 6.40%, Normal (18.50–24.99): 70.50%, Overweight/obese (≥25): 23.04%, Unknown: 0.09%; Other health conditions: HTN: 18.40%, DM: 5.40%, Hyperlipidemia: 17%; Physical activity: 14.70 (SD 12.90) MET-hour/day; Alcohol: Never-drinker: 48.50%, Former drinker: 2.20%, <23 g/d ethanol: 34.40%, ≥23 g/d ethanol: 14.80%, Unknown: 0.10% Total daily sleep: <6 hours/day: 13.10% , 6 to 8 hours/day: 70.40%, >8 hours/day: 16.40%, Unknown: 0.10%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	Japan; Prospective cohort study; Between 02/11/2004 and 03/31/2014	% E: 60-<65%; 16,356 participants	Inclusion criteria: Residents in the community, health check examinees, and patients at a cancer hospital. Exclusion criteria: Participants who had relocated from the study area on the day of the survey, self-reported medical histories of any cancer, cardiovascular disease or stroke, and those who deviated from 3 SDs of the sex-specific mean for total energy intake.	8.9 years	Age: 56.3 (SD 9.2) years; Women: 42.80%; BMI: Underweight (<18.50): 5.30%, Normal (18.50–24.99): 68.30%, Overweight/obese (≥25): 26.30%, Unknown: 0.10%; Other health conditions: HTN: 20.60%, DM: 7.10%, Hyperlipidemia: 18.10%; Physical activity: 15.80 (SD 14.10) MET-hour/day; Alcohol: Never-drinker: 52%, Former drinker: 3.50%, <23 g/d ethanol: 36.30%, ≥23 g/d ethanol: 8%, Unknown: 0.10% Total daily sleep: <6 hours/day: 12.60% , 6 to 8 hours/day: 69.30%, >8 hours/day: 18.04%, Unknown: 0.10%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	Japan; Prospective cohort study; Between 02/11/2004 and 03/31/2014	% E: ≥65%; 3,077 participants	Inclusion criteria: Residents in the community, health check examinees, and patients at a cancer hospital. Exclusion criteria: Participants who had relocated from the study area on the day of the survey, self-reported medical histories of any cancer, cardiovascular disease or stroke, and those who deviated from 3 SDs of the sex-specific mean for total energy intake.	8.9 years	Age: 56.6 (SD 9.2) years; Women: 15.70%; BMI: Underweight (<18.50): 4.10%, Normal (18.50–24.99): 65.20%, Overweight/obese (≥25): 30.50%, Unknown: 0.10%; Other health conditions: HTN: 20.50%, DM: 7.40%, Hyperlipidemia: 16.20%; Physical activity: 18.10 (SD 16) MET-hour/day; Alcohol: Never-drinker: 54.50%, Former drinker: 7.20%, <23 g/d ethanol: 34.10%, ≥23 g/d ethanol: 3.60%, Unknown: 0.60% Total daily sleep: <6 hours/day: 12.20% , 6 to 8 hours/day: 66.10%, >8 hours/day: 21.50%, Unknown: 0.20%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Association Resource (KARE)	Jo, 2023 [13]	South Korea; Prospective cohort study; Between 2001 and 2012	Quartile 1: % E: 63.67% (SD 3.92); 2,401 participants	Inclusion criteria: Participants aged 40 years and older who lived in cities and visited medical examination centers in urban areas across the country. Exclusion criteria: Participants with a history of cardiovascular disease at baseline, those with missing information required for cardiovascular disease diagnosis at baseline, those with missing total energy intake and carbohydrate intake information, and those with extremely low or high total daily energy intake.	9.6 years	Age: 40-49 years: 63.31%, 50-59 years: 22.57%, ≥ 60 years: 14.12%; Women: 52.69%; Race: Asian: 100.00%; BMI: 24.61 (SD 2.94) kg/m^2; Physical activity: Low physical activity: 34.95%, Moderate physical activity: 38.20%, High physical activity: 26.85%; Alcohol: Non-drinker: 44.05%, Current drinker: 55.95%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Association Resource (KARE)	Jo, 2023 [13]	South Korea; Prospective cohort study; Between 2001 and 2012	Quartile 2: % E: 70.12% (SD 1.47); 2,402 participants	Inclusion criteria: Participants aged 40 years and older who lived in cities and visited medical examination centers in urban areas across the country. Exclusion criteria: Participants with a history of cardiovascular disease at baseline, those with missing information required for cardiovascular disease diagnosis at baseline, those with missing total energy intake and carbohydrate intake information, and those with extremely low or high total daily energy intake.	9.6 years	Age: 40-49 years: 54.33%, 50-59 years: 25.52%, ≥ 60 years: 20.15%; Women: 52.71%; Race: Asian: 100.00%; BMI: 24.68 (SD 2.94) kg/m^2; Physical activity: Low physical activity: 34.72%, Moderate physical activity: 37.27%, High physical activity: 28.01%; Alcohol: Non-drinker: 50.61%, Current drinker: 49.39%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Association Resource (KARE)	Jo, 2023 [13]	South Korea; Prospective cohort study; Between 2001 and 2012	Quartile 3: % E: 73.89% (SD 1.47); 2,403 participants	Inclusion criteria: Participants aged 40 years and older who lived in cities and visited medical examination centers in urban areas across the country. Exclusion criteria: Participants with a history of cardiovascular disease at baseline, those with missing information required for cardiovascular disease diagnosis at baseline, those with missing total energy intake and carbohydrate intake information, and those with extremely low or high total daily energy intake.	9.6 years	Age: 40-49 years: 44.12%, 50-59 years: 28.21%, ≥ 60 years: 27.67%; Women: 52.68%; Race: Asian: 100.00%; BMI: 24.56 (SD 3.43) kg/m^2; Physical activity: Low physical activity: 34.23%, Moderate physical activity: 33.72%, High physical activity: 32.05%; Alcohol: Non-drinker: 52.86%, Current drinker: 47.14%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Association Resource (KARE)	Jo, 2023 [13]	South Korea; Prospective cohort study; Between 2001 and 2012	Quartile 4: % E: 78.70% (SD 2.45); 2,402 participants	Inclusion criteria: Participants aged 40 years and older who lived in cities and visited medical examination centers in urban areas across the country. Exclusion criteria: Participants with a history of cardiovascular disease at baseline, those with missing information required for cardiovascular disease diagnosis at baseline, those with missing total energy intake and carbohydrate intake information, and those with extremely low or high total daily energy intake.	9.6 years	Age: 40-49 years: 30.02%, 50-59 years: 27.77%, ≥ 60 years: 42.21%; Women: 52.71%; Race: Asian: 100.00%; BMI: 24.41 (SD 3.43) kg/m^2; Physical activity: Low physical activity: 29.30%, Moderate physical activity: 23.92%, High physical activity: 46.78%; Alcohol: Non-drinker: 62.46%, Current drinker: 37.54%
Malmö Diet and Cancer Study (MDCS)	Sonestedt, 2015 [17]	Sweden; Prospective cohort study; Between 1991 and 1996	Overall participants: % E: 45.19% (SD 3.94); 26,445 participants	Inclusion criteria: All men born between 1923 and 1945 and women born between 1923 and 1950 that live in Malmö. Exclusion criteria: Subjects with limited Swedish language skills and mental incapacity, and those with a history of myocardial infarction, stroke, or diabetes.	14.0 years	Age: 57.9 (SD 4.0) years; Women: 62.00%; BMI: 25.70 (SD 0.50) kg/m^2

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Malmö Diet and Cancer Study (MDCS)	Wallstrom, 2012 [18]	Sweden; Prospective cohort study; Between 1991 and 1996	Overall participants: % E: 44.68%; 20,674 participants	Inclusion criteria: All men born between 1923 and 1945 and women born between 1923 and 1950 that live in Malmö. Exclusion criteria: Subjects with inadequate Swedish language skills and mental incapacity, Individuals with prevalent cardiovascular disease, self-reported diabetes, and individuals reporting dietary change in the past.	13.4 years	Age: 57.9 (SD 7.6) years; Women: 60.60%; BMI: Underweight (<18.50): 1.10%, Normal (18.50–24.99): 47.60%, Overweight (25.00–29.99): 39.30%, Obese (≥30.00): 11.90%; Other health conditions: HTN: 14.20%, Hypercholesterolemia: 1%
National Integrated Project for Prospective Observation of Non-communicable Disease and its Trends in the Aged (NIPPON DATA)	Miyazawa, 2020 [19]	Japan; Prospective cohort study; Between 1980 and 2004	Overall participants: % E: 61.25% (SD 6.58); 8,925 participants	Inclusion criteria: Residents aged ≥30 years from 300 districts were selected randomly from across Japan. Exclusion criteria: Subjects lost to follow-up because of incomplete residential address at the baseline survey, history of cardiovascular disease, missing baseline data, intake of energy more than 5,000 kcal/ day or less than 500 kcal/day, and aged ≥80 years.	24.0 years	Age: 50.1 (SD 12.7) years; Women: 56.10%; BMI: 22.70 (SD 3.20) kg/m^2; Other health conditions: HTN: 10.39%, DM: 3.12%; Alcohol: Never-drinker: 52.64%, Former drinker: 3.08%, Current drinker: 44.28%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Nurses' Health Study (NHS)	Li, 2015 [14]	United States; Prospective cohort study; Between 1980 and 2010	Overall participants: % E: 43.50%; 84,628 participants	Inclusion criteria: Participants an ongoing cohort study in the United States - the Nurses' Health Study which enrolled Women nurses aged 30 to 55 years in 1976. Exclusion criteria: Participants with implausible food frequency questionnaire data (<800 or >4,200 kcal/day for men, <600 or >3,500 kcal/day for women, or >70 food items missing), previously diagnosed cancer, cardiovascular disease, or diabetes at baseline, or loss of follow-up after baseline.	30.0 years	Age: 46.5 years; Women: 100%; BMI: 24.20 kg/m^2; Other health conditions: HTN: 15.80%; Alcohol: 7.50 g/day
Nurses' Health Study (NHS)	Oh, 2005[20]	United States; Prospective cohort study; Between 06/1980 and 06/01/1998	Quintile 1: % E: 30% (SD 5); 15,755participants	Inclusion criteria: Women registered nurses aged 30 to 55 years who completed a mailed questionnaire in 1976 about their lifestyle factors and medical history. Exclusion criteria: Women who left 10 or more food items blank on the questionnaire, who had an implausible total energy intake, and who had a history of cardiovascular disease, cancer, diabetes, or hypercholesterolemia before June 1980.	18.0 years	Age: 46.0 (SD 7.0) years; Women: 100%; BMI: 24.00 (SD 4) kg/m^2; Other health conditions: HTN: 14%; Physical activity: 3.80 (SD 2.90) hours/week

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Nurses' Health Study (NHS)	Oh, 2005[20]	United States; Prospective cohort study; Between 06/1980 and 06/01/1998	Quintile 2: % E: 39% (SD 1); 15,756 participants	Inclusion criteria: Women registered nurses aged 30 to 55 years who completed a mailed questionnaire in 1976 about their lifestyle factors and medical history. Exclusion criteria: Women who left 10 or more food items blank on the questionnaire, who had an implausible total energy intake, and who had a history of cardiovascular disease, cancer, diabetes, or hypercholesterolemia before June 1980.	18.0 years	Age: 46.0 (SD 7) years; Women: 100%; BMI: 24 (SD 4) kg/m^2; Other health conditions: HTN: 13%; Physical activity: 4 (SD 2.90) hours/week
Nurses' Health Study (NHS)	Oh, 2005[20]	United States; Prospective cohort study; Between 06/1980 and 06/01/1998	Quintile 3: % E: 44% (SD 1); 15,757 participants	Inclusion criteria: Women registered nurses aged 30 to 55 years who completed a mailed questionnaire in 1976 about their lifestyle factors and medical history. Exclusion criteria: Women who left 10 or more food items blank on the questionnaire, who had an implausible total energy intake, and who had a history of cardiovascular disease, cancer, diabetes, or hypercholesterolemia before June 1980.	18.0 years	Age: 46 (SD 7) years; Women: 100%; BMI: 24 (SD 4) kg/m^2; Other health conditions: HTN: 13%; Physical activity: 4 (SD 2.90) hours/week

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Nurses' Health Study (NHS)	Oh, 2005[20]	United States; Prospective cohort study; Between 06/1980 and 06/01/1998	Quintile 4: % E: 48% (SD 1); 15,756 participants	Inclusion criteria: Women registered nurses aged 30 to 55 years who completed a mailed questionnaire in 1976 about their lifestyle factors and medical history. Exclusion criteria: Women who left 10 or more food items blank on the questionnaire, who had an implausible total energy intake, and who had a history of cardiovascular disease, cancer, diabetes, or hypercholesterolemia before June 1980.	18.0 years	Age: 46 (SD 7) years; Women: 100%; BMI: 24 (SD 5) kg/m^2; Other health conditions: HTN: 14%; Physical activity: 3.90 (SD 2.90) hours/week
Nurses' Health Study (NHS)	Oh, 2005[20]	United States; Prospective cohort study; Between 06/1980 and 06/01/1998	Quintile 5: % E: 55% (SD 5); 15,755 participants	Inclusion criteria: Women registered nurses aged 30 to 55 years who completed a mailed questionnaire in 1976 about their lifestyle factors and medical history. Exclusion criteria: Women who left 10 or more food items blank on the questionnaire, who had an implausible total energy intake, and who had a history of cardiovascular disease, cancer, diabetes, or hypercholesterolemia before June 1980.	18.0 years	Age: 46 (SD 7) years; Women: 100%; BMI: 24 (SD 4) kg/m^2; Other health conditions: HTN: 14%; Physical activity: 4 (SD 2.90) hours/week

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Nurses' Health Study (NHS)	Halton, 2006 [21]	United States; Prospective cohort study; Between 1980 and 06/01/2000	Overall participants: % E: 44.2% 82,802 participants	Inclusion criteria: Women registered nurses aged 30 to 55 years. Exclusion criteria: Women at baseline who left 10 or more food items blank or had implausibly high or low daily energy intakes on the food frequency questionnaire, and women with a history of diabetes, cancer, or cardiovascular disease before 1980.	20.0 years	Women: 100%;
Prospective Urban Rural Epidemiology (PURE)	Dehghan, 2017 [22]	International; Prospective cohort study; Between 01/01/2003 and 03/31/2013	Overall participants: % E: 61.20% (SD 11.60); 135,335 participants	Inclusion criteria: Individuals aged 35 to 70 years from 18 low-income, middle-income, and high-income countries on five continents. Exclusion criteria: NR	7.4 years	Age: 50.3 (SD 9.9) years; Women: 58.30%; Other health conditions: DM: 7.10%; Physical activity: Low (<600 MET-minute/week): 17.50%, Moderate (600–3,000 MET-minute/week): 38%, High (>3,000 MET-minute/week): 44.50%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
U.K. Biobank	Ho, 2020 [23]	United Kingdom; Prospective cohort study; Between 2007 and 2010	Overall participants: % E: 49.63% (SD 7); 195,658 participants	Inclusion criteria: Participants aged 37 to 73 years from the general population who completed a self-administered, touch-screen questionnaire and a face-to-face interview. Exclusion criteria: Participants who reported prevalent cardiovascular disease, and implausible energy intake or dietary intake.	10.7 years	Age: 56.2 (SD 7.9) years; Women: 55.90%; Race: White: 96.20%; Black: 1.20%; Asian: 1.70%; Other race: 1%; BMI: Underweight (<18.50): 37.60%, Normal (18.50–24.99): 0.50%, Overweight (25.00–29.99): 41.80%, Obese (≥30): 20.20%; Other health conditions: DM: 3.90%, Mental health disorder: 6.60%; Physical activity: 2501.93 (SD 2317.16) MET-minute/week; Alcohol: 16.47 (SD 21.14) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
U.K. Biobank	Ho, 2020 [23]	United Kingdom; Prospective cohort study; Between 2007 and 2010	Quintile 1: % E: 40.77% (SD 5.31); 39,132 participants	Inclusion criteria: Participants aged 37 to 73 years from the general population who completed a self-administered, touch-screen questionnaire and a face-to-face interview. Exclusion criteria: Participants who reported prevalent cardiovascular disease, and implausible energy intake or dietary intake.	10.7 years	Age: 55.8 (SD 7.9) years; Women: 50.50%; Race: White: 97.00%; Black: 0.80%; Asian: 1.50%; Other race: 0.70%; BMI: Underweight (<18.50): 32.10%, Normal (18.50–24.99): 0.40%, Overweight (25.00–29.99): 44.10%, Obese (≥30): 23.50%; Other health conditions: DM: 4.50%, Mental health disorder: 6.50%; Physical activity: 2406.51 (SD 2287.14) MET-minute/week; Alcohol: 34.57 (SD 28.93) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
U.K. Biobank	Ho, 2020 [23]	United Kingdom; Prospective cohort study; Between 2007 and 2010	Quintile 2: % E: 46.44% (SD 3.24); 39,131 participants	Inclusion criteria: Participants aged 37 to 73 years from the general population who completed a self-administered, touch-screen questionnaire and a face-to-face interview. Exclusion criteria: Participants who reported prevalent cardiovascular disease, and implausible energy intake or dietary intake.	10.7 years	Age: 56.2 (SD 7.9) years; Women: 54.10%; Race: White: 97.20%; Black: 0.80%; Asian: 1.20%; Other race: 0.80%; BMI: Underweight (<18.50): 36.60%, Normal (18.50–24.99): 0.50%, Overweight (25.00–29.99): 42.30%, Obese (≥30): 20.60%; Other health conditions: DM: 4.10%, Mental health disorder: 6.20%; Physical activity: 2412.20 (SD 2266.11) MET-minute/week; Alcohol: 20.16 (SD 19.66) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
U.K. Biobank	Ho, 2020 [23]	United Kingdom; Prospective cohort study; Between 2007 and 2010	Quintile 3: % E: 49.58% (SD 2.78); 39,132 participants	Inclusion criteria: Participants aged 37 to 73 years from the general population who completed a self-administered, touch-screen questionnaire and a face-to-face interview. Exclusion criteria: Participants who reported prevalent cardiovascular disease, and implausible energy intake or dietary intake.	10.7 years	Age: 56.3 (SD 7.9) years; Women: 56.90%; Race: White: 97.00%; Black: 0.90%; Asian: 1.30%; Other race: 0.80%; BMI: Underweight (<18.50): 38.50%, Normal (18.50–24.99): 0.50%, Overweight (25–29.99): 41.30%, Obese (≥30): 19.70%; Other health conditions: DM: 3.70%, Mental health disorder: 6.40%; Physical activity: 2462.30 (SD 2270.23) MET-minute/week; Alcohol: 13.61 (SD 15.53) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
U.K. Biobank	Ho, 2020 [23]	United Kingdom; Prospective cohort study; Between 2007 and 2010	Quintile 4: % E: 52.84% (SD 2.53); 39,131 participants	Inclusion criteria: Participants aged 37 to 73 years from the general population who completed a self-administered, touch-screen questionnaire and a face-to-face interview. Exclusion criteria: Participants who reported prevalent cardiovascular disease, and implausible energy intake or dietary intake.	10.7 years	Age: 56.4 (SD 8) years; Women: 58%; Race: White: 96.30%; Black: 1.20%; Asian: 1.60%; Other race: 1%; BMI: Underweight (<18.50): 40.20%, Normal (18.50–24.99): 0.60%, Overweight (25–29.99): 40.80%, Obese (≥30): 18.40%; Other health conditions: DM: 3.40%, Mental health disorder: 6.60%; Physical activity: 2547.06 (SD 2313.99) MET-minute/week; Alcohol: 9.25 (SD 12.51) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
U.K. Biobank	Ho, 2020 [23]	United Kingdom; Prospective cohort study; Between 2007 and 2010	Quintile 5: % E: 58.54% (SD 3.70); 39,132 participants	Inclusion criteria: Participants aged 37 to 73 years from the general population who completed a self-administered, touch-screen questionnaire and a face-to-face interview. Exclusion criteria: Participants who reported prevalent cardiovascular disease, and implausible energy intake or dietary intake.	10.7 years	Age: 56.2 (SD 8.1) years; Women: 60%; Race: White: 93.40%; Black: 2.60%; Asian: 2.60%; Other race: 1.40%; BMI: Underweight (<18.50): 40.40%, Normal (18.50–24.99): 0.70%, Overweight (25–29.99): 40.20%, Obese (≥30): 18.70%; Other health conditions: DM: 3.60%, Mental health disorder: 7.40%; Physical activity: 2687.08 (SD 2435.30) MET-minute/week; Alcohol: 4.76 (SD 8.68) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
U.K. Biobank	Kelly, 2021 [24]	United Kingdom.; Prospective cohort study; Between 04/2009 and 12/2010	Quintile 1: % E: 39.20% (SD 4.30); 4,928 participants	Inclusion criteria: Middle-aged U.K. adults. Exclusion criteria: Participants who withdrew consent, reported they were taking lipid-lowering medication(s) at baseline, were missing a baseline lipid measurement, were missing a valid mandatory baseline 24-hour dietary assessment plus at least one valid follow-up assessment, if they did not meet the minimum requirements for a valid baseline and follow-up 24-hour dietary assessment, if participants had extreme values for total energy intake (outside the range of 3,347 kJ to 17,573 or 800 to 4,200 kcal for men, outside the range of 2,092 kJ to 14,644 or 500 to 3,500 kcal for women), or if participants reported they were ill or fasting on the respective day.	3.0 years	Age: 55.3 (SD 7.7) years; Women: 55.05%; Race: White: 96.81%; Black: 0.90%; Asian: 0.90%; Other race: 0.95%; BMI: 26.90 (SD 4.50) kg/m^2; Other health conditions: DM: 1.87%; Physical activity: Low (MET-hour/week): 26.52%, Moderate (MET-hour/week): 54.24%, High (MET-hour/week): 17.81%; Alcohol: 34.30 (SD 24.60) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
U.K. Biobank	Kelly, 2021 [24]	United Kingdom.; Prospective cohort study; Between 04/2009 and 12/2010	Quintile 5: % E: 59.10% (SD 3.30); 4,927 participants	Inclusion criteria: Middle-aged U.K. adults. Exclusion criteria: Participants who withdrew consent, reported they were taking lipid-lowering medication(s) at baseline, were missing a baseline lipid measurement, were missing a valid mandatory baseline 24-hour dietary assessment plus at least one valid follow-up assessment, if they did not meet the minimum requirements for a valid baseline and follow-up 24-hour dietary assessment, if participants had extreme values for total energy intake (outside the range of 3,347 kJ to 17,573 or 800 to 4,200 kcal for men, outside the range of 2,092 kJ to 14,644 or 500 to 3,500 kcal for women), or if participants reported they were ill or fasting on the respective day.	3.0 years	Age: 55.1 (SD 8.1) years; Women: 61.68%; Race: White: 93.18%; Black: 2.15%; Asian: 2.84%; Other race: 1.58%; BMI: 26.20 (SD 4.60) kg/m^2; Other health conditions: DM: 1.01%; Physical activity: Low (MET-hour/week): 24.25%, Moderate (MET-hour/week): 53.45%, High (MET-hour/week): 20.70%; Alcohol: 5.30 (SD 8.30) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
U.K. Biobank	McKenzie, 2022 [25]	United Kingdom; Prospective cohort study; Between 2006 and 2010	Overall participants: % E: 48.90% SD (7.60); 120,963 participants	Inclusion criteria: Participants in the U.K. Biobank who completed ≥ two 24-hour diet recalls, without an event occurring between measures. Exclusion criteria: Individuals with a self-reported history of cardiovascular disease or dementia diagnosis at baseline and energy intake more than four standard deviations from the mean.	11.1 years	Age: 55.9 (SD 7.8) years; Women: 57%; Race: White: 96.90%; BMI: 26.60 (SD 4.60) kg/m^2; Weight: 76.60 (SD 15.50) kg; Other health conditions: HTN: 70.20%, DM: 3.40%; Physical activity: Low physical activity (< 600 MET/week): 18.90%
Seasonal Variation in Blood Cholesterol Levels study (SEASONS)	Ma, 2006 [26]	United States; Prospective cohort study; Between 12/1994 and 02/1997	Overall participants: % E: 51% (SD 7.50); 574 participants	Inclusion criteria: Healthy adults, aged 20 to 70 years, not taking cholesterol-lowering medications, not following a lipid lowering or weight-control diet, not working a night shift, free from possible causes of secondary hypercholesterolemia (e.g., hypothyroidism, pregnancy), and free of any chronic life-threatening illness (e.g., cancer, or renal or heart failure). Exclusion criteria: NR	1.0 year	Age: 47.8 (SD 12.2) years; Women: 48.30%; Race: White: 86.90%; Asian: 7.20%; Other race: 5.60%; BMI: 27.40 (SD 5.40) kg/m^2; Physical activity: 30 (SD 4.60) MET-hour/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Singapore; Prospective cohort study; Between 2004 and 2010	Overall participants: % E: 54%; 12,408 participants	Inclusion criteria: Adult Singapore residents aged 21 to 65 years between 2004 and 2010. Exclusion criteria: Participants who did not give consent for data linkage with medical records and national registries, had heart disease, stroke, or cancer at baseline, did not complete the baseline interview, had implausible reported energy intakes, had an ethnicity other than Chinese, Malay, and Indian, or had missing covariate information.	10.1 years	Age: 45.6 (SD 13.1) years; Women: 57%; Race: Asian: 100%; BMI: 24.90 (SD 5) kg/m^2; Other health conditions: HTN: 17.46%, DM: 9.30%, Dyslipidemia: 21.99%; Physical activity: 20.30 (SD 35.86) MET-hour/week; Alcohol: Non-drinker: 87.30%, Moderate drinker: 11.75%, Heavy drinker: 0.90%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Singapore; Prospective cohort study; Between 2004 and 2010	Quartile 1: % E: 46.60%; 3,102 participants	Inclusion criteria: Adult Singapore residents aged 21 to 65 years between 2004 and 2010. Exclusion criteria: Participants who did not give consent for data linkage with medical records and national registries, had heart disease, stroke, or cancer at baseline, did not complete the baseline interview, had implausible reported energy intakes, had an ethnicity other than Chinese, Malay, and Indian, or had missing covariate information.	10.1 years	Age: 43.4 (SD 12.8) years; Women: 58.20%; Race: Asian: 100%; BMI: 24.70 (SD 4.90) kg/m^2; Other health conditions: HTN: 14.80%, DM: 8.60%, Dyslipidemia: 20.40%; Physical activity: 21 (SD 35.11) MET-hour/week; Alcohol: Non-drinker: 85%, Moderate drinker: 12.70%, Heavy drinker: 2.30%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Singapore; Prospective cohort study; Between 2004 and 2010	Quartile 2: % E: 52.10%; 3,102 participants	Inclusion criteria: Adult Singapore residents aged 21 to 65 years between 2004 and 2010. Exclusion criteria: Participants who did not give consent for data linkage with medical records and national registries, had heart disease, stroke, or cancer at baseline, did not complete the baseline interview, had implausible reported energy intakes, had an ethnicity other than Chinese, Malay, and Indian, or had missing covariate information.	10.1 years	Age: 44.9 (SD 12.8) years; Women: 57.70%; Race: Asian: 100%; BMI: 24.80 (SD 4.80) kg/m^2; Other health conditions: HTN: 15.50%, DM: 9%, Dyslipidemia: 21.70%; Physical activity: 18.90 (SD 38.96) MET-hour/week; Alcohol: Non-drinker: 87.40%, Moderate drinker: 11.90%, Heavy drinker: 0.80%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Singapore; Prospective cohort study; Between 2004 and 2010	Quartile 3: % E: 56.10%; 3,102 participants	Inclusion criteria: Adult Singapore residents aged 21 to 65 years between 2004 and 2010. Exclusion criteria: Participants who did not give consent for data linkage with medical records and national registries, had heart disease, stroke, or cancer at baseline, did not complete the baseline interview, had implausible reported energy intakes, had an ethnicity other than Chinese, Malay, and Indian, or had missing covariate information.	10.1 years	Age: 46 (SD 12.9) years; Women: 56.30%; Race: Asian: 100%; BMI: 25.10 (SD 4.90) kg/m^2; Other health conditions: HTN: 18.90%, DM: 9.40%, Dyslipidemia: 22.30%; Physical activity: 21 (SD 35.56) MET-hour/week; Alcohol: Non-drinker: 88%, Moderate drinker: 11.50%, Heavy drinker: 5%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Singapore; Prospective cohort study; Between 2004 and 2010	Quartile 4: % E: 61.50%; 3,102 participants	Inclusion criteria: Adult Singapore residents aged 21 to 65 years between 2004 and 2010. Exclusion criteria: Participants who did not give consent for data linkage with medical records and national registries, had heart disease, stroke, or cancer at baseline, did not complete the baseline interview, had implausible reported energy intakes, had an ethnicity other than Chinese, Malay, and Indian, or had missing covariate information.	10.1 years	Age: 48.2 (SD 13.4) years; Women: 56%; Race: Asian: 100%; BMI: 25.10 (SD 5.20) kg/m^2; Other health conditions: HTN: 20.60%, DM: 10.20%, Dyslipidemia: 23.60%; Physical activity: 19.70 (SD 33.56) MET-hour/week; Alcohol: Non-drinker: 88.90%, Moderate drinker: 11%, Heavy drinker: 0.20%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Takayama study	Oba, 2010 [28]	Japan; Prospective cohort study; Between 09/1992 and 12/1999	Overall participants: g/day: 337.44 (SD 116.19); 27,862 participants	Inclusion criteria: Men and women residing in Takayama City who were 35 years or older in 1992. Exclusion criteria: Subjects who had cancer, myocardial infarction, angina, or diabetes, subjects who did not complete more than 45% of the questionnaire and those who gave unreliable or inconsistent responses, and subjects who reported to have staple food (any kind of rice, bread, flour, or noodles) 5 times or more, meat 7 times or more, fish 7 times or more, or ethanol 400 mL or more per day.	7.0 years	Age: 54.4 (SD 12.6) years; Women: 54.91%; BMI: 22.22 (SD 287.00) kg/m^2; Physical activity: 22.69 (SD 35.59) hours/week; Alcohol: 23.26 (SD 34.94) g/day
Västerbotten Intervention Program (VIP)	Nilsson, 2012 [29]	Sweden; Prospective cohort study; Between 1/1/1990 and 12/31/2008	Overall participants: % E: 49.90%; 77,319 participants	Inclusion criteria: Residents of the county of Västerbotten turning 30, 40, 50 and 60 years of age. Exclusion criteria: Subjects having missing values for more than 10% of the items in the food frequency questionnaire and/or portion size, lacking data for BMI, or with BMI < 10 kg/m^2, or subjects with unrealistic food intake levels.	10.0 years	Age: 48.6 years; Women: 51.30%; BMI: 25.20 kg/m^2; Other health conditions: HTN: 22%, DM: 2.80%, Obesity: 31.10%; Physical activity: Sedentary lifestyle: 67.50%; Alcohol: 3.32 g/day

Abbreviations: % E = percentage of energy intake from carbohydrates; BMI = body mass index; CAD = coronary artery disease; DM = diabetes mellitus; g/d = gram per day; g/MJ = gram per mega joule ; GDM: gestational diabetes mellitus; HF = heart failure; HTN = hypertension; Kcal = kilocalories; Kcal/d = kilocalor**ies** per day; Kg = kilogram; Kg/m^2 = kilogram per square meter; KJ = kilo joule; KJ/day = kilo joule per day; LDL-C = low density lipoprotein cholesterol ; METs = metabolic equivalent of task; MET-hour/day = metabolic equivalent of task hour per day; MET-minute/week = metabolic equivalent of task minute per week; MI = myocardial infarction; ml = milliliter; NR = not reported; PCOS = polycystic ovary syndrome; SD = stander deviation; U.K. = United Kingdom

Table D.2. Characteristics of included studies for the effect of dietary digestible carbohydrate intake on the risk of type 2 diabetes, growth, size, and body composition

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Finland; Randomized controlled trial; Between 1985 and 1988	Quintile 1: % E: 33.40% (SD 2.44); 5,188 participants	Inclusion criteria: Finnish male smokers. Exclusion criteria: Participants had a history of physician-diagnosed diabetes.	12.0 years	Age: 56.5 years; Women: 0.00%; BMI: 26.10 kg/m^2; Physical activity: Moderate leisure time physical activity: 50%; Alcohol: 7.20 % E
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Finland; Randomized controlled trial; Between 1985 and 1988	Quintile 2: % E: 37.50% (SD 1.19); 5,189 participants	Inclusion criteria: Finnish male smokers. Exclusion criteria: Participants had a history of physician-diagnosed diabetes.	12.0 years	Age: 56.8 years; Women: 0.00%; BMI: 26 kg/m^2; Physical activity: Moderate leisure time physical activity: 56%; Alcohol: 4.30 % E
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Finland; Randomized controlled trial; Between 1985 and 1988	Quintile 3: % E: 40.40% (SD 1.04); 5,189 participants	Inclusion criteria: Finnish male smokers. Exclusion criteria: Participants had a history of physician-diagnosed diabetes.	12.0 years	Age: 57.0 years; Women: 0.00%; BMI: 25.90 kg/m^2; Physical activity: Moderate leisure time physical activity: 60%; Alcohol: 3 % E
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Finland; Randomized controlled trial; Between 1985 and 1988	Quintile 4: % E: 43.30% (SD 1.11); 5,189 participants	Inclusion criteria: Finnish male smokers. Exclusion criteria: Participants had a history of physician-diagnosed diabetes.	12.0 years	Age: 57.2 years; Women: 0.00%; BMI: 25.70 kg/m^2; Physical activity: Moderate leisure time physical activity: 62%; Alcohol: 2 % E

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Finland; Randomized controlled trial; Between 1985 and 1988	Quintile 5: % E: 47.40% (SD 2.59); 5,188 participants	Inclusion criteria: Finnish male smokers. Exclusion criteria: Participants had a history of physician-diagnosed diabetes.	12.0 years	Age: 57.8 years; Women: 0.00%; BMI: 25.70 kg/m^2; Physical activity: Moderate leisure time physical activity: 66%; Alcohol: 0.90 % E
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 1: % E: <37.10%; 1,997 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.4 (SD 1.5) years; Women: 100%; BMI: 26.90 (SD 5.60) kg/m^2; Other health conditions: HTN: 32.20%, DM: 4.40%, Cancer: 3.80%, PCOS: 2.00%, GDM: 4.90%; Physical activity: Nil or sedentary: 21.40%, Low physical activity: 33.70%, Moderate physical activity: 18.40%, High physical activity: 26.40%
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 2: % E: 37.10–41%; 1,980 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.5 (SD 1.4) years; Women: 100%; BMI: 27.00 (SD 5.50) kg/m^2; Other health conditions: HTN: 28.50%, DM: 5.60%, Cancer: 3.10%, PCOS: 1.10%, GDM: 5.30%; Physical activity: Nil or sedentary: 18.18%, Low physical activity: 33.70%, Moderate physical activity: 21.20%, High physical activity: 27.00%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 3: % E: 41–44.30%; 1,980 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.5 (SD 1.4) years; Women: 100%; BMI: 26.70 (SD 5.20) kg/m^2; Other health conditions: HTN: 28.00%, DM: 4.80%, Cancer: 2.90%, PCOS: 1.80%, GDM: 5.40%; Physical activity: Nil or sedentary: 16.30%, Low physical activity: 33.40%, Moderate physical activity: 22.80%, High physical activity: 27.50%
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 4: % E: 44.30–48.10%; 1,980 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.5 (SD 1.5) years; Women: 100%; BMI: 26.70 (SD 5.40) kg/m^2; Other health conditions: HTN: 28.30%, DM: 4.10%, Cancer: 3.60%, PCOS: 1.80%, GDM: 4.80%; Physical activity: Nil or sedentary: 14.80%, Low physical activity: 33.60%, Moderate physical activity: 23.00%, High physical activity: 28.60%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Australia; Prospective cohort study; Between 1996 and 2016	Quintile 5: % E: >48.10%; 1,980 participants	Inclusion criteria: Women aged 50 to 55 years. Exclusion criteria: Women who did not complete survey 3, who reported cardiovascular disease on surveys 1–3 or who reported implausible dietary energy intake (<2,092 or >14,644 kJ/day).	15.0 years	Age: 52.6 (SD 1.5) years; Women: 100%; BMI: 26.40 (SD 5.00) kg/m^2; Other health conditions: HTN: 26.20%, DM: 4.70%, Cancer: 3.60%, PCOS: 1.70%, GDM: 4.10%; Physical activity: Nil or sedentary: 139.90%, Low physical activity: 32.10%, Moderate physical activity: 21.80%, High physical activity: 32.30%
Australian Longitudinal Study on Women's Health (ALSWH)	Alhazmi, 2013[31]	Australia; Prospective cohort study; Between 2002 and 2007	Quintile 1: g/day: 104.38; 1,674 participants	Inclusion criteria: Women randomly selected from the national health insurance database (Medicare). Exclusion criteria: Women who reported a daily energy intake of less than 3,347 kJ (800 kcal) or above 25,104 kJ (6,000 kcal) or who had a history of diabetes.	6.0 years	Age: 45-50 years; Women: 100%; BMI: Underweight (<18.50): 4.66%, Normal (18.50–24.99): 52.75%, Overweight (25–29.99): 27.96%, Obese (≥30): 14.64%; Physical activity: No physical activity: 19.94%, Low physical activity: 37.03%, Moderate physical activity: 19.81%, High physical activity: 23.22%; Alcohol: Non-drinker: 10.28%, Low risk drinker: 81.37%, Risky drinker: 7.03%, High risk drinker: 1.32%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Australian Longitudinal Study on Women's Health (ALSWH)	Alhazmi, 2013[31]	Australia; Prospective cohort study; Between 2002 and 2007	Quintile 3: g/day: 166.76; 1,674 participants	Inclusion criteria: Women randomly selected from the national health insurance database (Medicare). Exclusion criteria: Women who reported a daily energy intake of less than 3,347 kJ (800 kcal) or above 25,104 kJ (6,000 kcal) or who had a history of diabetes.	6.0 years	Age: 45-50 years; Women: 100%; BMI: Underweight (<18.50): 4.30%, Normal (18.50–24.99): 51.79%, Overweight (25–29.99): 27.48%, Obese (≥30): 16.43%; Physical activity: No physical activity: 16.18%, Low physical activity: 39.54%, Moderate physical activity: 18.80%, High physical activity: 25.48%; Alcohol: Non-drinker: 12.58%, Low risk drinker: 82.66%, Risky drinker: 3.97%, High risk drinker: 0.78%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Australian Longitudinal Study on Women's Health (ALSWH)	Alhazmi, 2013[31]	Australia; Prospective cohort study; Between 2002 and 2007	Quintile 5: g/day: 256.91; 1,674 participants	Inclusion criteria: Women randomly selected from the national health insurance database (Medicare). Exclusion criteria: Women who reported a daily energy intake of less than 3,347 kJ (800 kcal) or above 25,104 kJ (6,000 kcal) or who had a history of diabetes.	6.0 years	Age: 45-50 years; Women: 100%; BMI: Underweight (<18.50): 4.84%, Normal (18.50–24.99): 48.21%, Overweight (25–29.99): 29.51%, Obese (≥30): 17.44%; Physical activity: No physical activity: 14.64%, Low physical activity: 39.21%, Moderate physical activity: 21.65%, High physical activity: 24.50%; Alcohol: Non-drinker: 16.71%, Low risk drinker: 80.77%, Risky drinker: 2.34%, High risk drinker: 0.18%
Dietary, Lifestyle and Genetic determinants of Obesity and Metabolic Syndrome study (DILGOM)	Tammi, 2023[32]	Finland; Prospective cohort study; Between 2007 and 2014	Overall participants: % E: 49% (SD 6); 3,269 participants	Inclusion criteria: Individuals aged 25 to 74 years drawn from the Finnish population register from five geographical areas, with acceptably completed food frequency questionnaire at baseline and information on body weight and BMI both at baseline and follow-up. Exclusion criteria: Participants older than 70 years at baseline and those with BMI lower than 18.5 kg/m^2 or pregnant at either time point.	7.2 years	Age: 51.0 (SD 12.0) years; Women: 54.00%; BMI: 26.70 (SD 4.70) kg/m^2; Weight: 76.00 (SD 15.00) kg; Physical activity: Exercise < 1 times/week: 17.00%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
European Prospective Investigation into Cancer (EPIC)	Sluijs, 2013[33]	European; Prospective cohort study; Between 1991 and 2000	Overall participants: g/day: 226.20 (SD 36.50); 15,258 participants	Inclusion criteria: General population in which the French cohort included Women members of a health insurance scheme for school and university employees, the Spanish and Italian centers included blood donors, the Netherlands and Italy included women attending a breast cancer screening program, and most of the U.K. cohort consisted of vegetarian and health-conscious volunteers. Exclusion criteria: Prevalent diabetes cases, participants with unknown diabetes status, participants with abnormal energy intake, and participants with missing information on nutritional intake or other covariables.	12.0 years	Age: 52.5 (SD 9.0) years; Women: 62.20%; BMI: 26.10 (SD 4.20) kg/m^2; Other health conditions: HTN: 18.50%; Physical activity: Inactive: 23.60%; Alcohol: 6.25 g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
European Prospective Investigation into Cancer (EPIC) - EPIC-NL	Sluijs, 2010[34]	The Netherlands; Prospective cohort study; Between 1993 and 1997	Overall participants: g/day: 222 (SD 30.80); 37,846 participants	Inclusion criteria: The Prospect-EPIC study included women participating in the national breast cancer screening program, and the MPRGEN-EPIC study included a random sample of Dutch men and women. Exclusion criteria: Prevalent diabetes cases, participants with abnormal energy intake, participants with missing information on nutritional intake, and participants who did not consent to linkage with disease registries.	10.1 years	Age: 51.0 (SD 11.9) years; Women: 74.40%; BMI: 25.60 (SD 4.00) kg/m^2; Other health conditions: HTN: 35.90%; Physical activity: Inactive: 38.00%; Alcohol: 4.60 g/day
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	United Kingdom; Prospective cohort study; Between 1993 and 1997	Overall participants: g/day: 240.90 (SD 69.50); 4,116 participants	Inclusion criteria: Men and women, aged 40 to 79 years, who lived in Norfolk, England. Exclusion criteria: Subjects with a self-reported doctor-diagnosed history of prevalent diabetes, cancer, myocardial infarction and cerebrovascular accident at baseline health examination or unavailable food diary data.	10.0 years	Age: 59.1 (SD 9.3) years; Women: 54.10%; BMI: 26.80 (SD 4.20) kg/m^2; Weight: 74.70 (SD 13.70) kg; Other health conditions: HTN: 47.20%; Physical activity: Inactive: 31.00%, Moderately inactive: 27.90%, Moderately active: 22.00%, Active: 19.10%, Alcohol: 11.60 (SD 17.10) units/week

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	United Kingdom; Prospective cohort study; Between 1993 and 1997	Quintile 1: % E: 20–44.10%; 823 participants	Inclusion criteria: Men and women, aged 40 to 79 years, who lived in Norfolk, England. Exclusion criteria: Subjects with a self-reported doctor-diagnosed history of prevalent diabetes, cancer, myocardial infarction and cerebrovascular accident at baseline health examination or unavailable food diary data.	10.0 years	Age: 58.0 (SD 9.6) years; Women: 43.90%; BMI: 27.30 (SD 4.30) kg/m^2; Weight: 77.90 (SD 15.00) kg; Physical activity: Active: 62.10%; Alcohol: 25.50 (SD 23.40) units/week
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	United Kingdom; Prospective cohort study; Between 1993 and 1997	Quintile 2: % E: 44.20–48.30 %; 823 participants	Inclusion criteria: Men and women, aged 40 to 79 years, who lived in Norfolk, England. Exclusion criteria: Subjects with a self-reported doctor-diagnosed history of prevalent diabetes, cancer, myocardial infarction and cerebrovascular accident at baseline health examination or unavailable food diary data.	10.0 years	Age: 59.5 (SD 9.3) years; Women: 51.50%; BMI: 26.90 (SD 4.00) kg/m^2; Weight: 75.30 (SD 13.70) kg; Physical activity: Active: 41.50%; Alcohol: 12.80 (SD 13.40) units/week

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	United Kingdom; Prospective cohort study; Between 1993 and 1997	Quintile 3: % E: 48.40–51.60%; 824 participants	Inclusion criteria: Men and women, aged 40 to 79 years, who lived in Norfolk, England. Exclusion criteria: Subjects with a self-reported doctor-diagnosed history of prevalent diabetes, cancer, myocardial infarction and cerebrovascular accident at baseline health examination or unavailable food diary data.	10.0 years	Age: 59.2 (SD 9.3) years; Women: 54.00%; BMI: 26.90 (SD 4.30) kg/m^2; Weight: 74.70 (SD 14.00) kg; Physical activity: Active: 42.30%; Alcohol: 7.60 (SD 10.00) units/week
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	United Kingdom; Prospective cohort study; Between 1993 and 1997	Quintile 4: % E: 51.70–55.40%; 823 participants	Inclusion criteria: Men and women, aged 40 to 79 years, who lived in Norfolk, England. Exclusion criteria: Subjects with a self-reported doctor-diagnosed history of prevalent diabetes, cancer, myocardial infarction and cerebrovascular accident at baseline health examination or unavailable food diary data.	10.0 years	Age: 60.1 (SD 9.1) years; Women: 60.90%; BMI: 26.70 (SD 4.20) kg/m^2; Weight: 73.70 (SD 13.30) kg; Physical activity: Active: 41.00%; Alcohol: 5.10 (SD 8.00) units/week

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	United Kingdom; Prospective cohort study; Between 1993 and 1997	Quintile 5: % E: 55.50–74%; 823 participants	Inclusion criteria: Men and women, aged 40 to 79 years, who lived in Norfolk, England. Exclusion criteria: Subjects with a self-reported doctor-diagnosed history of prevalent diabetes, cancer, myocardial infarction and cerebrovascular accident at baseline health examination or unavailable food diary data.	10.0 years	Age: 59.4 (SD 9.0) years; Women: 60.00%; BMI: 26.50 (SD 4.10) kg/m^2; Weight: 73.40 (SD 13.00) kg; Physical activity: Active: 41.00%; Alcohol: 3 (SD 5.40) units/week
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Germany; Prospective cohort study; Between 1994 and 1998	Quintile 1: % E: 33.76%; 5,013 participants	Inclusion criteria: Men and women from the general population. Exclusion criteria: Participants with prevalent diabetes at baseline or with self-reported diabetes during follow-up but without physician confirmation, with missing follow-up time, with missing diet and confounder information at baseline, or with implausible energy intake.	9.0 years	Age: 48.5 years; Women: 61.30%; BMI: 26.34 kg/m^2; Physical activity: Sport activities: 0.94 hours/week, Cycling: 1.62 hours/week, Occupational activity (Light): 62.00%, Occupational activity (Moderate): 30.43%, Occupational activity (Heavy): 7.61%; Alcohol: 7.54 % E

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Germany; Prospective cohort study; Between 1994 and 1998	Quintile 2: % E: 38.82%; 5,014 participants	Inclusion criteria: Men and women from the general population. Exclusion criteria: Participants with prevalent diabetes at baseline or with self-reported diabetes during follow-up but without physician confirmation, with missing follow-up time, with missing diet and confounder information at baseline, or with implausible energy intake.	9.0 years	Age: 45.3 years; Women: 61.29%; BMI: 26.04 kg/m^2; Physical activity: Sport activities: 0.94 hours/week, Cycling: 1.70 hours/week, Occupational activity (Light): 60.88%, Occupational activity (Moderate): 32.92%, Occupational activity (Heavy): 6.30%; Alcohol: 5.37 % E
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Germany; Prospective cohort study; Between 1994 and 1998	Quintile 3: % E: 41.89%; 5,014 participants	Inclusion criteria: Men and women from the general population. Exclusion criteria: Participants with prevalent diabetes at baseline or with self-reported diabetes during follow-up but without physician confirmation, with missing follow-up time, with missing diet and confounder information at baseline, or with implausible energy intake.	9.0 years	Age: 45.6 years; Women: 61.29%; BMI: 26.03 kg/m^2; Physical activity: Sport activities: 1 hours/week, Cycling: 1.90 hours/week, Occupational activity (Light): 61.14%, Occupational activity (Moderate): 32.47%, Occupational activity (Heavy): 6.43%; Alcohol: 4.40 % E

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Germany; Prospective cohort study; Between 1994 and 1998	Quintile 4: % E: 44.97%; 5,013 participants	Inclusion criteria: Men and women from the general population. Exclusion criteria: Participants with prevalent diabetes at baseline or with self-reported diabetes during follow-up but without physician confirmation, with missing follow-up time, with missing diet and confounder information at baseline, or with implausible energy intake.	9.0 years	Age: 50 years; Women: 61.30%; BMI: 26.06 kg/m^2; Physical activity: Sport activities: 0.94 hours/week, Cycling: 1.86 hours/week, Occupational activity (Light): 58.92%, Occupational activity (Moderate): 34.20%, Occupational activity (Heavy): 6.87%; Alcohol: 3.54 % E
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Germany; Prospective cohort study; Between 1994 and 1998	Quintile 5: % E: 50.37%; 5,013 participants	Inclusion criteria: Men and women from the general population. Exclusion criteria: Participants with prevalent diabetes at baseline or with self-reported diabetes during follow-up but without physician confirmation, with missing follow-up time, with missing diet and confounder information at baseline, or with implausible energy intake.	9.0 years	Age: 50.9 years; Women: 61.30%; BMI: 26.09 kg/m^2; Physical activity: Sport activities: 1.04 hours/week, Cycling: 2.12 hours/week, Occupational activity (Light): 56.73%, Occupational activity (Moderate): 35.70%, Occupational activity (Heavy): 7.57%; Alcohol: 2.81 % E

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Health 2000 Health Examination Survey (Health 2000)	Tammi, 2023[32]	Finland; Prospective cohort study; Between 2000 and 2011	Overall participants: % E: 44% (SD 5); 3,993 participants	Inclusion criteria: Adults aged 30 years and over, with acceptably completed food frequency questionnaire at baseline and information on body weight and BMI both at baseline and follow-up. Exclusion criteria: Participants older than 70 years at baseline and those with BMI lower than 18.5 kg/m^2 or pregnant at either time point.	11.0 years	Age: 48.0 (SD 11.0) years; Women: 55.00%; BMI: 26.70 (SD 4.50) kg/m^2; Weight: 77.00 (SD 15.00) kg; Physical activity: Exercise < 1 times/week: 23.00%
Helsinki Birth Cohort Study (HBCS)	Tammi, 2023[32]	Finland; Prospective cohort study; Between 2001 and 2013	Overall participants: % E: 45% (SD 6); 1,065 participants	Inclusion criteria: Individuals born in Helsinki between 1934 and 1944, with acceptably completed food frequency questionnaire at baseline and information on body weight and BMI both at baseline and follow-up. Exclusion criteria: Participants older than 70 years at baseline and those with BMI lower than 18.5 kg/m^2 or pregnant at either time point.	10.3 years	Age: 61.0 (SD 3.0) years; Women: 56.00%; BMI: 27.30 (SD 4.20) kg/m^2; Weight: 78.00 (SD 14.00) kg; Physical activity: Exercise < 1 times/week: 31.00%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Japan Public Health Center-based Prospective (JPHC)	Nanri, 2015[37]	Japan; Prospective cohort study; Between 1990 and 2003	Overall participants: % E: 54.67% (SD 8.71); 64,674 participants	Inclusion criteria: Participants aged 45 to 75 years who participated in the second survey of the Japan Public Health Center-based Prospective study and had no history of diabetes. Exclusion criteria: Participants who reported a history of type 2 diabetes or severe disease at the second survey, participants who reported extreme total energy intakes, participants who died before the third survey and who did not respond to the subsequent third survey.	10.0 years	Race: Asian: 100%;

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022[38]	South Korea; Prospective cohort study; Between 2001 and 2018	Overall participants: g/day: 341.84 (SD 36.16); 7,413 participants	Inclusion criteria: Volunteers between 40 and 69 years of age who lived in Ansung and Ansan, both in Gyeonggi Province. Exclusion criteria: Participants with a history of cancer, myocardial infarction, stroke, coronary artery disease, or congestive heart failure, history of diabetes, fasting glucose ≥126 mg/dL at baseline, or HbA1c ≥ 6.5% at baseline, missing dietary survey data at baseline, and daily caloric intake of <500 kcal or >5,000 kcal.	16.0 years	Age: 51.5 (SD 8.7) years; Women: 52.70%; Race: Asian: 100%; BMI: 24.42 (SD 3.09) kg/m^2; Physical activity: Q1 MET-hour/week 22.23%, Q2 MET-hour/week 27.16%, Q3 MET-hour/week 25.71%, Q4 MET-hour/week 24.90%; Alcohol: Non-drinker: 52.36%, <15 g/day: 28.64%, 15-24 g/day: 6.91%, ≥25 g/day: 12.09%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022[38]	South Korea; Prospective cohort study; Between 2001 and 2018	Quintile 1: g/day: 291.95 (SD 29.91); 1,483 participants	Inclusion criteria: Volunteers between 40 and 69 years of age who lived in Ansung and Ansan, both in Gyeonggi Province. Exclusion criteria: Participants with a history of cancer, myocardial infarction, stroke, coronary artery disease, or congestive heart failure, history of diabetes, fasting glucose ≥126 mg/dL at baseline, or HbA1c ≥ 6.5% at baseline, missing dietary survey data at baseline, and daily caloric intake of <500 kcal or >5,000 kcal.	16.0 years	Age: 48.5 (SD 7.0) years; Women: 43.40%; Race: Asian: 100%; BMI: 24.39 (SD 3.02) kg/m^2; Physical activity: Q1 MET-hour/week 20.84%, Q2 MET-hour/week 31.69%, Q3 MET-hour/week 30.01%, Q4 MET-hour/week 17.46%; Alcohol: Non-drinker: 39.03%, <15 g/day: 31.67%, 15-24 g/day: 9.44%, ≥25 g/day: 19.86%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022[38]	South Korea; Prospective cohort study; Between 2001 and 2018	Quintile 3: g/day: 346.60 (SD 10.57); 1,482 participants	Inclusion criteria: Volunteers between 40 and 69 years of age who lived in Ansung and Ansan, both in Gyeonggi Province. Exclusion criteria: Participants with a history of cancer, myocardial infarction, stroke, coronary artery disease, or congestive heart failure, history of diabetes, fasting glucose ≥126 mg/dL at baseline, or HbA1c ≥ 6.5% at baseline, missing dietary survey data at baseline, and daily caloric intake of <500 kcal or >5,000 kcal.	16.0 years	Age: 50.9 (SD 8.3) years; Women: 50.20%; Race: Asian: 100%; BMI: 24.37 (SD 3.03) kg/m^2; Physical activity: Q1 MET-hour/week 21.59%, Q2 MET-hour/week 28.88%, Q3 MET-hour/week 27.60%, Q4 MET-hour/week 21.93%; Alcohol: Non-drinker: 50.21%, <15 g/day: 32.12%, 15-24 g/day: 6.37%, ≥25 g/day: 11.30%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022[38]	South Korea; Prospective cohort study; Between 2001 and 2018	Quintile 5: g/day: 380.51 (SD 26.64); 1,482 participants	Inclusion criteria: Volunteers between 40 and 69 years of age who lived in Ansung and Ansan, both in Gyeonggi Province. Exclusion criteria: Participants with a history of cancer, myocardial infarction, stroke, coronary artery disease, or congestive heart failure, history of diabetes, fasting glucose ≥126 mg/dL at baseline, or HbA1c ≥ 6.5% at baseline, missing dietary survey data at baseline, and daily caloric intake of <500 kcal or >5,000 kcal.	16.0 years	Age: 56.5 (SD 8.9) years; Women: 68.60%; Race: Asian: 100%; BMI: 24.40 (SD 3.39) kg/m^2; Physical activity: Q1 MET-hour/week 23.67%, Q2 MET-hour/week 17.88%, Q3 MET-hour/week 20.78%, Q4 MET-hour/week 37.65%; Alcohol: Non-drinker: 69.83%, <15 g/day: 21.37%, 15-24 g/day: 3.42%, ≥25 g/day: 5.38%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Genome and Epidemiology Study (KoGES)	Ha, 2019[39]	South Korea; Prospective cohort study; Between 2001 and 2002	Quartile 1: % E: 64.88% (SD 2.78); 1,398 participants	Inclusion criteria: Adults aged 40 to 69 years without diabetes, cardiovascular diseases or any cancer at baseline. Exclusion criteria: Participants who had diabetes at baseline, missing variables required to define type 2 diabetes, refused to participate in the followup survey, cardiovascular diseases or any cancer at baseline, did not participate in a food frequency questionnaire survey, and reported implausible energy intake (<500 kcal/day or >5,000 kcal/day).	12.0 years	Age: 48.1 (SD 7.4) years; Women: 52.00%; BMI: 24.35 (SD 3.01) kg/m^2; Physical activity: 22.76 (SD 14.77) MET-hour/day; Alcohol: Never-drinker: 38.71%, Former drinker: 3.99%, Current drinker: 57.29%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Genome and Epidemiology Study (KoGES)	Ha, 2019[39]	South Korea; Prospective cohort study; Between 2001 and 2002	Quartile 4: % E: 79.54% (SD 2.87); 1,399 participants	Inclusion criteria: Adults aged 40 to 69 years without diabetes, cardiovascular diseases or any cancer at baseline. Exclusion criteria: Participants who had diabetes at baseline, missing variables required to define type 2 diabetes, refused to participate in the followup survey, cardiovascular diseases or any cancer at baseline, did not participate in a food frequency questionnaire survey, and reported implausible energy intake (<500 kcal/day or >5,000 kcal/day).	12.0 years	Age: 55.1 (SD 8.9) years; Women: 52.04%; BMI: 24.10 (SD 3.10) kg/m^2; Physical activity: 26.97 (SD 16.65) MET-hour/day; Alcohol: Never-drinker: 52.67%, Former drinker: 7.04%, Current drinker: 40.31%
Korean Genome and Epidemiology Study (KoGES) - KoGES-Ansan-Ansung Cohort Study	Kim, 2020[40]	South Korea; Prospective cohort study; Between 10/2005 and 12/2011	Tertile 1: g/day: 280.15 (SD 26.41); 2,769 participants	Inclusion criteria: Participants aged 40 years and older. Exclusion criteria: Participants treated with anti-diabetic medications or insulin or showed a fasting blood glucose level of ≥7.0 mmol/L (126 mg/dL) at baseline, those with implausible dietary intakes (<500 or >4,000 kcal/day or >10 missing food items), insufficient blood specimens, or with missing data for important covariates.	4.0 years	Age: 59.6 (SD 8.9) years; Women: 63.50%; Race: Asian: 100%; BMI: 24.00 (SD 3.20) kg/m^2; Physical activity: Regular exercise: 24.30%; Alcohol: 15.96 (SD 39.50) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Genome and Epidemiology Study (KoGES) - KoGES-Ansan-Ansung Cohort Study	Kim, 2020[40]	South Korea; Prospective cohort study; Between 10/2005 and 12/2011	Tertile 2: g/day: 308.16 (SD 15.11); 2,771 participants	Inclusion criteria: Participants aged 40 years and older. Exclusion criteria: Participants treated with anti-diabetic medications or insulin or showed a fasting blood glucose level of ≥7.0 mmol/L (126 mg/dL) at baseline, those with implausible dietary intakes (<500 or >4,000 kcal/day or >10 missing food items), insufficient blood specimens, or with missing data for important covariates.	4.0 years	Age: 61.2 (SD 8.9) years; Women: 63.50%; Race: Asian: 100%; BMI: 24.10 (SD 3.20) kg/m^2; Physical activity: Regular exercise: 22.30%; Alcohol: 12.51 (SD 38.40) g/day
Korean Genome and Epidemiology Study (KoGES) - KoGES-Ansan-Ansung Cohort Study	Kim, 2020[40]	South Korea; Prospective cohort study; Between 10/2005 and 12/2011	Tertile 3: g/day: 326.26 (SD 17.11); 2,770 participants	Inclusion criteria: Participants aged 40 years and older. Exclusion criteria: Participants treated with anti-diabetic medications or insulin or showed a fasting blood glucose level of ≥7.0 mmol/L (126 mg/dL) at baseline, those with implausible dietary intakes (<500 or >4,000 kcal/day or >10 missing food items), insufficient blood specimens, or with missing data for important covariates.	4.0 years	Age: 63.3 (SD 8.8) years; Women: 63.50%; Race: Asian: 100%; BMI: 24.40 (SD 3.20) kg/m^2; Physical activity: Regular exercise: 17.90%; Alcohol: 9.48 (SD 37.30) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Korean Genome and Epidemiology Study (KoGES) – KoGES-MR Cohort	Lee, 2019[41]	South Korea; Prospective cohort study; Between 2001 and 2012	Overall participants: g/day: 346.48 (SD 25.62); 7,294 participants	Inclusion criteria: Participants aged 40 to 69 years living in Ansan, a small, urban industrial city, and Anseong, a rural agricultural city. Exclusion criteria: Patients with type 2 diabetes and cancer at baseline, those who did not attend at least 1 follow-up visit until 2012, those with no dietary data, those who reported energy intake of <500 kcal/day or >5,000 kcal/day, and those with missing information on the covariates.	7.7 years	Age: 51.7 (SD 2.4) years; Women: 52.00%; Race: Asian: 100%; BMI: 24.50 (SD 0.40) kg/m^2; Physical activity: 168.60 (SD 18.00) MET-hour/week; Alcohol: 16.10 (SD 2.70) g/day
Malmö Diet and Cancer Study (MDCS)	Olsson, 2021[42]	Sweden; Prospective cohort study; Between 01/1991 and 09/1996	Overall participants: % E: 45.20% (SD 3.65); 26,622 participants	Inclusion criteria: Men born between 1923 and 1945, and women born between 1923 and 1950, in Malmö, Sweden. Exclusion criteria: Subjects with limited Swedish proficiency, mental disability that prevented filling out baseline questionnaire, prevalent diabetes at baseline, missing data on physical activity, smoking habits or level of education.	18.4 years	Age: 58.0 (SD 5.0) years; Women: 61.00% BMI: 25.60 (SD 2.80) kg/m^2; Alcohol: 3.30 (SD 2.00) % E

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Nurses' Health Study (NHS)	Halton, 2008[43]	United States; Prospective cohort study; Between 1980 and 2000	85,059participants	Inclusion criteria: Women registered nurses aged 30 to 55 years who completed a mailed questionnaire. Exclusion criteria: All women at baseline who left ≥ 10 food items blank or had implausibly high (>3,500 kcal) or low (<500 kcal) energy intakes on the semiquantitative food frequency questionnaire, women with a history of diabetes, cancer (not including nonmelanoma skin cancer), or cardiovascular disease at baseline.	20.0 years	Women: 100%;
Nurses' Health Study II (NHS II)	Schulze, 2004[44]	United States; Prospective cohort study; Between 1991 and 1995	Overall participants: % E: 49.90% (SD 7.80); 91,249 participants	Inclusion criteria: Women nurses in the United States Exclusion criteria: Participants did not complete a dietary questionnaire in 1991 or if > 9 items on it were left blank, if the reported total energy intake was implausible, if they had a history of diabetes, cancer (except nonmelanoma skin cancer), or cardiovascular disease reported on either the 1989 or 1991 questionnaire, or if they had no data on physical activity in 1991.	8.0 years	Age: 36.1 (SD 4.7) years; Women: 100%; BMI: 24.60 (SD 5.30) kg/m^2; Other health conditions: HTN: 3.30%, High blood cholesterol: 9.40%; Physical activity: 21.00 (SD 27.20) METs/week; Alcohol: 3.20 (SD 6.20) g/day

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Tehran Lipid and Glucose Study (TLGS)	Hosseinpour-Niazi, 2023[45]	Iran; Prospective cohort study; Between 2005 and 2008	Tertile 1: % E: 44% (SD 5.06); 640 participants	Inclusion criteria: Adults aged 19 to 74 years with complete information. Exclusion criteria: Individuals with metabolic syndrome at baseline, pregnant or lactating women at baseline or follow-up, subjects with daily energy intake < 500 and > 4,000 kcal/day, subjects with any specific diets as a result of their hyperlipidemia, hypertension, and hyperglycemia, and subjects with missing laboratory or anthropometric data related to the diagnosis of metabolic syndrome during the follow-up.	8.9 years	Age: 35.8 (SD 12.6) years; Women: 54.50%; BMI: 25.10 (SD 5.06) kg/m^2; Physical activity: 4.70 (SD 7.59) MET-hour/week

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Tehran Lipid and Glucose Study (TLGS)	Hosseinpour-Niazi, 2023[45]	Iran; Prospective cohort study; Between 2005 and 2008	Tertile 2: % E: 52.50% (SD 5.05); 637 participants	Inclusion criteria: Adults aged 19 to 74 years with complete information. Exclusion criteria: Individuals with metabolic syndrome at baseline, pregnant or lactating women at baseline or follow-up, subjects with daily energy intake < 500 and > 4,000 kcal/day, subjects with any specific diets as a result of their hyperlipidemia, hypertension, and hyperglycemia, and subjects with missing laboratory or anthropometric data related to the diagnosis of metabolic syndrome during the follow-up.	8.9 years	Age: 36.0 (SD 12.6) years; Women: 65.50%; BMI: 25.70 (SD 5.05) kg/m^2; Physical activity: 5.20 (SD 7.57) MET-hour/week

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
Tehran Lipid and Glucose Study (TLGS)	Hosseinpour-Niazi, 2023[45]	Iran; Prospective cohort study; Between 2005 and 2008	Tertile 3: % E: 63.20% (SD 5.05); 638 participants	Inclusion criteria: Adults aged 19 to 74 years with complete information. Exclusion criteria: Individuals with metabolic syndrome at baseline, pregnant or lactating women at baseline or follow-up, subjects with daily energy intake < 500 and > 4,000 kcal/day, subjects with any specific diets as a result of their hyperlipidemia, hypertension, and hyperglycemia, and subjects with missing laboratory or anthropometric data related to the diagnosis of metabolic syndrome during the follow-up.	8.9 years	Age: 37.7 (SD 12.6) years; Women: 58.60%; BMI: 25.90 (SD 5.05) kg/m^2; Physical activity: 5.10 (SD 7.58) MET-hour/week

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
The Melbourne Collaborative Cohort Study	Hodge, 2004[46]	Australia; Prospective cohort study; Between 1990 and 1994	Overall participants: g/day: 232.68; 36,787 participants	Inclusion criteria: Men and women aged 40 to 69 years without diabetes at baseline who participated in the Melbourne Collaborative Cohort Study between 1990 and 1994.. Exclusion criteria: People with diabetes at baseline, those who reported having angina or suffering a heart attack before baseline, those who did not report diabetes at baseline but later reported a date of diabetes diagnosis before baseline, those with energy intakes in the top or bottom 1% of the sex-specific distributions, and those with missing values for relevant risk factors measured at baseline.	4.0 years	Age: 54.5 years; Women: 58.90%; BMI: 26.13 kg/m^2; Physical activity: Active: 25%; Alcohol: 4.80 g/day
The Shanghai Women's Health Study	Villegas, 2007[47]	China; Prospective cohort study; Between 12/28/1996 and 05/23/2000	Overall participants: g/day: 286.72; 64,191 participants	Inclusion criteria: Middle-aged Chinese women. Exclusion criteria: Participants who had diabetes or other chronic disease, and participants who had extreme values for total energy intake.	4.6 years	Age: 51.0 years; Women: 100%; Other health conditions: HTN: 18.80%, Obesity (Central): 19.40%, Obesity (World Health Organization): 4.30%, Obesity (Asian): 13.10%; Physical activity: 32.90 MET-hour/day; Alcohol: Alcohol drinking: 2.26%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
N/A	Tajima, 2016[48]	Japan; Prospective cohort study; Between 09/2008 and 05/2010	Tertile 1: % E: 48.90% (SD 2.70); 108 participants	Inclusion criteria: Pregnant women with singleton pregnancies and without diagnosed diabetes mellitus prior to pregnancy. Exclusion criteria: Participants who provided incomplete or implausible information on their pregnancy diet, those who completed dietary records after week 16 of gestation, those who did not have glucose challenge test and family history of diabetes mellitus data, and those who had missing information on rate of weight gain per week.	24 to 28 weeks	Age: 33.1 (SD 3.6) years; Women: 100%; Race: Asian: 100%; BMI: 19.60 (SD 1.80) kg/m^2

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
N/A	Tajima, 2016[48]	Japan; Prospective cohort study; Between 09/2008 and 05/2010	Tertile 2: % E: 54.90% (SD 1.50); 109 participants	Inclusion criteria: Pregnant women with singleton pregnancies and without diagnosed diabetes mellitus prior to pregnancy. Exclusion criteria: Participants who provided incomplete or implausible information on their pregnancy diet, those who completed dietary records after week 16 of gestation, those who did not have glucose challenge test and family history of diabetes mellitus data, and those who had missing information on rate of weight gain per week.	24 to 28 weeks	Age: 33.6 (SD 3.6) years; Women: 100%; Race: Asian: 100%; BMI: 19.60 (SD 1.90) kg/m^2;

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
N/A	Tajima, 2016[48]	Japan; Prospective cohort study; Between 09/2008 and 05/2010	Tertile 3: % E: 61.50% (SD 3.40); 108 participants	Inclusion criteria: Pregnant women with singleton pregnancies and without diagnosed diabetes mellitus prior to pregnancy. Exclusion criteria: Participants who provided incomplete or implausible information on their pregnancy diet, those who completed dietary records after week 16 of gestation, those who did not have glucose challenge test and family history of diabetes mellitus data, and those who had missing information on rate of weight gain per week.	24 to 28 weeks	Age: 33.8 (SD 3.7) years; Women: 100%; Race: Asian: 100%; BMI: 20.00 (SD 2.00) kg/m^2
N/A	Kahleova, 2018[49]	United States; Randomized controlled trial; Between 10/2016 and 01/2017	Overall participants: % E: 58.25% (SD 12.52); 75 participants	Inclusion criteria: Participants were adults with a BMI between 28 and 40 kg/m^2. Exclusion criteria: Subjects with comorbidities or recent use of medications that alter appetite or body weight, pregnancy, recent smoking or recreational drug use, evidence of an eating disorder, alcohol consumption above two drinks a day, or unwillingness to comply with study requirements.	16 weeks	Age: 53.2 (SD 12.6) years; Women: 89.00%; Race: White: 45.00%; Black: 45.00%; Asian: 5.00%; Hispanic: 8.00%; Other race: 3.00%; Other health conditions: HTN: 24.00%, Hypercholesterolemia: 12.00%; Physical activity: 2533.07 (SD 1766.74) METs

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
N/A	Sakurai, 2016[50]	Japan; Prospective cohort study; Between 2003 and 2013	Quartile 1: g/day: <285.70; 502 participants	Inclusion criteria: Employees of a factory that produces zippers and aluminum sashes in Toyama Prefecture. Exclusion criteria: Participants who were diabetic or had high fasting plasma glucose (≥126 mg/dL) or high glycated hemoglobin (HbA1c≥6.5%) at the time of the baseline examination, total daily calorie intakes were below 500 kcal or above 5,000 kcal, histories of cancer, cardiovascular disease, or did not participate in consecutive follow-up annual health examinations.	10.0 years	Age: 45.3 (SD 5.9) years; Women: 0.00%; Race: Asian: 100%; BMI: 23.60 kg/m^2; Weight: 2.80 kg; Other health conditions: HTN: 39.80%, Dyslipidemia: 30.30%; Physical activity: Regular exercise: 51.80%; Alcohol: Never-drinker: 8.40%, Occasional drinker: 0.80%, <20 g/day: 18.10%, ≥20 g/day: 72.70%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
N/A	Sakurai, 2016[50]	Japan; Prospective cohort study; Between 2003 and 2013	Quartile 2: g/day: 285.80-313.80; 501 participants	Inclusion criteria: Employees of a factory that produces zippers and aluminum sashes in Toyama Prefecture. Exclusion criteria: Participants who were diabetic or had high fasting plasma glucose (≥126 mg/dL) or high glycated hemoglobin (HbA1c≥6.5%) at the time of the baseline examination, total daily calorie intakes were below 500 kcal or above 5,000 kcal, histories of cancer, cardiovascular disease, or did not participate in consecutive follow-up annual health examinations.	10.0 years	Age: 46.0 (SD 6.1) years; Women: 0.00%; Race: Asian: 100%; BMI: 23.30 kg/m^2; Weight: 2.80 kg; Other health conditions: HTN: 34.70%, Dyslipidemia: 29.30%; Physical activity: Regular exercise: 51.10%; Alcohol: Never-drinker: 15.00%, Occasional drinker: 1.60%, <20 g/day: 36.70%, ≥20 g/day: 46.70%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
N/A	Sakurai, 2016[50]	Japan; Prospective cohort study; Between 2003 and 2013	Quartile 3: g/day: 313.90-341.70; 502 participants	Inclusion criteria: Employees of a factory that produces zippers and aluminum sashes in Toyama Prefecture. Exclusion criteria: Participants who were diabetic or had high fasting plasma glucose (≥126 mg/dL) or high glycated hemoglobin (HbA1c≥6.5%) at the time of the baseline examination, total daily calorie intakes were below 500 kcal or above 5,000 kcal, histories of cancer, cardiovascular disease, or did not participate in consecutive follow-up annual health examinations.	10.0 years	Age: 46.0 (SD 6.0) years; Women: 0.00%; Race: Asian: 100%; BMI: 23.20 kg/m^2; Weight: 2.80 kg; Other health conditions: HTN: 33.30%, Dyslipidemia: 27.30%; Physical activity: Regular exercise: 53.20%; Alcohol: Never-drinker: 28.10%, Occasional drinker: 2.20%, <20 g/day: 38%, ≥20 g/day: 31.70%

Study Name	Author, Year	Country, Study Design, Patient Enrollment Period	Digestible Carbohydrate Intake	Inclusion and Exclusion Criteria	Length of Followup (Years)	Patient Characteristics
N/A	Sakurai, 2016[50]	Japan; Prospective cohort study; Between 2003 and 2013	Quartile 4: g/day: ≥341.80; 501 participants	Inclusion criteria: Employees of a factory that produces zippers and aluminum sashes in Toyama Prefecture. Exclusion criteria: Participants who were diabetic or had high fasting plasma glucose (≥126 mg/dL) or high glycated hemoglobin (HbA1c≥6.5%) at the time of the baseline examination, total daily calorie intakes were below 500 kcal or above 5,000 kcal, histories of cancer, cardiovascular disease, or did not participate in consecutive follow-up annual health examinations.	10.0 years	Age: 46.3 (SD 5.9) years; Women: 0.00%; Race: Asian: 100%; BMI: 23.50 kg/m^2; Weight: 3.10 kg; Other health conditions: HTN: 31.30%, Dyslipidemia: 30.10%; Physical activity: Regular exercise: 52.90%; Alcohol: Never-drinker: 43.70%, Occasional drinker: 3.60%, <20 g/day: 34.50%, ≥20 g/day: 18.20%

Abbreviations: % E = percentage of energy intake from carbohydrates; BMI = body mass index; DM = diabetes mellitus; g/d = gram per day; GDM = gestational diabetes mellitus; HbA1c =glycated hemoglobin; HTN = hypertension; Kcal = kilocalories; Kcal/d = kilocalories per day; Kg = kilogram; Kg/m^2 = kilogram per square meter; KJ = kilo joule; KJ/day = kilo joule per day; METs = metabolic equivalent of task; MET-hour/day = metabolic equivalent of task hour per day; MET-hour/week = metabolic equivalent of task hour per week; mg/dl = milligrams Per deciliter; mmol/l = millimoles per litre; N/A = not available; PCOS = polycystic ovary syndrome; U.K. = United Kingdom; SD = stander deviation.

Appendix E. Methods of Dietary Assessment

Table E.1. Dietary intake and methods of dietary assessment for the effect of dietary digestible carbohydrate intake on risk of cardiovascular disease

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Alpha-Tocopherol, Beta-Carotene Cancer Prevention (ATBC)	Similä, 2013 [1]	Overall participants: % E: 40.40%; 21,955 participants	276-item self-administered validated food frequency questionnaire for diet over the previous 12 months, in addition, the subjects could report the consumption of foods not listed in the food frequency questionnaire. Frequency: Once at baseline.	Fiber: 25.1 g/day; Total protein: 14.4 % E; Total fat: 41.5 % E; Source of food per day: Beer, milk, fruits and berries, sugars, yogurt, ice-cream, rye, sugar-sweetened berry juice, sweets, fruit juices, roots, potatoes, and coffee.
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	Overall participants: % E: 48.80% (SD 9.40); 13,384 participants	66-item semiquantitative food frequency questionnaire, a modified version of the validated 61-item instrument, for diet over the previous 12 months. Frequency: Two times: 1987 – 1989, and 1993–1995.	Fiber: 17.2 (SD 8.2) g/day; Total protein: 17.9 (SD 4.2) % E; Total fat: 32.9 (SD 6.8) % E; Source of food per day: Dairy foods, fruits, vegetables, meats, sweets, baked goods, cereals, miscellaneous, beverages, and other dietary items.
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	Quartile 1: % E: 37.20% (SD 4.70); 3,344 participants	66-item semiquantitative food frequency questionnaire, a modified version of the validated 61-item instrument, for diet over the previous 12 months. Frequency: Two times: 1987 – 1989, and 1993–1995.	Fiber: 14.0 (SD 6.7) g/day; Total protein: 20.3 (SD 4.3) % E; Total fat: 38.4 (SD 6.3) % E
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	Quartile 2: % E: 45.80% (SD 1.70); 3,345 participants	66-item semiquantitative food frequency questionnaire, a modified version of the validated 61-item instrument, for diet over the previous 12 months. Frequency: Two times: 1987 – 1989, and 1993–1995.	Fiber: 17.0 (SD 7.2) g/day; Total protein: 18.6 (SD 3.5) % E; Total fat: 35.1 (SD 4.5) % E

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	Quartile 3: % E: 51.50% (SD 1.80); 3,348 participants	66-item semiquantitative food frequency questionnaire, a modified version of the validated 61-item instrument, for diet over the previous 12 months. Frequency: Two times: 1987 – 1989, and 1993–1995.	Fiber: 18.4 (SD 7.7) g/day; Total protein: 17.5 (SD 3.4) % E; Total fat: 31.9 (SD 4.0) % E
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	Quartile 4: % E: 60.80% (SD 5.30); 3,347 participants	66-item semiquantitative food frequency questionnaire, a modified version of the validated 61-item instrument, for diet over the previous 12 months. Frequency: Two times: 1987 – 1989, and 1993–1995.	Fiber: 19.6 (SD 9.8) g/day; Total protein: 15.3 (SD 3.6) % E; Total fat: 26.1 (SD 4.8) % E
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Quintile 1: % E: <37.10%; 1,997 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 16.4 g/MJ; Total fat: 37.6 % E
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Quintile 2: % E: 37.10–41.00%; 1,998 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 18.6 g/MJ; Total fat: 36.6 % E
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Quintile 3: % E: 41–44.30%; 1,998 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 20.0 g/MJ; Total fat: 34.7 % E
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Quintile 4: % E: 44.30–48.10%; 1,998 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 21.4 g/MJ; Total fat: 32.4 % E

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Quintile 5: % E: >48.10%; 1,998 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 23.2 g/MJ; Total fat: 27.6 % E

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	Quintile 1: % E: 41.30% (SD 5.90); 2,436 participants	A validated method consisting of a face-to-face interview with trained nutritionists using a combination of 3 consecutive 24-hour dietary recalls at individual level with a weighting inventory at household level, assessing for the average dietary intake over the previous 3 days. Frequency: Once at baseline and then every 2 to 4 years.	Fiber: 8.7 (SD 5.0) g/day; Total protein: 13.5 (SD 3.3) % E; Total fat: 45.2 (SD 6.7) % E; Source of food per day: Wheat, barley, millet, millet flour, sorghum rice, corn, maize meal, black rice, tofu or other soy products, , beans and peas, collard greens, spinach, broccoli, cucumber, peppers, onions, tomatoes, asparagus, carrots, sweet potatoes, pumpkin and winter squash, bamboo shoots, white flour, white rice, steamed bun, noodles, potatoes, cassava, corn (raw), taro, yam, lotus root, water chestnuts, sugar, sweets, sugar-sweetened beverages, preserved fruit, dessert, cakes, 100% orange juice, apple juice, mixed fruit juice, beef, lamb or pork, and its offal, chicken, turkey, duck, goose, chicken wings, chicken legs, chicken claws, bacon, ham sausage, sauced beef, hotdogs, beef hotdogs, chicken or turkey hotdogs, preserved meat, fish, shrimp, shellfish, crabs, cucumber, squid, octopus, eggs, duck eggs, goose eggs, preserved egg, salted duck egg, all fluid milk products and many foods made from milk that retain their calcium content, such as yogurt, cheese, skim milk, whole milk, beef fat, pork fat (lard), mutton fat, chicken fat, duck fat, all other animal protein, peanuts; walnuts, sunflower seed, cashew nut, ginger, almond and other nuts, canola oil, soybean oil, corn oil, peanut oil, cottonseed oil, olive oil, safflower oil, sunflower oil, all other plant protein not in the groups above (e.g. vegetables and fruits)

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	Quintile 2: % E: 51.40% (SD 1.80); 2,435 participants	A validated method consisting of a face-to-face interview with trained nutritionists using a combination of 3 consecutive 24-hour dietary recalls at individual level with a weighting inventory at household level, assessing for the average dietary intake over the previous 3 days. Frequency: Once at baseline and then every 2 to 4 years.	Fiber: 10.1 (SD 6.0) g/day; Total protein: 12.9 (SD 2.3) % E; Total fat: 35.7 (SD 2.9) % E
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	Quintile 3: % E: 57.00% (SD 1.60); 2,435 participants	A validated method consisting of a face-to-face interview with trained nutritionists using a combination of 3 consecutive 24-hour dietary recalls at individual level with a weighting inventory at household level, assessing for the average dietary intake over the previous 3 days. Frequency: Once at baseline and then every 2 to 4 years.	Fiber: 10.4 (SD 5.1) g/day; Total protein: 12.4 (SD 2.0) % E; Total fat: 30.7 (SD 2.5) % E
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	Quintile 4: % E: 62.60% (SD 1.70); 2,435 participants	A validated method consisting of a face-to-face interview with trained nutritionists using a combination of 3 consecutive 24-hour dietary recalls at individual level with a weighting inventory at household level, assessing for the average dietary intake over the previous 3 days. Frequency: Once at baseline and then every 2 to 4 years.	Fiber: 11.2 (SD 6.4) g/day; Total protein: 11.8 (SD 1.8) % E; Total fat: 25.7 (SD 2.4) % E

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	Quintile 5: % E: 71.10% (SD 4.20); 2,436 participants	A validated method consisting of a face-to-face interview with trained nutritionists using a combination of 3 consecutive 24-hour dietary recalls at individual level with a weighting inventory at household level, assessing for the average dietary intake over the previous 3 days. Frequency: Once at baseline and then every 2 to 4 years.	Fiber: 13.6 (SD 7.8) g/day; Total protein: 11.4 (SD 1.5) % E; Total fat: 17.5 (SD 4.4) % E
Cohort Study of Risk Factors for Coronary Heart Disease (CS-RFCHD)	Darjoko, 2019 [5]	Overall participants: NR; 4,840 participants	Nutritional interviews were performed by means of the food frequency questionnaire and food recall questionnaire. Frequency: Once at baseline and three times yearly.	NR
Coronary Artery Risk Development in Young Adults (CARDIA)	Choi, 2022 [6]	Overall participants: % E: 46.04% (SD 7.41); 4,701 participants	Interviewer-administered 100-item validated food questionnaire, for diet over the previous month. Frequency: Three times: At baseline, 7- and 20-year follow up..	Fiber: 2.1 (SD 1.1) g/1000 kcal; Total protein: 14.8 (SD 2.7) % E; Total fat: 37.7 (SD 6.0) % E; Source of food per day: Fruit, avocado, beans/legumes, green vegetables, yellow vegetables, tomatoes, other vegetables, nuts, seeds, soy products, whole grains, vegetable oil, fatty fish, lean fish, poultry, alcohol (beer, wine, and liquor), coffee, tea, low-fat milk/cheese/yogurt, alcohol, fried potatoes, grain dessert, salty snacks, pastries, sweets, high-fat red meats, processed meats, organ meats, fried fish/poultry, sauces, soft drink, whole-fat milk/cheese/yogurt, butter, potatoes, refined grains, margarine, chocolate, meal replacements, pickled foods, sugar substitutes, lean meats, shellfish, eggs, soups, diet drinks, and fruit juices

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Coronary Artery Risk Development in Young Adults (CARDIA)	Gao, 2021 [7]	Overall participants: % E: 47.80% (SD 6.50); 2,226 participants	Interviewer-administered 100-item validated food questionnaire, for diet over the previous month. Frequency: Three times: At baseline, 7- and 20-year follow up.	Fiber: 13.0 (SD 5.6) g/day; Total protein: 14.6 (SD 2.1) % E; Total fat: 36.4 (SD 5.3) % E
European Prospective Investigation into Cancer and Nutrition (EPIC)	Sieri, 2020 [8]	Overall participants: g/day: 231.80 (SD 65.60); 340,579 participants	Country-specific (in some cases center-specific) questionnaires, administered by trained health professionals (self-reported in France, Norway, and Oxford, U.K.),designed to capture local eating habits throughout the year up to recruitment.	Starch: 123.2 (SD 38.1) g/day; Sugar: 104.2 (SD 41.1) g/day; Fiber: 23.0 (SD 7.5) g/day; Total protein: 85.6 (26.8) g/day Total fat: 75.7 g/day
European Prospective Investigation into Cancer and Nutrition (EPIC) - EPICOR	Sieri, 2010 [9]	Overall participants: g/day: 285.76 (SD 173.75); 44,139 participants	Semiquantitative validated food frequency questionnaires (1 self-administered for the northern-central region and 2 administered by interviewers for the southern regions), designed to capture local dietary habits during the previous year. Frequency: Once at baseline.	Starch: 178.0 (SD 134.4) g/day; Sugar: 107.6 (SD 88.5) g/day; Fiber: 24.3 (SD 19.6) g/day; Total protein: 93.7 (SD 54.7) g/day; Total fat: 88.4 (SD 53.8) g/day; Source of food per day: Biscuits, bread, and pasta, boiled rice, risotto, and baked rice, sugar, honey and jam, pizza, fruit and cakes
European Prospective Investigation into Cancer and Nutrition (EPIC) - Prospect-EPIC	Beulens, 2007 [10]	Overall participants: g/day: 195.18 (SD 27.59); 15,714 participants	77-item validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 22.2 (SD 4.4) g/day; Total protein: 70.0 (SD 10.0) g/day; Total fat: 68.8 (SD 10.3) g/day; Source of food per day: Drinks, bread, potatoes, eggs, fruit, cake, wheat products, vegetables, cheese, milk products, nuts and snacks, legumes, soups, sweets, fats, fish, meat

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
European Prospective Investigation into Cancer and Nutrition (EPIC) - EPICOR	Sieri, 2013 [11]	Overall participants: g/day: 285.90 (SD 99.40); 44,099 participants	Semiquantitative validated food frequency questionnaires (1 self-administered for the northern-central region and 2 administered by interviewers for the southern regions), designed to capture local dietary habits during the previous year. Frequency: Once at baseline.	Starch: 178.2 (SD 78.5) g/day; Sugar: 107.5 (SD 43.9) g/day; Fiber: Cereal fiber: 10.1 (SD 7.1) g/day, Potatoes fiber: 0.5 (SD 0.4) g/day, Vegetables fiber: 4.2 (SD 2.1) g/day, Legumes fiber: 1.7 (SD 1.7) g/day, Fruit fiber: 7.5 (SD 5.2) g/day; Total protein: 93.7 (SD 27.9) g/day; Total fat: 83.4 (SD 27.5) g/day; Source of food per day: Bread, sugar/honey and jam, pizza, pasta, fruits, cakes, and rice
European Prospective Investigation into Cancer and Nutrition (EPIC) - EPIC-MORGEN	Burger, 2011 [12]	Overall participants: g/day: 224.26 (SD 30.07); 19,608 participants	79-item validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Starch: 114.9 (SD 22.9) g/day; Sugar: 109.0 (SD 29.5) g/day; Fiber: 22.80 (SD 4.8) g/day; Total protein: 74.5 (SD 10.6) g/day; Total fat: 77.0 (SD 10.8) g/day; Source of food per day: Bread, milk products, alcoholic and non-alcoholic beverages, potatoes, and fruit
Health Examinee (HEXA)	Jo, 2023 [13]	Quartile 1: % E: 62.69% (SD 4.05); 41,021 participants	Semi-quantitative validated food frequency questionnaire was first developed in 2001, and a later revised version with 106 items was developed in 2006 for diet over the previous year. Frequency: Twice: At baseline and at the first follow up.	Total protein: 77.1 (SD 30.4) g/day; Total fat: 44.1 (SD 20.3) g/day
Health Examinee (HEXA)	Jo, 2023 [13]	Quartile 2: % E: 70.09% (SD 2.03); 41,022 participants	Semi-quantitative validated food frequency questionnaire was first developed in 2001, and a later revised version with 106 items was developed in 2006 for diet over the previous year. Frequency: Twice: At baseline and at the first follow up.	Total protein: 61.0 (SD 18.2) g/day; Total fat: 30.0 (SD 10.1) g/day

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Health Examinee (HEXA)	Jo, 2023 [13]	Quartile 3: % E: 74.12% (SD 2.03); 41,023 participants	Semi-quantitative validated food frequency questionnaire was first developed in 2001, and a later revised version with 106 items was developed in 2006 for diet over the previous year. Frequency: Twice: At baseline and at the first follow up.	Total protein: 52.9 (SD 14.2) g/day; Total fat: 22.6 (SD 8.1) g/day
Health Examinee (HEXA)	Jo, 2023 [13]	Quartile 4: % E: 79.02% (SD 2.03); 41,022 participants	Semi-quantitative validated food frequency questionnaire was first developed in 2001, and a later revised version with 106 items was developed in 2006 for diet over the previous year. Frequency: Twice: At baseline and at the first follow up.	Total protein: 43.4 (SD 12.2) g/day; Total fat: 14.6 (SD 6.1) g/day

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Health Professionals Follow-up Study (HPFS)	Li, 2015 [14]	Overall participants: % E: 47.80%; 42,908 participants	Semiquantitative validated food frequency questionnaire for diet over the previous year. Frequency: Every 4 years.	Total protein: 18.5 % E; Total fat: 31.1 g/day; Source of food per day: Saturated fatty acids (beef, ham, pork, chicken, processed meats, butter, cheese, milk, ice cream, eggs, salad dressings), monosaturated fatty acids (beef, processed meats, chicken, nuts, peanuts and peanut butter, pork, ham, crackers, salad dressing, butter, milk, and olive oil), polyunsaturated fatty acids (vegetable oil, oil and vegan salad dressings, nuts, chicken, cabbage or cole slaw, and soft margarines), carbohydrates from refined starches/sugars (white rice, white bread including pitas, pasta, bagels, English muffins or rolls, pizza, pretzels, plain pancakes, crackers, pastries, muffins or biscuits, tortillas, cookies, sweet rolls, coffee cakes, plain donuts, pies, cakes, brownies, chocolate chip cookies, potato chips, potatoes, and french fries), carbohydrates from whole grains (oatmeal, oatmeal/oat bran/whole bran bread, brown rice, popcorn, dark bread, whole-wheat bread, whole-wheat crackers, rye bread, oat-based cold cereals, Metamucil, fat-free oatmeal cookies, raw oat or wheat bran, and bran muffins)
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Overall participants: % E: 49% (SD 5.19); 2,995 participants	169-item semi-quantitative food frequency questionnaire, a slightly modified version of a previously validated food frequency questionnaire, for diet over the previous year. Frequency: Once at baseline.	Fiber: 11.0 (SD 2.2) g/1000 kcal/day; Total protein: 16.0 (SD 2.2) % E; Total fat: 33.0 (SD 5.2) % E; Source of food per day: Cakes, snacks, soft drinks with sugar, fresh fruit and berries, juice, conserved fruit and berries, bread, rice, pasta, flour, cereals, potatoes, and vegetables

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Quartile 1: % E: 43% (SD 2.96); 749 participants	169-item semi-quantitative food frequency questionnaire, a slightly modified version of a previously validated food frequency questionnaire, for diet over the previous year. Frequency: Once at baseline.	Fiber: 10.0 (SD 1.5) g/1000 kcal/day; Total protein: 17.0 (SD 2.2) % E; Total fat: 38.0 (SD 4.4) % E
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Quartile 2: % E: 48% (SD 0.74); 749 participants	169-item semi-quantitative food frequency questionnaire, a slightly modified version of a previously validated food frequency questionnaire, for diet over the previous year. Frequency: Once at baseline.	Fiber: 11.0 (SD 1.5) g/1000 kcal/day; Total protein: 16.0 (SD 1.5) % E; Total fat: 34.0 (SD 3.0) % E
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Quartile 3: % E: 51% (SD 1.48); 748 participants	169-item semi-quantitative food frequency questionnaire, a slightly modified version of a previously validated food frequency questionnaire, for diet over the previous year. Frequency: Once at baseline.	Fiber: 12.0 (SD 3.0) g/1000 kcal/day; Total protein: 16.0 (SD 2.2) % E; Total fat: 31.0 (SD 2.2) % E
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Quartile 4: % E: 56.00% (SD 2.96); 749 participants	169-item semi-quantitative food frequency questionnaire, a slightly modified version of a previously validated food frequency questionnaire, for diet over the previous year. Frequency: Once at baseline.	Fiber: 13.0 (SD 3.7) g/1000 kcal/day; Total protein: 15.0 (SD 1.5) % E; Total fat: 27.0 (SD 3.0) % E
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	% E: <40.00%; 1,501 participants	46-item short validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 7.4 (SD 3.3) g/1000 kcal/day; Total fat: 31.9 (SD 11.4) % E; Source of food per day: Carbohydrate, fat, fiber, green and yellow vegetables (e.g., broccoli, carrots, squash, and spinach), light-colored vegetables (e.g., onion, Japanese white radish, cucumber, and bean sprouts), and fruits

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	% E: 40.00-<45.00%; 2,933 participants	46-item short validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 7.1 (SD 2.8) g/1000 kcal/day; Total fat: 30.1 (SD 8.5) % E
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	% E: 45.00-<50.00%; 8,085 participants	46-item short validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 7.0 (SD 2.4) g/1000 kcal/day; Total fat: 28.6 (SD 7.0) % E
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	% E: 50.00-<55.00%; 20,366 participants	46-item short validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 6.8 (SD 2.0) g/1000 kcal/day; Total fat: 27.0 (SD 5.5) % E
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	% E: 55.00-<60.00%; 29,015 participants	46-item short validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 6.6 (SD 2.4) g/1000 kcal/day; Total fat: 23.5 (SD 6.0) % E
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	% E: 60.00-<65.00%; 16,356 participants	46-item short validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 6.0 (SD 2.0) g/1000 kcal/day; Total fat: 19.6 (SD 3.9) % E
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	% E: ≥65.00%; 3,077 participants	46-item short validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 5.0 (SD 2.1) g/1000 kcal/day; Total fat: 15.0 (SD 3.3) % E

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Korean Association Resource (KARE)	Jo, 2023 [13]	Quartile 1: % E: 63.67% (SD 3.92); 2,401 participants	Semi-quantitative validated food frequency questionnaire was first developed in 2001, and a later revised version with 106 items was developed in 2006 for diet over the previous year. Frequency: Twice: At baseline and at the second follow up.	Total protein: 82.9 (SD 27.0) g/day; Total fat: 47.9 (SD 18.6) g/day
Korean Association Resource (KARE)	Jo, 2023 [13]	Quartile 2: % E: 70.12% (SD 1.47); 2,402 participants	Semi-quantitative validated food frequency questionnaire was first developed in 2001, and a later revised version with 106 items was developed in 2006 for diet over the previous year. Frequency: Twice: At baseline and at the second follow up.	Total protein: 65.7 (SD 16.7) g/day; Total fat: 32.6 (SD 9.8) g/day
Korean Association Resource (KARE)	Jo, 2023 [13]	Quartile 3: % E: 73.89% (SD 1.47); 2,403 participants	Semi-quantitative validated food frequency questionnaire was first developed in 2001, and a later revised version with 106 items was developed in 2006 for diet over the previous year. Frequency: Twice: At baseline and at the second follow up.	Total protein: 56.8 (SD 15.2) g/day; Total fat: 24.8 (SD 8.3) g/day
Korean Association Resource (KARE)	Jo, 2023 [13]	Quartile 4: % E: 78.70% (SD 2.45); 2,402 participants	Semi-quantitative validated food frequency questionnaire was first developed in 2001, and a later revised version with 106 items was developed in 2006 for diet over the previous year. Frequency: Twice: At baseline and at the second follow up.	Total protein: 46.6 (SD 14.7) g/day; Total fat: 16.2 (SD 6.9) g/day

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Malmö Diet and Cancer Study (MDCS)	Sonestedt, 2015 [17]	Overall participants: % E: 45.19% (SD 3.94); 26,445 participants	A validated modified diet history method at baseline using a 7-day food diary, and a 1-hour interview for foods consumed during the 7 days studied, and a 168-item food frequency questionnaire for the diet over the previous year. Frequency: Once at baseline.	Fiber: 9.1 (SD 3.2) g/1000 kcal; Total protein: 15.8 (SD 2.7) % E; Total fat: 39.0 (SD 8.3) % E; Source of food per day: Vegetables, fruits and berries, juice, potatoes, whole grains, refined grains, cookies and cakes, sugar and sweets, sugar-sweetened beverages, milk, meat, fish, and coffee
Malmö Diet and Cancer Study (MDCS)	Wallstrom, 2012 [18]	Overall participants: % E: 44.68%; 20,674 participants	A validated modified diet history method at baseline using a 7-day food diary, and a 1-hour interview for foods consumed during the 7 days studied, and a 168-item food frequency questionnaire for the diet over the previous year. Frequency: Once at baseline.	Starch: 24.6 % E; Sugar: 20.1 % E; Fiber: 9.0 g/1000 kcal; Total protein: 15.6 % E; Total fat: 39.7 % E
National Integrated Project for Prospective Observation of Non-communicable Disease and its Trends in the Aged (NIPPON DATA)	Miyazawa, 2020 [19]	Overall participants: % E: 61.25% (SD 6.58); 8,925 participants	A validated method consisting of a survey, administered by dietary interviewers, on food intake using weighed-food records over three consecutive representative weekdays. Frequency: Once at baseline.	Starch: 41.9 (SD 7.2) % E; Fiber: 8.5 (SD 2.1) g/1000 kcal; Saturated fatty acids: 5.9 (SD1.5) % E; Long-chain n-3 polyunsaturated fatty acids: 0.4 (SD 0.2) mg/1000 kcal

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Nurses' Health Study (NHS)	Li, 2015 [14]	Overall participants: % E: 43.50%; 84,628 participants	Semiquantitative validated food frequency questionnaire for diet over the previous year. Frequency: Every 4 years.	Total protein: 18.8 % E; Total fat: 33.9 % E; Source of food per day: Saturated fatty acids (beef, ham, pork, chicken, processed meats, butter, cheese, milk, ice cream, eggs, salad dressings), monosaturated fatty acids (beef, processed meats, chicken, nuts, peanuts and peanut butter, pork, ham, crackers, salad dressing, butter, milk, and olive oil), polyunsaturated fatty acids (vegetable oil, oil and vegan salad dressings, nuts, chicken, cabbage or cole slaw, and soft margarines), carbohydrates from refined starches/sugars (white rice, white bread including pitas, pasta, bagels, English muffins or rolls, pizza, pretzels, plain pancakes, crackers, pastries, muffins or biscuits, tortillas, cookies, sweet rolls, coffee cakes, plain donuts, pies, cakes, brownies, chocolate chip cookies, potato chips, potatoes, and french fries), carbohydrates from whole grains (oatmeal, oatmeal/oat bran/whole bran bread, brown rice, popcorn, dark bread, whole-wheat bread, whole-wheat crackers, rye bread, oat-based cold cereals, Metamucil, fat-free oatmeal cookies, raw oat or wheat bran, and bran muffins)
Nurses' Health Study (NHS)	Oh, 2005[20]	Quintile 1: % E: 30% (SD 5); 15,755 participants	61-item semiquantitative validated food frequency questionnaire for diet over the previous year, which was revised in 1984 to include 116 food items. Frequency: Every 4 years.	Fiber: 11.5 (SD 3.5) g/day; Total fat: 76.0 g/day

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Nurses' Health Study (NHS)	Oh, 2005	Quintile 2: % E: 39% (SD 1); 15,756 participants	61-item semiquantitative validated food frequency questionnaire for diet over the previous year, which was revised in 1984 to include 116 food items. Frequency: Every 4 years.	Fiber: 13.8 (SD 3.8) g/day; Total fat: 76.0 g/day
Nurses' Health Study (NHS)	Oh, 2005	Quintile 3: % E: 44% (SD 1); 15,757 participants	61-item semiquantitative validated food frequency questionnaire for diet over the previous year, which was revised in 1984 to include 116 food items. Frequency: Every 4 years.	Fiber: 14.8 (SD 4.3) g/day; Total fat: 61.0 g/day
Nurses' Health Study (NHS)	Oh, 2005	Quintile 4: % E: 48% (SD 1); 15,756 participants	61-item semiquantitative validated food frequency questionnaire for diet over the previous year, which was revised in 1984 to include 116 food items. Frequency: Every 4 years.	Fiber: 15.6 (SD 4.8) g/day; Total fat: 57.0 g/day
Nurses' Health Study (NHS)	Oh, 2005	Quintile 5: % E: 55% (SD 5); 15,755 participants	61-item semiquantitative validated food frequency questionnaire for diet over the previous year, which was revised in 1984 to include 116 food items. Frequency: Every 4 years.	Fiber: 17.4 (SD 6.8) g/day; Total fat: 48.0 g/day
Nurses' Health Study (NHS)	Halton, 2006 [21]	Overall participants: % E: 44.2% 82,802 participants	61-item semiquantitative validated food frequency questionnaire for diet over the previous year, which was revised in 1984 to include 116 food items. Frequency: Every 4 years.	Source of food per day: Fruits and vegetables, coffee, red meat, grains, nuts, poultry, fish, multivitamin
Prospective Urban Rural Epidemiology (PURE)	Dehghan, 2017 [22]	Overall participants: % E: 61.20% (SD 11.60); 135,335 participants	Country-specific (or region-specific in India) validated food frequency questionnaires. Frequency: Once at baseline.	Total protein: 15.2 (SD 3.6) % E; Total fat: 21.4 (SD 6.3) % E

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
U.K. Biobank	Ho, 2020 [23]	Overall participants: % E: 49.63% (SD 7.00); 195,658 participants	The Oxford WebQ: A web-based 24-hour recall, self-administered, validated touch screen questionnaire. Frequency: Five times: Over five years period.	Starch: 24.1 (SD 6.0) % E; Sugar: 23.6 (SD 6.7) % E; Fiber: 16.5 (SD 6.2) g/day; Total protein: 16.4 (SD 3.6) % E; Total fat: 34.0 (SD 6.4) % E
U.K. Biobank	Ho, 2020 [23]	Quintile 1: % E: 40.77% (SD 5.31); 39,132 participants	The Oxford WebQ: A web-based 24-hour recall, self-administered, validated touch screen questionnaire. Frequency: Five times: Over five years period.	Starch: 21.0 (SD 5.7) % E; Sugar: 18.4 (SD 5.5) % E; Fiber: 14.0 (SD 5.6) g/day; Total protein: 18.7 (SD 4.1) % E; Total fat: 40.6 (SD 5.6) % E
U.K. Biobank	Ho, 2020 [23]	Quintile 2: % E: 46.44% (SD 3.24); 39,131 participants	The Oxford WebQ: A web-based 24-hour recall, self-administered, validated touch screen questionnaire. Frequency: Five times: Over five years period.	Starch: 23.6 (SD 5.2) % E; Sugar: 21.3 (SD 5.1) % E; Fiber: 15.9 (SD 5.6) g/day; Total protein: 16.8 (SD 3.2) % E; Total fat: 36.7 (SD 4.4) % E
U.K. Biobank	Ho, 2020 [23]	Quintile 3: % E: 49.58% (SD 2.78); 39,132 participants	The Oxford WebQ: A web-based 24-hour recall, self-administered, validated touch screen questionnaire. Frequency: Five times: Over five years period.	Starch: 24.5 (SD 5.2) % E; Sugar: 23.3 (SD 5.1) % E; Fiber: 16.7 (SD 5.7) g/day; Total protein: 16.2 (SD 3.1) % E; Total fat: 34.3 (SD 4.0) % E
U.K. Biobank	Ho, 2020 [23]	Quintile 4: % E: 52.84% (SD 2.53); 39,131 participants	The Oxford WebQ: A web-based 24-hour recall, self-administered, validated touch screen questionnaire. Frequency: Five times: Over five years period.	Starch: 25.3 (SD 5.6) % E; Sugar: 25.5 (SD 5.3) % E; Fiber: 17.5 (SD 6.1) g/day; Total protein: 15.6 (SD 3.0) % E; Total fat: 31.6 (SD 3.8) % E
U.K. Biobank	Ho, 2020 [23]	Quintile 5: % E: 58.54% (SD 3.70); 39,132 participants	The Oxford WebQ: A web-based 24-hour recall, self-administered, validated touch screen questionnaire. Frequency: Five times: Over five years period.	Starch: 26.1 (SD 6.8) % E; Sugar: 29.6 (SD 6.6) % E; Fiber: 18.3 (SD 6.9) g/day; Total protein: 14.6 (SD 3.0) % E; Total fat: 26.8 (SD 4.2) % E

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
U.K. Biobank	Kelly, 2021 [24]	Quintile 1: % E: 39.20% (SD 4.30); 4,928 participants	The Oxford WebQ: A web-based 24-hour recall, self-administered, validated touch screen questionnaire. Frequency: Five times: Over five years period.	Total protein: 16.8 (SD 3.4) % E; Total fat: 34.9 (SD 6.3) % E; Source of food per day: Starch from whole grains (brown, seeded and whole meal bread, whole meal pasta and rice, bran cereal, biscuit cereal, oat cereal, and muesli), starch from refined grains (white and other bread, white pasta and rice, other cereals), free sugars (from added sugars or naturally occurring in honey, syrups, and fruit juices), and non-free sugars (total sugars minus free sugars), and fat and protein from plant sources and animal sources, including dairy and nondairy animal sources
U.K. Biobank	Kelly, 2021 [24]	Quintile 5: % E: 59.10% (SD 3.30); 4,927 participants	The Oxford WebQ: A web-based 24-hour recall, self-administered, validated touch screen questionnaire. Frequency: Five times: Over five years period.	Total protein: 15.0 (SD 2.7) % E; Total fat: 26.8 (SD 4.1) % E
U.K. Biobank	McKenzie, 2022 [25]	Overall participants: g/day: 253.2 (SD 74.5); % E: 48.90% SD (7.60); 120,963 participants	The Oxford WebQ: A web-based 24-hour recall, self-administered, validated touch screen questionnaire. Frequency: Five times: Over five years period.	Sugar: 119.9 (SD 42.5) g/day, 23.2 (SD 6.4) % E; Fiber: 16.4 (SD 5.8) g/day, 1.5 (SD 0.5) % E; Total protein: 82.2 (SD 21.3) g/day, 16.1 (SD 3.1) % E; Total fat: 78.2 (SD 26.2) g/day, 32.5 (SD 5.8) % E
Seasonal Variation in Blood Cholesterol Levels study (SEASONS)	Ma, 2006 [26]	Overall participants: % E: 51% (SD 7.5); 574 participants	Three serial 24-hour dietary recalls for diet over the week (2 weekdays and 1 weekend day). Frequency: Four times: Once in each quarter of follow-up.	Energy intake: 1966.0 (SD 569.0) kcal per day

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Overall participants: % E: 54.00%; 12,408 participants	169-item semi-quantitative validated food frequency questionnaire administered at home by an interviewer for diet over the previous month. Frequency: Once at baseline.	Fiber: 20.7 (SD 6.7) g/day; Total protein: 14.5 (SD 2.5) % E; Total fat: 29.0 (SD 9.0) % E; Source of food per day: Refined grains, fruits, vegetables, whole grains, soft drinks, red meat, poultry, fish and seafood, dairy, eggs, and soy
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Quartile 1: % E: 46.60%; 3,102 participants	169-item semi-quantitative validated food frequency questionnaire administered at home by an interviewer for diet over the previous month. Frequency: Once at baseline.	NR
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Quartile 2: % E: 52.10%; 3,102 participants	169-item semi-quantitative validated food frequency questionnaire administered at home by an interviewer for diet over the previous month. Frequency: Once at baseline.	NR
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Quartile 3: % E: 56.10%; 3,102 participants	169-item semi-quantitative validated food frequency questionnaire administered at home by an interviewer for diet over the previous month. Frequency: Once at baseline.	NR
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Quartile 4: % E: 61.50%; 3,102 participants	169-item semi-quantitative validated food frequency questionnaire administered at home by an interviewer for diet over the previous month. Frequency: Once at baseline.	NR
Takayama study	Oba, 2010 [28]	Overall participants: g/day: 337.44 (SD 116.19); 27,862 participants	169-item self-administered semi-quantitative validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 13.1 (SD 7.8) g/day; Total protein: 87.1 (SD 95.1) g/day; Total fat: 51.0 (SD 39.0) g/day

Study Name	Author, Year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Västerbotten Intervention Program (VIP)	Nilsson, 2012 [29]	Overall participants: % E: 49.90%; 77,319 participants	The Västerbotten Intervention Program food frequency questionnaire (the original validated 84-item version, the older nearly identical food frequency questionnaire, or the more recent condensed validated 65-item version). Frequency: Once at baseline, with 5,780 patients completing the food frequency questionnaire another time at 10 years follow up.	Total protein: 14.8 % E; Total fat: 34.4 % E; Source of food per day: Main carbohydrate source (potato, rice, pasta), main protein sources (meat, fish, vegetables)

Abbreviations: % E = percentage of total energy intake; g/d = gram per day; g/MJ = gram per mega joule; N/A = not available; U.K. = United Kingdom; SD = standard deviation.

Table E.2. Dietary Intake and methods of dietary assessment for the effect of dietary digestible carbohydrate intake on risk of type 2 diabetes, growth, size, and body composition

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Quintile 1: % E: 33.40% (SD 2.44); 5,188 participants	276-item self-administered, validated modified diet history questionnaire, which corresponds to food frequency questionnaire, for diet over the previous year, in addition, subjects could report the consumption of foods not listed in the questionnaire. Frequency: Once at baseline.	Sugar: 17.0 g/day; Fiber: 20.0 g/day; Total protein: 14.4 % E; Total fat: 44.8 % E; Source of food per day: Cereals, wheat, rye, potatoes, milk, soft drinks, fruits and berries, and vegetables and legumes.
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Quintile 2: % E: 37.50% (SD 1.19); 5,189 participants	276-item self-administered, validated modified diet history questionnaire, which corresponds to food frequency questionnaire, for diet over the previous year, in addition, subjects could report the consumption of foods not listed in the questionnaire. Frequency: Once at baseline.	Sugar: 25.0 g/day; Fiber: 23.0 g/day; Total protein: 14.4 % E; Total fat: 43.2 % E
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Quintile 3: % E: 40.40% (SD 1.04); 5,189 participants	276-item self-administered, validated modified diet history questionnaire, which corresponds to food frequency questionnaire, for diet over the previous year, in addition, subjects could report the consumption of foods not listed in the questionnaire. Frequency: Once at baseline.	Sugar: 29.0 g/day; Fiber: 25.0 g/day; Total protein: 14.4 % E; Total fat: 41.5 % E

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Quintile 4: % E: 43.30% (SD =1.11); 5,189 participants	276-item self-administered, validated modified diet history questionnaire, which corresponds to food frequency questionnaire, for diet over the previous year, in addition, subjects could report the consumption of foods not listed in the questionnaire. Frequency: Once at baseline.	Sugar: 33.0 g/day; Fiber: 27.0 g/day; Total protein: 14.3 % E; Total fat: 39.6 % E
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	Quintile 5: % E: 47.40% (SD 2.59); 5,188 participants	276-item self-administered, validated modified diet history questionnaire, which corresponds to food frequency questionnaire, for diet over the previous year, in addition, subjects could report the consumption of foods not listed in the questionnaire. Frequency: Once at baseline.	Sugar: 37.0 g/day; Fiber: 30.0 g/day; Total protein: 14.1 % E; Total fat: 36.1 % E
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Quintile 1: % E: <37.10%; 1,997 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 16.4 g/MJ; Total fat: 37.6 % E
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Quintile 2: % E: 37.10–41%; 1,998 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 18.6 g/MJ; Total fat: 36.6 % E
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Quintile 3: % E: 41–44.30%; 1,998 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 20.0 g/MJ; Total fat: 34.7 % E

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Quintile 4: % E: 44.30–48.10%; 1,998 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 21.4 g/MJ; Total fat: 32.4 % E
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022[3]	Quintile 5: % E: >48.10%; 1,998 participants	Dietary Questionnaire for Epidemiological Studies version 2: A 101-item validated food frequency questionnaire for diet over the previous 12 months.	Fiber: 23.2 g/MJ; Total fat: 27.6 % E
Australian Longitudinal Study on Women's Health (ALSWH)	Alhazmi, 2013[31]	Quintile 1: g/day: 104.38; 1,674 participants	The validated Dietary Questionnaire for Epidemiological Studies (DQES) version 2. Frequency: Once at baseline.	Fiber: 13.1 (SD 3.4) g/day; Saturated fatty acids: 18.5 (SD 7.2) g/day; Monounsaturated fatty acids: 16.3 (SD 5.9) g/day
Australian Longitudinal Study on Women's Health (ALSWH)	Alhazmi, 2013[31]	Quintile 3: g/day: 166.76; 1,674 participants	The validated Dietary Questionnaire for Epidemiological Studies (DQES) version 2. Frequency: Once at baseline.	Fiber: 19.5 (SD 4.5) g/day; Saturated fatty acids: 24.2 (SD 8.4) g/day; Monounsaturated fatty acids: 21.4 (SD 6.7) g/day
Australian Longitudinal Study on Women's Health (ALSWH)	Alhazmi, 2013[31]	Quintile 5: g/day: 256.91; 1,674 participants	The validated Dietary Questionnaire for Epidemiological Studies (DQES) version 2. Frequency: Once at baseline.	Fiber: 30.0 (SD 8.3) g/day; Saturated fatty acids: 36.9 (SD 14.9) g/day; Monounsaturated fatty acids: 32.5 (SD 12.1) g/day
Dietary, Lifestyle and Genetic determinants of Obesity and Metabolic Syndrome study (DILGOM)	Tammi, 2023[32]	Overall participants: g/day: 295 (SD 109); % E: 49% (SD 6); 3,269 participants	131-item semi-quantitative validated food frequency questionnaire for diet over the previous 12 months. Frequency: Twice: At baseline and at follow up.	Sugar: 140.0 (SD 61.0) g/day, 23.0 (SD 5.0); Fiber: 31.0 (SD 13.0) g/day; Total protein: 109.0 (SD 41.0) g/day, 18.0 (SD 3.0) % E; Total fat: 89.0 (SD 37.0) g/day, 31.0 (SD 5.0) % E

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
European Prospective Investigation into Cancer (EPIC)	Sluijs, 2013[33]	Overall participants: g/day: 226.20 (SD 36.50); 15,258 participants	Quantitative validated dietary questionnaire with individual portion sizes (in France, Spain, The Netherlands, Germany, and Italy, except Naples) or semiquantitative validated food frequency questionnaires (in Denmark, Naples, Sweden, and the U.K.). Frequency: Once at baseline.	Starch: 122.5 (SD 55.4) g/day; Sugar: 100.5 (SD 62.6) g/day; Fiber: 22.5 (SD 12.0) g/day; Total protein: 87.3 (SD 30.6) g/day; Total fat: 73.8 (SD: 19.6) g/d
European Prospective Investigation into Cancer (EPIC) - EPIC-NL	Sluijs, 2010[34]	Overall participants: g/day: 222 (SD 30.80); 37,846 participants	79-item validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Starch: 109.4 (SD 23.0) g/day; Sugar: 112.4 (SD 29.50) g/day; Fiber: 23.4 (SD 4.8) g/day; Total protein: 75.7 (SD 11.0) g/day; Total fat: 77.0 (SD 8.8) g/day
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	Overall participants: g/day: 240.90 (SD 69.50); 4,116 participants	7-day validated food diary. Frequency: Once at baseline.	Starch: 129.5 (SD 40.1) g/day; Sugar: 107.8 (SD 41.2) g/day; Total protein: 73.3 (SD 18.3) g/day; Total fat: 75.1 (SD 26.0) g/day
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	Quintile 1: % E: 20–44.10%; 823 participants	7-day validated food diary. Frequency: Once at baseline.	Starch: 129.5 (SD 40.1) g/day; Sugar: 107.8 (SD 41.2) g/day; Total protein: 73.3 (SD 18.3) g/day; Total fat: 75.1 (SD 26.0) g/day
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	Quintile 2: % E: 44.20–48.30 %; 823 participants	7-day validated food diary. Frequency: Once at baseline.	Starch: 129.5 (SD 40.1) g/day; Sugar: 107.8 (SD 41.2) g/day; Total protein: 73.3 (SD 18.3) g/day; Total fat: 75.1 (SD 26.0) g/day
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	Quintile 3: % E: 48.40–51.60%; 824 participants	7-day validated food diary. Frequency: Once at baseline.	Starch: 129.5 (SD 40.1) g/day; Sugar: 107.8 (SD 41.2) g/day; Total protein: 73.3 (SD 18.3) g/day; Total fat: 75.1 (SD 26.0) g/day

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	Quintile 4: % E: 51.70–55.40%; 823 participants	7-day validated food diary. Frequency: Once at baseline.	Starch: 129.5 (SD 40.1) g/day; Sugar: 107.8 (SD 41.2) g/day; Total protein: 73.3 (SD 18.3) g/day; Total fat: 75.1 (SD 26.0) g/day
European Prospective Investigation into Cancer (EPIC) - EPIC-Norfolk	Ahmad-Abhari, 2014[35]	Quintile 5: % E: 55.50–74%; 823 participants	7-day validated food diary. Frequency: Once at baseline.	Starch: 129.5 (SD 40.1) g/day; Sugar: 107.8 (SD 41.2) g/day; Total protein: 73.3 (SD 18.3) g/day; Total fat: 75.1 (SD 26.0) g/day
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Quintile 1: % E: 33.76%; 5,013 participants	148-item semi-quantitative validated food frequency questionnaire for diet over the previous 12 months. Frequency: Once at baseline.	Total protein: 14.7 % E; Total fat: 44.0 % E
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Quintile 2: % E: 38.82%; 5,014 participants	148-item semi-quantitative validated food frequency questionnaire for diet over the previous 12 months. Frequency: Once at baseline.	Total protein: 14.3 % E; Total fat: 41.6 % E
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Quintile 3: % E: 41.89%; 5,014 participants	148-item semi-quantitative validated food frequency questionnaire for diet over the previous 12 months. Frequency: Once at baseline.	Total protein: 13.9 % E; Total fat: 39.8 % E
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Quintile 4: % E: 44.97%; 5,013 participants	148-item semi-quantitative validated food frequency questionnaire for diet over the previous 12 months. Frequency: Once at baseline.	Total protein: 13.6 % E; Total fat: 37.9 % E

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
European Prospective Investigation into Cancer (EPIC) - EPIC-Potsdam	Schulze, 2008[36]	Quintile 5: % E: 50.37%; 5,013 participants	148-item semi-quantitative validated food frequency questionnaire for diet over the previous 12 months. Frequency: Once at baseline.	Total protein: 13.1 % E; Total fat: 33.7 % E
Health 2000 Health Examination Survey (Health 2000)	Tammi, 2023[32]	Overall participants: % E: 44.00% (SD 5.00); 3,993 participants	125-item semi-quantitative validated food frequency questionnaire for diet over the previous 12 months. Frequency: Twice: At baseline and at follow up.	Sugar: 112.0 (SD 47.0) g/day; Fiber: 25.0 (SD 10.0) g/day; Total protein: 96.0 (SD 33.0) g/day; Total fat: 94.0 (SD 36.0) g/day
Helsinki Birth Cohort Study (HBCS)	Tammi, 2023[32]	Overall participants: % E: 45.00% (SD 6.00); 1,065 participants	128-item semi-quantitative validated food frequency questionnaire for diet over the previous 12 months. Frequency: Twice: At baseline and at follow up.	Sugar: 124.0 (SD 56.0) g/day; Fiber: 27.0 (SD 12.0) g/day; Total protein: 92.0 (SD 35.0) g/day; Total fat: 82.0 (SD 34.0) g/day
Japan Public Health Center-based Prospective (JPHC)	Nanri, 2015[37]	Quintile 1: % E: 66.11% (SD 5.35); 64,674 participants	147-item self-administered validated food frequency questionnaire for diet over the previous year. Frequency: Three times: At baseline, at 5- and 10-year follow up.	Source of food per day: Cereal, potatoes, legumes, nuts, vegetables, fruits, fish, meat, egg, milk, dairy products, and butter.
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022[38]	Overall participants: g/day: 341.84 (SD 36.16); 7,413 participants	103-item dish based semi-quantitative validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 3.6 (SD 1.2) g/1000 kcal; Total protein: 65.7 (SD 11.9) g/day, 13.4 (SD 2.3) % E; Total fat: 32.2 (SD 12.2) g/day, 14.4 (SD 5.4) % E
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022[38]	Quintile 1: g/day: 291.95 (SD 29.91); 1,483 participants	103-item dish based semi-quantitative validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 3.4 (SD 1.1) g/1000 kcal; Total protein: 79.7 (SD 12.0) g/day, 16.3 (SD 2.1) % E; Total fat: 48.4 (SD 10.3) g/day, 22.1 (SD 3.8) % E

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022[38]	Quintile 3: g/day: 346.60 (SD 10.57); 1,482 participants	103-item dish based semi-quantitative validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 3.6 (SD 1.2) g/1000 kcal; Total protein: 64.3 (SD 6.5) g/day, 13.3 (SD 1.2) % E Total fat: 30.7 (SD 4.5) g/day, 14.1 (SD 1.6) % E
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022[38]	Quintile 5: g/day: 380.51 (SD 26.64); 1,482 participants	103-item dish based semi-quantitative validated food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 3.7 (SD 1.4) g/1000 kcal; Total protein: 54.6 (SD 8.0) g/day, 10.8 (SD 1.1) % E; Total fat: 19.6 (SD 9.3) g/day, 7.7 (SD 2.0) % E
Korean Genome and Epidemiology Study (KoGES)	Ha, 2019[39]	Quartile 1: % E: 64.88% (SD 2.78); 1,398 participants	103-item validated semiquantitative food frequency questionnaire conducted at baseline and a revised version of the food frequency questionnaire in the second follow-up period, for diet over the previous year. Frequency: Twice: At baseline and at follow up.	Total protein: 15.6 (SD 1.0) % E; Total fat: 19.6 (SD 2.8) % E
Korean Genome and Epidemiology Study (KoGES)	Ha, 2019[39]	Quartile 4: % E: 79.54% (SD 2.87); 1,399 participants	103-item validated semiquantitative food frequency questionnaire conducted at baseline and a revised version of the food frequency questionnaire in the second follow-up period, for diet over the previous year. Frequency: Twice: At baseline and at follow up.	Total protein: 11.3 (SD 1.0) % E; Total fat: 9.1 (SD 2.8) % E

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Korean Genome and Epidemiology Study (KoGES) - KoGES-Ansan-Ansung Cohort Study	Kim, 2020[40]	Tertile 1: g/day: 280.15 (SD 26.41); 2,769 participants	106-item semi-quantitative validated food frequency questionnaire, administered by trained interviewers, for diet over the previous year. Frequency: At baseline and then every 2 to 4 years.	Fiber: Cereal fiber: 3.8 (SD 0.9) g/day; Source of food per day: Cereal, vegetables, red meats, fish, poultry, eggs, fats and oils, rice, milk, soda drinks, and coffee.
Korean Genome and Epidemiology Study (KoGES) - KoGES-Ansan-Ansung Cohort Study	Kim, 2020[40]	Tertile 2: g/day: 308.16 (SD 15.11); 2,771 participants	106-item semi-quantitative validated food frequency questionnaire, administered by trained interviewers, for diet over the previous year. Frequency: At baseline and then every 2 to 4 years.	Fiber: Cereal fiber: 4.3 (SD 0.9) g/day; Source of food per day: Cereal, vegetables, red meats, fish, poultry, eggs, fats and oils, rice, milk, soda drinks, and coffee.
Korean Genome and Epidemiology Study (KoGES) - KoGES-Ansan-Ansung Cohort Study	Kim, 2020[40]	Tertile 3: g/day: 326.26 (SD 17.11); 2,770 participants	106-item semi-quantitative validated food frequency questionnaire, administered by trained interviewers, for diet over the previous year. Frequency: At baseline and then every 2 to 4 years.	Fiber: Cereal fiber: 4.3 (SD 0.9) g/day; Source of food per day: Cereal, vegetables, red meats, fish, poultry, eggs, fats and oils, rice, milk, soda drinks, and coffee.
Korean Genome and Epidemiology Study (KoGES) – KoGES-MR Cohort	Lee, 2019[41]	Overall participants: g/day: 346.48 (SD 25.62); 7,294 participants	103-item semi-quantitative validated food frequency questionnaire, administered by well-trained interviewers, for diet over the previous year. Frequency: At baseline and then every 2 years.	Fiber: 7.7 (SD 1.0) g/day; Total protein: 65.4 (SD 8.6) g/day; Total fat: 31.8 (SD 9.4) g/day; Source of food per day: Grain and its products, starchy vegetables, sugar and sweets, legumes and legume products, nuts and seeds, vegetables, mushrooms, fruits, meat and poultry, eggs, fish, seaweed, milk and dairy products, fats and oils, and beverages.
Nurses' Health Study (NHS)	Halton, 2008[43]	85,059participants	61-item semiquantitative validated food frequency questionnaire for diet over the previous year. Frequency: At baseline and then every 4 years.	Source of food per day: Cereal fiber, fruits and vegetables, coffee, red meat, whole grains, refined grains, nuts, poultry, fish.

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Nurses' Health Study II (NHS II)	Schulze, 2004[44]	Overall participants: % E: 49.90% (SD 7.80); 91,249 participants	133-item semiquantitative validated food frequency questionnaire for diet over the previous year. Frequency: Twice: in 1991 and in 1995.	Fiber: 18.1 (SD 5.6) g/day; Total protein: 19.3 (SD 3.7) % E
Malmö Diet and Cancer Study (MDCS)	Olsson, 2021[42]	Overall participants: % E: 45.20% (SD 3.65); 26,622 participants	A validated modified diet history method using a 7-day food diary, and a 1-hour interview for diet over 7 consecutive days, and a 168-item food frequency questionnaire for diet over the previous year. Frequency: Once at baseline.	Fiber: 9.3 (SD 1.9) g/1000 kcal; Total protein: 15.7 (SD 1.4) % E; Total fat: 39.0 (SD 2.9) % E; Source of food per day: Grains, potato, fruits, vegetables, juice, sugar-sweetened beverages, table sugar, sweets, chocolate, ice cream, pastries, marmalade/honey/jam, coffee, and meat.
Tehran Lipid and Glucose Study (TLGS)	Hosseinpour-Niazi, 2023[45]	Tertile 1: % E: 44.00% (SD 5.06); 640 participants	Semi-quantitative validated food-frequency questionnaire, administered during face-to-face interviews with expert dietitians, for diet over the previous year. Frequency: Four times: 2005–2008, 2008–2011, 2012–2015, and 2016–2018.	Fiber: 35.7 (SD 17.7) g/day; Total protein: 14.9 (SD 7.6) % E; Total fat: 33.8 (SD 5.0) % E
Tehran Lipid and Glucose Study (TLGS)	Hosseinpour-Niazi, 2023[45]	Tertile 2: % E: 52.50% (SD 5.05); 637 participants	Semi-quantitative validated food-frequency questionnaire, administered during face-to-face interviews with expert dietitians, for diet over the previous year. Frequency: Four times: 2005–2008, 2008–2011, 2012–2015, and 2016–2018.	Fiber: 41.5 (SD 17.7) g/day; Total protein: 14.5 (SD 7.6) % E; Total fat: 30.1 (SD 5.0) % E

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
Tehran Lipid and Glucose Study (TLGS)	Hosseinpour-Niazi, 2023[45]	Tertile 3: % E: 63.20% (SD 5.05); 638 participants	Semi-quantitative validated food-frequency questionnaire, administered during face-to-face interviews with expert dietitians, for diet over the previous year. Frequency: Four times: 2005–2008, 2008–2011, 2012–2015, and 2016–2018.	Fiber: 42.2 (SD 17.7) g/day; Total protein: 14.5 (SD 7.6) % E; Total fat: 29.8 (SD 5.1) % E
The Melbourne Collaborative Cohort Study	Hodge, 2004[46]	Overall participants: g/day: 232.68; 36,787 participants	121-item self-administered food frequency questionnaire. Frequency: Once at baseline.	Starch: 115.2 g/day; Sugar: 113.5 g/day; Fiber: 29.3 g/day
The Shanghai Women's Health Study	Villegas, 2007[47]	Overall participants: g/day: 286.72; 64,191 participants	In-person interviews using 77-item food frequency questionnaire. Frequency: Twice: At baseline and at follow up.	Fiber: 11.0 g/day; Total protein: 67.3 g/day; Total fat: 29.5 g/day; Source of food per day: Rice, noodles and steamed bread, sweets and desserts, bread, watermelon, apples, candy, potatoes, milk, and bananas.
N/A	Tajima, 2016[48]	Tertile 1: % E: 48.90% (SD 2.70); 108 participants	3-day weighed dietary records (2 weekdays and 1 weekend day). Frequency: Once at baseline.	Fiber: 7.9 (SD 2.1) g/1000 kcal; Total protein: 16.0 (SD 1.9) % E; Total fat: 35.1 (SD 3.1) % E
N/A	Tajima, 2016[48]	Tertile 2: % E: 54.90% (SD 1.50); 109 participants	3-day weighed dietary records (2 weekdays and 1 weekend day). Frequency: Once at baseline.	Fiber: 8.0 (SD 2.1) g/1000 kcal; Total protein: 14.8 (SD 1.8) % E; Total fat: 30.3 (SD 2.0) % E
N/A	Tajima, 2016[48]	Tertile 3: % E: 61.50% (SD 3.40); 108 participants	3-day weighed dietary records (2 weekdays and 1 weekend day). Frequency: Once at baseline.	Fiber: 8.8 (SD 2.8) g/1000 kcal; Total protein: 13.9 (SD 2.0) % E; Total fat: 24.6 (SD 3.1) % E

Study Name	Author, year	Digestible Carbohydrate Intake	Methods of Dietary Assessment	Dietary Intakes
N/A	Kahleova, 2018[49]	Overall participants: % E: 58.25% (SD 12.52); 75 participants	3-day dietary records. Frequency: Twice: At baseline and at 16 weeks follow up.	Starch: 98.3 (SD 39.2) g/day; Fiber: 35.2 (SD 8.6) g/day; Total protein: 14.6 (SD 3.1) % E; Total fat: 26.1 (SD 9.8) % E Source of food per day: Vegetables, grains, legumes, and fruits for intervention group.
N/A	Sakurai, 2016[50]	Quartile 1: g/day: <285.70; 502 participants	147-item self-administered validated diet history questionnaire. Frequency: Once at baseline.	Fiber: 10.5 (SD 6.4) g/day; Total protein: 12.7 (SD 3.3) % E; Total fat: 26.8 (SD 7.5) % E
N/A	Sakurai, 2016[50]	Quartile 2: g/day: 285.80-313.80; 501 participants	147-item self-administered validated diet history questionnaire. Frequency: Once at baseline.	Fiber: 10.1 (SD 4.3) g/day; Total protein: 12.1 (SD 2.1) % E; Total fat: 23.6 (SD 5.4) % E
N/A	Sakurai, 2016[50]	Quartile 3: g/day: 313.90-341.70; 502 participants	147-item self-administered validated diet history questionnaire. Frequency: Once at baseline.	Fiber: 9.6 (SD 4.6) g/day; Total protein: 11.6 (SD 2.0) % E; Total fat: 21.4 (SD 4.5) % E
N/A	Sakurai, 2016[50]	Quartile 4: g/day: ≥341.80; 501 participants	147-item self-administered validated diet history questionnaire. Frequency: Once at baseline.	Fiber: 10.8 (SD 4.7) g/day; Total protein: 10.7 (SD 1.7) % E; Total fat: 17.2 (SD 4.6) % E

Abbreviations: % E = percentage of total energy intake; g/d = gram per day; g/1000 kcal = gram per thousand kilocalories; g/MJ = gram per mega joule; N/A = not available; U.K. = United Kingdom; SD = standard deviation

Appendix F. Risk of Bias

Table F.1. The effect of dietary digestible carbohydrate intake on risk of cardiovascular disease

Study Name	Author, Year	Confounding	Selection Bias	Bias in Classification of Interventions	Bias Due to Deviations From Intended Interventions	Missing Data/Loss to Followup	Outcome measurement	Reporting of *Outcomes	Overall ROB
Alpha-Tocopherol, Beta-Carotene Cancer Prevention (ATBC)	Simila, 2013 [1]	Low	Low	Moderate	Moderate	Low	Low	Low	Moderate
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019 [2]	Low	Low	Moderate	Moderate	Serious	Low	Low	Serious
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Serious	Low	Moderate	Moderate	Low	Moderate	Low	Serious
China Health and Nutrition Survey (CHNS)	Li, 2021 [4]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
Cohort Study of Risk Factors for Coronary Heart Disease (CS-RFCHD)	Darjoko, 2019 [5]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
Coronary Artery Risk Development in Young Adults (CARDIA)	Choi, 2022 [6]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious

Study Name	Author, Year	Confounding	Selection Bias	Bias in Classification of Interventions	Bias Due to Deviations From Intended Interventions	Missing Data/Loss to Followup	Outcome measurement	Reporting of *Outcomes	Overall ROB
Coronary Artery Risk Development in Young Adults (CARDIA)	Gao, 2021 [7]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
European Prospective Investigation into Cancer and Nutrition (EPIC)	Sieri, 2020 [8]	Low	Low	Moderate	Moderate	Serious	Low	Low	Serious
European Prospective Investigation into Cancer and Nutrition (EPIC)-EPICOR	Sieri, 2013 [11]	Serious	Low	Serious	Moderate	Low	Low	Low	Serious
European Prospective Investigation into Cancer and Nutrition (EPIC)-EPICOR	Sieri, 2010 [9]	Serious	Low	Serious	Moderate	Low	Low	Low	Serious
European Prospective Investigation into Cancer and Nutrition (EPIC)-MORGEN	Burger, 2011 [12]	Serious	Low	Serious	Moderate	Low	Low	Low	Serious

Study Name	Author, Year	Confounding	Selection Bias	Bias in Classification of Interventions	Bias Due to Deviations From Intended Interventions	Missing Data/Loss to Followup	Outcome measurement	Reporting of *Outcomes	Overall ROB
European Prospective Investigation into Cancer and Nutrition (EPIC)-Prospect	Beulens, 2007 [10]	Low	Low	Serious	Moderate	Critical	Low	Low	Critical
Health Examinee (HEXA)	Jo, 2023 [13]	Moderate	Low	Moderate	Moderate	Low	Moderate	Low	Moderate
Korean Association Resource (KARE)	Jo, 2023 [13]	Moderate	Low	Moderate	Moderate	Low	Moderate	Low	Moderate
Health Professionals Follow-up Study (HPFS)	Li, 2015 [14]	Moderate	Low	Moderate	Moderate	Low	Low	Low	Moderate
Hordaland Health Study (HUSK)	Haugsgjerd, 2020 [15]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023 [16]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
Malmö Diet and Cancer Study (MDCS)	Sonestedt, 2015 [17]	Serious	Low	Serious	Moderate	Low	Low	Low	Serious
Malmö Diet and Cancer Study (MDCS)	Wallstrom, 2012 [18]	Serious	Low	Serious	Moderate	Low	Low	Low	Serious

Study Name	Author, Year	Confounding	Selection Bias	Bias in Classification of Interventions	Bias Due to Deviations From Intended Interventions	Missing Data/Loss to Followup	Outcome measurement	Reporting of *Outcomes	Overall ROB
National Integrated Project for Prospective Observation of Non-communicable Disease and its Trends in the Aged (NIPPON DATA)	Miyazawa, 2020 [19]	Serious	Low	Moderate	Moderate	Serious	Low	Low	Serious
Nurses' Health Study (NHS)	Oh, 2005 [20]	Serious	Low	Moderate	Moderate	Low	Moderate	Low	Serious
Nurses' Health Study (NHS)	Halton, 2006 [21]	Serious	Low	Moderate	Moderate	Low	Moderate	Low	Serious
Prospective Urban Rural Epidemiology (PURE)	Dehghan, 2017 [22]	Serious	Low	Moderate	Moderate	Low	Moderate	Low	Serious
Seasonal Variation in Blood Cholesterol Levels study (SEASONS)	Ma, 2006 [26]	Low	Low	Moderate	Moderate	Moderate	Low	Low	Moderate
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022 [27]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
Takayama study	Oba, 2010 [28]	Serious	Low	Serious	Moderate	Low	Low	Low	Serious
U.K. Biobank	McKenzi, 2022 [25]	Serious	Moderate	Moderate	Moderate	Low	Low	Low	Serious
U.K. Biobank	Ho, 2020 [23]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
U.K. Biobank	Kelly, 2021 [24]	Serious	Low	Moderate	Moderate	Moderate	Low	Low	Serious

Study Name	Author, Year	Confounding	Selection Bias	Bias in Classification of Interventions	Bias Due to Deviations From Intended Interventions	Missing Data/Loss to Followup	Outcome measurement	Reporting of *Outcomes	Overall ROB
Västerbotten Intervention Program (VIP)	Nilsson, 2012 [29]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious

Abbreviations: ROB = risk of bias

*: All studies were funded by government/non-for-profit organizations

Table F.2. The effect of dietary digestible carbohydrate intake on risk of type 2 diabetes, growth, size, and body composition

Study Name	Author, Year	Confounding	Selection Bias	Bias in Classification of Interventions	Bias Due to Deviations From Intended Interventions	Missing Data/Loss to Followup	Outcome Measurement	Reporting of Outcomes	Overall ROB
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012 [30]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
Australian Longitudinal Study on Women's Health (ALSWH)	Alhazmi, 2014 [31]	Serious	Low	Serious	Moderate	Low	Moderate	Low	Serious
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2022 [3]	Serious	Low	Moderate	Moderate	Low	Moderate	Low	Serious
European Prospective Investigation into Cancer (EPIC)	Sluijs, 2013 [33]	Low	Low	Serious	Moderate	Low	Moderate	Low	Serious
European Prospective Investigation into Cancer (EPIC)-NL	Sluijs, 2010 [34]	Low	Low	Serious	Moderate	Low	Moderate	Low	Serious

Study Name	Author, Year	Confounding	Selection Bias	Bias in Classification of Interventions	Bias Due to Deviations From Intended Interventions	Missing Data/Loss to Followup	Outcome Measurement	Reporting of Outcomes	Overall ROB
European Prospective Investigation into Cancer (EPIC)-Norfolk	Ahmadi-Abhari, 2014 [35]	Serious	Low	Moderate	Moderate	Low	Moderate	Low	Serious
European Prospective Investigation into Cancer (EPIC)-Potsdam	Schulze, 2008 [36]	Serious	Low	Serious	Moderate	Low	Moderate	Low	Serious
Health 2000 Health Examination Survey (Health 2000),	Tammi, 2023 [32]	Serious	Low	Moderate	Moderate	Critical	Low	Low	Serious
Helsinki Birth Cohort Study (HBCS)	Tammi, 2023 [32]	Serious	Low	Moderate	Moderate	Critical	Low	Low	Serious
Dietary, Lifestyle and Genetic determinants of Obesity and Metabolic Syndrome study (DILGOM)	Tammi, 2023 [32]	Serious	Low	Moderate	Moderate	Critical	Low	Low	Serious
Japan Public Health Center-based Prospective (JPHC)	Nanri, 2015 [37]	Low	Low	Moderate	Moderate	Critical	Moderate	Low	Moderate

Study Name	Author, Year	Confounding	Selection Bias	Bias in Classification of Interventions	Bias Due to Deviations From Intended Interventions	Missing Data/Loss to Followup	Outcome Measurement	Reporting of Outcomes	Overall ROB
Korean Genome and Epidemiology Study (KoGES)	Ha, 2019 [39]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022 [38]	Serious	Moderate	Serious	Moderate	Critical	Moderate	Low	Serious
Korean Genome and Epidemiology Study (KoGES)-Ansan-Ansung Cohort Study	Kim, 2020 [40]	Serious	Low	Moderate	Moderate	Serious	Moderate	Low	Serious
Korean Genome and Epidemiology Study (KoGES)-MRCohort	Lee, 2019 [41]	Low	Low	Serious	Moderate	Low	Low	Low	Serious
Malmö Diet and Cancer Study (MDCS)	Olsson, 2021 [42]	Serious	Low	Moderate	Moderate	Low	Low	Low	Serious
Melbourne Collaborative Cohort Study	Hodge, 2004 [46]	Serious	Low	Serious	Moderate	Moderate	Moderate	Low	Serious
Nurses' Health Study (NHS)	Halton, 2008 [43]	Serious	Low	Moderate	Moderate	Low	Moderate	Low	Serious
Nurses' Health Study II (NHS II)	Schulze, 2004 [44]	Serious	Low	Serious	Moderate	Low	Moderate	Low	Serious

Study Name	Author, Year	Confounding	Selection Bias	Bias in Classification of Interventions	Bias Due to Deviations From Intended Interventions	Missing Data/Loss to Followup	Outcome Measurement	Reporting of Outcomes	Overall ROB
Shanghai Women's Health Study	Villegas, 2007 [47]	Serious	Low	Moderate	Moderate	Low	Moderate	Low	Serious
Tehran Lipid and Glucose Study (TLGS)	Hosseinpour Niazi, 2023 [45]	Moderate	Low	Moderate	Moderate	Low	Low	Low	Moderate
N/A	Kahleova, 2018 [49]	Serious	Moderate	Moderate	Moderate	Low	Low	Low	Serious
N/A	Tajima, 2017 [48]	Serious	Moderate	Serious	Moderate	Low	Low	Low	Serious
N/A	Sakurai, 2016 [50]	Serious	Low	Serious	Moderate	Low	Low	Low	Serious

Abbreviations: N/A = not available; ROB = risk of bias

*: All studies were funded by government/non-for-profit organizations

Appendix G. Results from Included Studies

Table G.1. The effect of dietary digestible carbohydrate intake on the risk of cardiovascular Disease

Study name	Author, Year	Conclusion
Alpha-Tocopherol, Beta-Carotene Cancer Prevention (ATBC)	Simila, 2013[1]	There was no significant association between digestible carbohydrate intake and incident CHD.
Atherosclerosis Risk in Communities Study (ARIC)	Zhang, 2019[2]	There was a significant association between carbohydrate intake and incident atrial fibrillation (per 9.4% E increase, HR=0.82, 95% CI: 0.72 to 0.94). Compared with the lowest carbohydrate intake (Quartile 1: ≤ 42.7% E), higher carbohydrate intake was associated with reduced risk of incident atrial fibrillation (Quartile 2: 42.7% to 48.6%, HR=0.79, 95% CI: 0.68 to 0.92; Quartile 3: 48.6% to 54.7%, HR=0.77, 95% CI: 0.64 to 0.93; Quartile 4: ≥54.8%, HR=0.64, 95% CI: 0.49 to 0.84).
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin, 2021[3]	Compared with the lowest carbohydrate intake (Quintile 1: <37.1% E), higher digestible carbohydrate intake was associated with significantly reduced risk of hypertension (Quintile 2: 37.1% to 41% E, OR=0.44, 95% CI: 0.32 to 0.59; Quintile 3: 41% E to 44.3% E, OR=0.29, 95% CI: 0.20 to 0.40; Quintile 4: 44.3% E to 48.1% E, OR=0.23, 95% CI: 0.15 to 0.34; Quintile 5: >48.1% E, OR=0.14, 95% CI: 0.09 to 0.24) and reduced risk of CVD (Quintile 3: 41% E to 44.3% E, OR=0.56, 95% CI: 0.35 to 0.91).
China Health and Nutrition Survey (CHNS)	Li, 2021[4]	A U-shaped association between digestible carbohydrate intake and hypertension was observed with the lowest risk at 50% E to 55% E. Compared with the lowest level of carbohydrate intake (Quintile 1: mean = 41.3% E), risk of hypertension initially reduced (Quintile 2: mean = 51.4% E, RR= 0.77, 95% CI: 0.69 to 0.86) and then increased after that (Quintile 5: mean = 71.1% E, RR=1.56, 95% CI: 1.38 to 1.75).
Cohort Study of Risk Factors for Coronary Heart Disease (CS-RFCHD)	Darjoko, 2019[5]	Carbohydrate intake of ≥60% E was associated with an increased risk of the incidence of CHD compared with <60% E (HR=2.79, 95% CI: 1.92 to 3.97).
Coronary Artery Risk Development in Young Adults (CARDIA)	Gao, 2021[7]	Compared with the lowest carbohydrate intake (<43% E), the highest carbohydrate intake (⩾53% E) was associated with a reduced risk of coronary artery calcium progression. (HR=0.73, 95% CI: 0.55 to 0.97).
Coronary Artery Risk Development in Young Adults (CARDIA)	Choi, 2022[6]	There was no significant association between digestible carbohydrate intake, LDL-C, non-HDL-C, risk of incident CHD, or stroke.

Study name	Author, Year	Conclusion
European Prospective Investigation into Cancer and Nutrition (EPIC)-EPICOR	Sieri, 2013[11]	Digestible carbohydrate intake was associated with a significantly increased risk of incident stroke (HR= 1.49, 95% CI: 1.18 to 1.90). Compared with the lowest carbohydrate intake (Quintile 1: median = 232 grams per day), only the highest carbohydrate intake (Quintile 5: median = 339 grams per day) was associated with a significantly increased risk of stroke (HR=2.01, 95% CI: 1.04 to 3.86). There was no significant association between carbohydrates and the risk of ischemic stroke or hemorrhagic stroke.
European Prospective Investigation into Cancer and Nutrition (EPIC)	Sieri, 2020[8]	Digestible carbohydrate intake (mean = 231.80 grams per day) was associated with a significantly increased risk of fatal and nonfatal CHD (per 50 grams per day increase, HR=1.11, 95% CI: 1.03 to 1.08). However, compared with the lowest carbohydrate (≤ 202.0 grams per day), higher carbohydrate intakes were not significantly associated with incident CHD.
European Prospective Investigation into Cancer and Nutrition (EPIC)-MORGEN	Burger, 2011[12]	In men, carbohydrate intake (mean = 224.26 grams per day) was significantly associated with an increased risk of incident CHD (HR= 1.20, 95% CI: 1.02 to 1.43). No significant association was found in women.
European Prospective Investigation into Cancer and Nutrition (EPIC)-EPICOR	Sieri, 2010[9]	Compared with the lowest carbohydrate intake (Quartile 1: mean = 233.9 grams per day), women with higher carbohydrate intake reported significantly higher risk of CHD (Quartile 2: mean = 273.7 grams per day; RR=1.79, 95% CI: 1.05 to 3.05; Quartile 3: mean = 299.3 grams per day; RR=1.89, 95% CI: 1.11 to 3.22; Quartile 4: mean = 337.9 grams per day; RR=2.00, 95% CI: 1.16 to 3.43). There was no significant association in men.
European Prospective Investigation into Cancer and Nutrition (EPIC)-Prospect	Beulens, 2007[10]	In women, carbohydrate intake was not associated with risk of incident CVD.
Health Professionals Follow-up Study (HPFS)	Li, 2015[14]	There was no significant association between carbohydrate intake and risk of incident CVD in men and women.
Hordaland Health Study (HUSK)	Haugsgjerd, 2020[15]	Higher intake of carbohydrates (median = 49% E) was associated with a significantly increased risk of incident CHD (per 2% E increase, HR=1.12, 95% CI: 1.05 to 1.20). Compared with the lowest carbohydrate intake (Quartile 1: median = 43% E), the highest carbohydrate intake was associated with a significantly increased risk of CHD (Quartile 4: median = 56% E, HR=2.10% CI: 1.22 to 3.63).

Study name	Author, Year	Conclusion
Japan Multi-Institutional Collaborative Cohort Study (J-MICC)	Tamura, 2023[16]	In men, carbohydrate intake was associated with reduced risk of CVD-related mortality (per 10% E increase: HR=0.62, 95% CI: 0.46 to 0.83; compared 50% to <55% E with 45% to <50% E: HR=0.43, 95% CI: 0.25 to 0.75). No significant association was found in women.
Korean Association Resource (KARE)	Jo, 2023[13]	The highest carbohydrate intake (Quartile 4: mean = 78.7% E) was associated with a significantly higher risk of incident CVD (HR=1.65, 95% CI: 1.04 to 2.62), compared with the lowest intake (mean = 63.7% E).
Malmö Diet and Cancer Study (MDCS)	Wallstrom, 2012[18]	There was no significant association between carbohydrate intake and ischemic CVD, CHD, or ischemic stroke in men and women.
Malmö Diet and Cancer Study (MDCS)	Sonestedt, 2015[17]	There was no significant association between carbohydrate intake and ischemic CVD, CHD, or ischemic stroke in men and women.
National Integrated Project for Prospective Observation of Non-communicable Disease and its Trends in the Aged (NIPPON DATA)	Miyazawa, 2020[19]	In women, compared with the lowest digestible carbohydrate intake (Quartile 1: median = 49.8% E), higher carbohydrate intake was associated with a significantly higher risk of CHD-related mortality (Quartile 2: median = 56.1% E; HR=3.11, 95% CI: 1.03 to 9.43; Quartile 3: median = 60.3% E; HR= 3.03, 95% CI: 1.06 to 10.03). There was no significant association between carbohydrate and overall CVD-related mortality, and mortality from stroke, cerebral infarction, cerebral hemorrhage, or CHD in men.
Nurses' Health Study (NHS)	Oh, 2005[20]	In women, there was no significant association between carbohydrate intake and total stroke (ischemic and hemorrhagic stroke) or ischemic stroke. However, higher carbohydrate intake was associated with a significantly increased risk of hemorrhagic stroke and increased risk of total stroke and hemorrhagic stroke in women with BMI ≥ 25 kg/m^2.
Nurses' Health Study (NHS)	Halton, 2006[21]	In women, there was no significant association between carbohydrate intake and incident CVD.
Prospective Urban Rural Epidemiology (PURE)	Dehghan, 2017[22]	There was no significant association between carbohydrate intake and major cardiovascular disease, myocardial infarction, stroke, and CVD-related mortality.
Seasonal Variation in Blood Cholesterol Levels study (SEASONS)	Ma, 2006[26]	The mean digestible carbohydrate intake was 51% of total energy intake or 247 grams per day. With a 1-year follow-up, 5% E increase in carbohydrate intake was associated with a significant reduction of HDL-C levels and a significant increase in the TC-to-HDL-C ratio. There was no significant association on total cholesterol, LDL-C, and triglycerides.

Study name	Author, Year	Conclusion
Singapore Multi-Ethnic Cohort (MEC)	Lim, 2022[27]	Compared with the lowest digestible carbohydrate intake (Quartile 1: median = 46.6% E), higher carbohydrate intake was associated with significantly increased risk of major adverse cardiovascular events (Quartile 3: median = 56.1% E, HR=1.34, 95% CI: 1.08 to 1.67; Quartile 4: median = 61.5% E, HR=1.35, 95% CI: 1.07 to 1.71), increased risk of CHD (Quartile 3: median 56.1% E, HR=1.54, 95% CI: 1.14 to 2.08; Quartile 4: median 61.5% E, HR=1.73, 95% CI: 1.26 to 2.38). There was no significant association in the risk of stroke. In women, higher carbohydrate intake was significantly associated with an increased risk of major adverse cardiovascular events (HR=1.63, 95% CI: 1.10 to 2.40). No such association was observed in men.
Takayama Study	Oba, 2010[28]	There was no significant association between carbohydrate intake and death from stroke in men and women.
U.K. Biobank	Kelly, 2021[24]	Compared with the lowest carbohydrate intake, higher carbohydrate intake was associated with significantly reduced total cholesterol, LDL-C, and HDL-C and associated with significantly increased triglycerides, TC-to-HDL-C ratio, and TG-to-HDL-C ratio.
U.K. Biobank	Ho, 2020[23]	Compared with 50% E, carbohydrate intake between 53% E and 65% E was associated significantly increased risk of CVD.
U.K. Biobank	McKenzie, 2022[25]	There was no significant association between carbohydrate intake and incident CVD in men, women, and overall.
Västerbotten Intervention Program (VIP)	Nilsson 2012[29]	There was no significant association between carbohydrate intake and CVD-related mortality in men and women.

Abbreviations: % E = percentage of energy intake from carbohydrates; BMI = body mass index; CHD = coronary heart disease; CI = confidence interval; CVD = cardiovascular disease; HDL-C = high density lipoprotein cholesterol ; HR = hazard ratio; Kg/m^2 = kilogram per square meter; LDL-C = low density lipoprotein cholesterol ; OR = odd ratio; p = p-value; RR = relative risk; SD = standard deviation; TC = total cholesterol; TG = triglycerides

Table G.2. The Effect of dietary digestible carbohydrate intake on the risk of type 2 diabetes, growth, size, and body composition

Study Name	Author, Year	Conclusion
Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study (ATBC)	Simila, 2012[30]	In 25,943 male participants, total digestible carbohydrate intake was negatively associated with type 2 diabetes. Compared with the lowest carbohydrate intake (median = 33.4% E), high carbohydrate intake (median = 47.4% E) was associated with a significantly reduced risk of type 2 diabetes (RR: 0.78, 95% CI: 0.95 to 0.99).
Australian Longitudinal Study on Women's Health (ALSWH)	Alhazmi, 2014[31]	There was no significant association between total digestible carbohydrate intake (mean 353.6 grams per day) and risk of type 2 diabetes.
Australian Longitudinal Study on Women's Health (ALSWH)	Gribbin 2022[3]	Total digestible carbohydrate intake was negatively associated with type 2 diabetes. Compared with the low carbohydrate intake (<37.1% E), high carbohydrate intake (>48.1% E) was associated with a significantly reduced risk of type 2 diabetes (RR: 0.78, 95% CI: 0.95 to 0.99).
European Prospective Investigation into Cancer (EPIC)	Sluijs, 2013[33]	Total digestible carbohydrate intake (mean = 226.20 grams per day) was not significantly associated with incident type 2 diabetes.
European Prospective Investigation into Cancer (EPIC)-NL	Sluijs, 2010[34]	Total digestible carbohydrate intake was associated with a significantly increased risk of type 2 diabetes (per 30.8 gram per day increase: HR=1.20, 95% CI: 1.01 to 1.42).
European Prospective Investigation into Cancer (EPIC)-Norfolk	Ahmadi-Abhari, 2014[35]	Total digestible carbohydrate intake (mean 46.2% E) was not significantly associated with incident type 2 diabetes.
European Prospective Investigation into Cancer (EPIC)-Potsdam	Schulze, 2008[36]	There was no significant association between total digestible carbohydrate intake (mean = 33.76% E) and risk of type 2 diabetes.
Japan Public Health Center-based Prospective (JPHC)	Nanri, 2015[37]	There was no significant association between total digestible carbohydrate intake (median = 53.1% E for men and median 56.1% for women) and risk of type 2 diabetes in men and women.
Korean Genome and Epidemiology Study (KoGES)	Ha, 2019[39]	A very high total digestible carbohydrate intake was associated with a significantly increased risk of type 2 diabetes in men (median 78.4% E vs. median = 64.0% E: RR=1.54, 95% CI: 1.03 to 2.30) and women (median = 80.6% E vs. median 65.7% E: RR=1.69, 95% CI: 1.08 to 2.67).
Korean Genome and Epidemiology Study (KoGES)	Lee, 2022[38]	Total digestible carbohydrate intake (median = 341.84 grams per day) was not significantly associated with the risk of type 2 diabetes.

Study Name	Author, Year	Conclusion
Korean Genome and Epidemiology Study (KoGES)- Ansan-Ansung Cohort Study	Kim, 2020[40]	There was no significant association between digestible carbohydrate intake and the risk of type 2 diabetes in men and women. Similar findings were found in the subgroup analyses of BMI (<23 kg/m^2 vs. ≥23 kg/m^2) and waist circumference (<90 cm vs. ≥90 cm in men; and <85 cm vs. ≥85 cm in women).
Korean Genome and Epidemiology Study (KoGES)-MR Cohort	Lee, 2019[41]	There was no significant association between total digestible carbohydrate intake (mean = 353.6 grams per day) and risk of type 2 diabetes in men and women.
Malmö Diet and Cancer Study (MDCS)	Olsson, 2021[42]	Digestible carbohydrate intake (median = 45% E) was not significantly associated with the risk of type 2 diabetes in men, women, and overall.
Melbourne Collaborative Cohort Study	Hodge, 2004[46]	Total digestible carbohydrate intake (mean = 230 grams per day) was not significantly associated with type 2 diabetes.
Nurses' Health Study (NHS)	Halton, 2008[43]	The highest decile of total digestible carbohydrate intake (Decile 10) was associated with a significantly higher risk of type 2 diabetes, compared with the lowest decile (Decile 1) (RR=1.26, 95% CI: 1.07 to 1.49).
Nurses' Health Study II (NHS II)	Schulze, 2004[44]	There was no significant association between total digestible carbohydrate intake (mean = 49.90% E) and risk of type 2 diabetes in 91,249 women. Subgroup analyses based on BMI (<27 kg/m^2 vs. ≥27 kg/m^2), family history of diabetes (yes vs. no), and physical activity (low vs. high) also showed similar results.
Shanghai Women's Health Study	Villegas, 2007[47]	A high total digestible carbohydrate intake (mean 337.6 grams per day) was associated with an increased risk of type 2 diabetes, compared with a low digestible carbohydrate intake (mean 263.5 grams per day) (RR=1.28, 95% CI: 1.09 to 1.50). Similar findings were found in participants with a wait-hip ratio ≥0.85, BMI >25, or low physical activity.
N/A	Sakurai, 2016[50]	Total digestible carbohydrate intake was not significantly associated with the risk of type 2 diabetes in men. Among the participants with BMI ≥25 kg/m^2, carbohydrate intake >65% was associated with a significantly increased risk of type 2 diabetes, compared with carbohydrate intake between 50%-57.4%.
N/A	Kahleova, 2018[49]	Digestible carbohydrate intake (mean 58.25% E) was significantly associated with a reduced HOMA (Homeostasis Model Assessment) index (p=0.04).

Study Name	Author, Year	Conclusion
N/A	Tajima, 2017[48]	Higher total digestible carbohydrate intake (Tertile 3: median = 60.6%) was associated with a reduced risk of positive glucose challenge test, defined as a 1-hour plasma concentration ≥7.8 mmol/L after ingestion of 50 g glucose, compared with a lower digestible carbohydrate intake (Tertile 1: median 49.5) (OR = 0.46, 95% CI: 0.23 to 0.93).

Abbreviations: % E = percentage of energy intake from carbohydrates; BMI = body mass index; CI = confidence interval; g = gram; HR = hazard ratio; Kg/m2 = kilogram per square meter; mmol/l = millimoles per litre; N/A = not available; OR = odd ratio; p = p-value; RR = relative risk; SD = standard deviation

Appendix H. Results of Linear Dose-Response Meta-Analysis

Table H.1. Results of linear dose-response meta-analysis between digestible carbohydrate intake and cardiovascular disease

Outcome	Digestible carbohydrate intake	Findings	Heterogeneity P Value
Incident CVD	Per 10-gram increase per day	RR =0.99; 95% CI: 0.97 to 1.02	P<0.001
Incident CVD	10% energy intake increase	RR=1.03; 95% CI: 0.96 to 1.09	P<0.001
Incident CHD	Per 10-gram increase per day	RR=1.07; 95% CI: 0.99 to 1.16	P<0.001
Incident CHD	10% energy intake increase	***RR=1.17; 95% CI: 1.02 to 1.34***	P<0.001
Incident CVD related mortality	Per 10 grams per day increase	RR=1.00; 95% CI: 0.97 to 1.02	P=0.34
Incident CVD related mortality	10% energy intake increase	RR=1.00; 95% CI: 0.97 to 1.04	P=0.26
Incident stroke	Per 10-gram increase per day	RR=0.99; 95% CI: 0.95 to 1.04	P=0.02
Incident stroke	10% energy intake increase	RR=1.01; 95% CI: 0.95 to 1.07	P=0.06

Abbreviations: CHD = coronary heart disease; CI: confidence interval; CVD = cardiovascular disease; RR = relative risk

Bold-italicized fonts show statistically significant findings.

Table H.2. Results of linear dose-response meta-analysis between digestible carbohydrate intake and risk of type 2 diabetes

Outcome	Digestible carbohydrate intake	Findings	Heterogeneity P Value
Incident type 2 diabetes	Per 10-gram increase per day	RR=0.96; 95% CI: 0.90 to 1.03	P<0.001
Incident type 2 diabetes	10% energy intake increase	RR=0.93; 95% CI: 0.78 to 1.11	P<0.001

Abbreviations: CI: confidence interval; RR = relative risk

Appendix I. Predicted Relative Risk of Incident Based on Non-Linear Dose-Response Meta-Analysis

Table I.1.1. Predicted relative risk of incident CVD associated with digestible carbohydrate intake (as grams per day) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake	**Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=0.03)**
150 grams per day	RR=1.21; 95% CI: 0.81 to 1.80
175 grams per day	RR=1.13; 95% CI: 0.84 to 1.52
200 grams per day	RR=1.05; 95% CI: 0.86 to 1.29
225 grams per day	RR=0.99; 95% CI: 0.88 to 1.12
250 grams per day	RR=0.96; 95% CI: 0.90 to 1.03
275 grams per day	RR=0.97; 95% CI: 0.94 to 1.00
300 grams per day	RR=1.00; 95% CI: 1.00 to 1.00
325 grams per day	***RR=1.05; 95% CI: 1.02 to 1.09***
350 grams per day	***RR=1.11; 95% CI: 1.04 to 1.19***
375 grams per day	***RR=1.18; 95% CI: 1.06 to 1.31***
400 grams per day	***RR=1.24; 95% CI: 1.08 to 1.43***

Reference as 300 grams per day

Bold-italicized fonts show statistically significant findings.

Table I.1.2. Predicted relative risk of the incidence of CVD associated with digestible carbohydrate intake (as % energy intake) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake	**Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=0.03)**
30% % energy intake	RR=1.04; 95% CI: 0.90 to 1.20
35% % energy intake	RR=1.03; 95% CI: 0.92 to 1.14
40% % energy intake	RR=1.01; 95% CI: 0.95 to 1.08
45% % energy intake	RR=1.00; 95% CI: 0.97 to 1.03
50% % energy intake	RR=1.00; 95% CI: 1.00 to 1.00
55% % energy intake	RR=1.02; 95% CI: 0.99 to 1.04
60% % energy intake	RR=1.05; 95% CI: 0.99 to 1.11
65% % energy intake	***RR=1.09; 95% CI: 1.00 to 1.19***
70% % energy intake	***RR=1.14; 95% CI: 1.00 to 1.29***
75% % energy intake	***RR=1.19; 95% CI: 1.01 to 1.40***
80% % energy intake	***RR=1.24; 95% CI: 1.02 to 1.51***

Reference as 50% energy intake from digestible carbohydrate intake

Bold-italicized fonts show statistically significant findings.

Table I.1.3. Predicted relative risk of the incidence of CHD associated with digestible carbohydrate intake (as grams per day) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake (grams per day)	**Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=0.13)**
200 grams per day	RR=0.50; 95% CI: 0.24 to 1.04
225 grams per day	RR=0.51; 95% CI: 0.24 to 1.07
250 grams per day	RR=0.53; 95% CI: 0.26 to 1.10
275 grams per day	RR=0.70; 95% CI: 0.46 to 1.06
300 grams per day	RR=1.00; 95% CI: 1.00 to 1.00
325 grams per day	RR=1.43; 95% CI: 0.94 to 2.18
350 grams per day	RR=2.05; 95% CI: 0.88 to 4.74
375 grams per day	RR=2.93; 95% CI: 0.83 to 10.32
400 grams per day	RR=4.19; 95% CI: 0.78 to 22.47

Reference as 300 grams per day

Table I.1.4. Predicted relative risk of the incidence of CHD associated with digestible carbohydrate intake (as % energy intake) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake	Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=0.01)
30% energy intake	RR=0.96; 95% CI: 0.90 - 1.03
35% energy intake	RR=0.95; 95% CI: 0.90 - 1.01
40% energy intake	RR=0.94; 95% CI: 0.89 - 0.99
45% energy intake	RR=0.94; 95% CI: 0.90 - 0.98
50% energy intake	RR=1.00; 95% CI: 1.00 to 1.00
55% energy intake	***RR=1.14; 95% CI: 1.03 - 1.26***
60% energy intake	***RR=1.36; 95% CI: 1.08 - 1.71***
65% energy intake	***RR=1.63; 95% CI: 1.13 - 2.35***
70% energy intake	***RR=1.96; 95% CI: 1.18 - 3.24***
75% energy intake	***RR=2.35; 95% CI: 1.24 - 4.45***
80% energy intake	***RR=2.82; 95% CI: 1.29 to 6.13***

Reference as 50% energy intake from digestible carbohydrate intake

Bold-italicized fonts show statistically significant findings.

Table I.1.5. Predicted relative risk of the incidence of CVD mortality associated with digestible carbohydrate intake (as grams per day) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake	Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=0.01)
150 grams per day	***RR=2.09; 95% CI: 1.12 to 3.91***
175 grams per day	***RR=1.75; 95% CI: 1.08 to 2.85***
200 grams per day	***RR=1.47; 95% CI: 1.03 to 2.08***
225 grams per day	RR=1.23; 95% CI: 0.99 to 1.53
250 grams per day	RR=1.06; 95% CI: 0.94 to 1.19
275 grams per day	RR=0.98; 95% CI: 0.92 to 1.04
300 grams per day	RR=1.00; 95% CI: 1.00 to 1.00
325 grams per day	RR=1.06; 95% CI: 0.98 to 1.14
350 grams per day	RR=1.12; 95% CI: 0.97 to 1.31
375 grams per day	RR=1.19; 95% CI: 0.95 to 1.50
400 grams per day	RR=1.26; 95% CI: 0.93 to 1.72

Reference as 300 grams per day

Bold-italicized fonts show statistically significant findings.

Table I.1.6. Predicted relative risk of the incidence of CVD mortality associated with digestible carbohydrate intake (as % energy intake) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake	Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=0.50)
40% energy intake	RR=1.02; 95% CI: 0.94 to 1.11
45% energy intake	RR=1.01; 95% CI: 0.97 to 1.06
50% energy intake	RR=1.00; 95% CI: 1.00 to 1.00
55% energy intake	RR=0.99; 95% CI: 0.97 to 1.02
60% energy intake	RR=1.00; 95% CI: 0.97 to 1.04
65% energy intake	RR=1.03; 95% CI: 0.96 to 1.10
70% energy intake	RR=1.05; 95% CI: 0.93 to 1.18
75% energy intake	RR=1.07; 95% CI: 0.90 to 1.28
80% energy intake	RR=1.09; 95% CI: 0.87 to 1.38

Reference as 50% energy intake from digestible carbohydrate intake

Table I.1.7. Predicted relative risk of incident stroke associated with digestible carbohydrate intake (as grams per day) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake	Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=1.00)
200 grams per day	RR=0.94; 95% CI: 0.60 to 1.45
225 grams per day	RR=0.95; 95% CI: 0.69 to 1.31
250 grams per day	RR=0.97; 95% CI: 0.78 to 1.20
275 grams per day	RR=0.99; 95% CI: 0.85 to 1.15
300 grams per day	RR=1.00; 95% CI: 1.00 to 1.00
325 grams per day	RR=1.01; 95% CI: 0.78 to 1.30
350 grams per day	RR=1.02; 95% CI: 0.61 to 1.70
375 grams per day	RR=1.03; 95% CI: 0.47 to 2.23
400 grams per day	RR=1.04; 95% CI: 0.37 to 2.92

Reference as 300 grams per day

Table I.1.8. Predicted relative risk of the incidence of stroke associated with digestible carbohydrate intake (as % energy intake) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake	**Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=0.41)**
30% energy intake	RR=1.00; 95% CI: 0.84 to 1.19
35% energy intake	RR=1.00; 95% CI: 0.88 to 1.13
40% energy intake	RR=1.00; 95% CI: 0.92 to 1.08
45% energy intake	RR=1.00; 95% CI: 0.96 to 1.03
50% energy intake	RR=1.00; 95% CI: 1.00 to 1.00
55% energy intake	***RR=1.02; 95% CI: 1.00 to 1.04***
60% energy intake	***RR=1.04; 95% CI: 1.00 to 1.09***
65% energy intake	***RR=1.07; 95% CI: 1.00 to 1.15***
70% energy intake	RR=1.10; 95% CI: 0.99 to 1.22
75% energy intake	RR=1.13; 95% CI: 0.99 to 1.30
80% energy intake	RR=1.16; 95% CI: 0.98 to 1.37

Reference as 50% energy intake from digestible carbohydrate intake

Bold-italicized fonts show statistically significant findings.

Table I.2.1. Predicted relative risk of incident type 2 diabetes associated with digestible carbohydrate intake (as grams per day) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake (grams per day)	**Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=0.08)**
200 grams per day	RR=1.55; 95% CI: 0.94 to 2.53
225 grams per day	RR=1.25; 95% CI: 0.96 to 1.61
250 grams per day	RR=1.07; 95% CI: 0.97 to 1.18
275 grams per day	RR=1.00; 95% CI: 0.97 to 1.04
300 grams per day	RR=1.00; 95% CI: 1.00 to 1.00
325 grams per day	RR=1.01; 95% CI: 0.97 to 1.05
350 grams per day	RR=1.02; 95% CI: 0.95 to 1.11
375 grams per day	RR=1.03; 95% CI: 0.92 to 1.16
400 grams per day	RR=1.05; 95% CI: 0.90 to 1.22
425 grams per day	RR=1.06; 95% CI: 0.87 to 1.29
450 grams per day	RR=1.07; 95% CI: 0.85 to 1.35

Reference as 300 grams per day

Table I.2.2. Predicted relative Risk of the incidence of type 2 diabetes associated with digestible carbohydrate intake (as % total energy intake) based on nonlinear dose-response meta-analysis

Digestible Carbohydrate Intake (% energy intake)	**Relative Risk and 95% Confidence Interval ($P_{nonlinearity}$=0.40)**
30% energy intake	RR=1.20; 95% CI: 0.74 to 1.96
35% energy intake	RR=1.14; 95% CI: 0.80 to 1.63
40% energy intake	RR=1.09; 95% CI: 0.87 to 1.35
45% energy intake	RR=1.03; 95% CI: 0.94 to 1.14
50% energy intake	RR=1.00; 95% CI: 1.00 to 1.00
55% energy intake	RR=0.99; 95% CI: 0.94 to 1.04
60% energy intake	RR=0.99; 95% CI: 0.92 to 1.07
65% energy intake	RR=1.00; 95% CI: 0.91 to 1.10
70% energy intake	RR=1.01; 95% CI: 0.90 to 1.14
75% energy intake	RR=1.02; 95% CI: 0.89 to 1.18
80% energy intake	RR=1.04; 95% CI: 0.87 to 1.23

Reference as 50% energy intake from digestible carbohydrate intake

Appendix J. Subgroup Analysis

Table J.1. Results of linear dose-response meta-analysis between digestible carbohydrate intake and cardiovascular disease by geographic locations

Outcome	**Subgroup**	**Digestible Carbohydrate Intake**	**Findings**	**Heterogeneity P Value**
Incident CVD	East Asia	Per 10-gram increase per day	RR=1.00; 95% CI: 0.97 to 1.02	P=0.01
Incident CVD	East Asia	10% energy intake increase	RR=1.11; 95% CI: 1.00 to 1.23	P=0.03
Incident CVD	Western countries	Per 10-gram increase per day	RR=0.99; 95% CI: 0.93 to 1.06	P<0.001
Incident CVD	Western countries	10% energy intake increase	RR=0.99; 95% CI: 0.93 to 1.06	P<0.001

Abbreviations: CI = confidence interval; CVD = cardiovascular disease; RR = relative risk

Table J.2. Results of linear dose-response meta-analysis between digestible carbohydrate intake and risk of type 2 diabetes by geographic locations

Outcome	Subgroup	Digestible Carbohydrate Intake	Findings	Heterogeneity P Value
Incident type 2 diabetes	East Asia	10% energy intake increase	RR=1.06; 95% CI: 1.00 to 1.14	P=0.32
Incident type 2 diabetes	Western Countries	Per 10-gram increase per day	RR=0.94; 95% CI: 0.86 to 1.03	P<0.001
Incident type 2 diabetes	Western Countries	10% energy intake increase	RR=0.79; 95% CI: 0.57 to 1.10	P<0.001

Abbreviations: CI = confidence interval; RR = relative risk

Table J.3. Results of Linear Dose-Response Meta-analysis between Digestible Carbohydrate Intake and Cardiovascular Disease by Sex

Outcome	Subgroup	Digestible Carbohydrate Intake	Findings	Heterogeneity P Value
Incident CVD	Men	Per 10-gram increase per day	RR=1.00; 95% CI: 0.99 to1.01	P=0.47
Incident CVD	Men	10% energy intake increase	RR=1.01; 95% CI: 0.98 to 1.04	P=0.41
Incident CVD	Women	Per 10-gram increase per day	RR=0.98; 95% CI: 0.91 to 1.06	P<0.001
Incident CVD	Women	10% energy intake increase	RR=0.98; 95% CI: 0.92 to 1.05	P=0.01

Abbreviations: CI = confidence interval; CVD = cardiovascular disease; RR = relative risk

Table J.4. Results of linear dose-response meta-analysis between digestible carbohydrate intake and risk of type 2 diabetes by sex

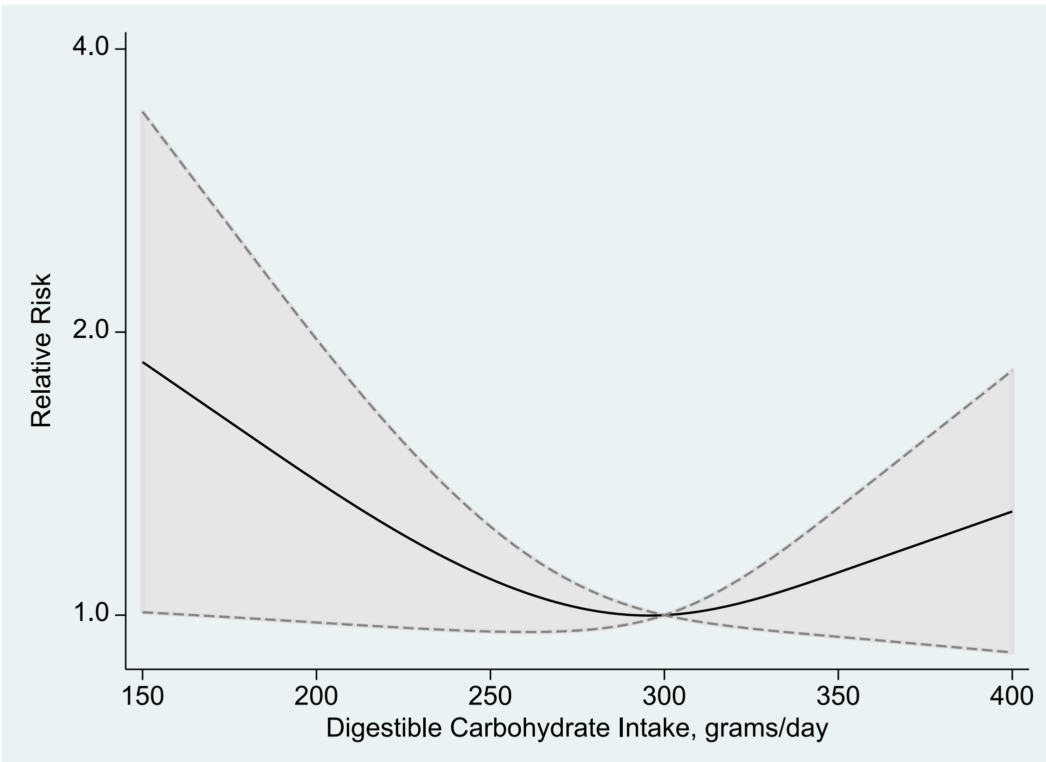
Outcome	Subgroup	Digestible Carbohydrate Intake	Findings	Heterogeneity P Value
Incident type 2 diabetes	Men	10% energy intake increase	RR=0.96; 95% CI: 0.86 to 1.07	P<0.001
Incident type 2 diabetes	Women	10% energy intake increase	RR=0.85; 95% CI: 0.59 to 1.23	P<0.001

Abbreviations: CI = confidence interval; RR = relative risk

Appendix K. Figures

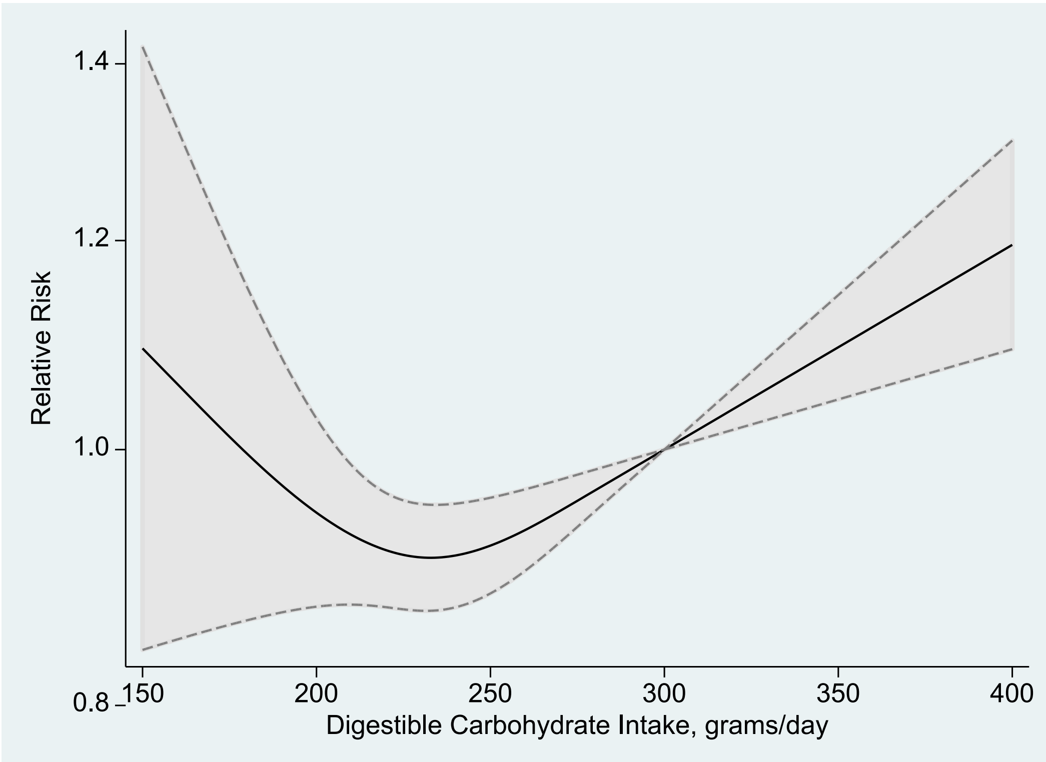
Appendix K.1. The Effect of Dietary Digestible Carbohydrate Intake on Risk of Cardiovascular Disease by Geographic Locations

Figure K.1.1. Nonlinear Dose-response relationship between the incidence of CVD and digestible carbohydrate intake (grams per day) in East Asia



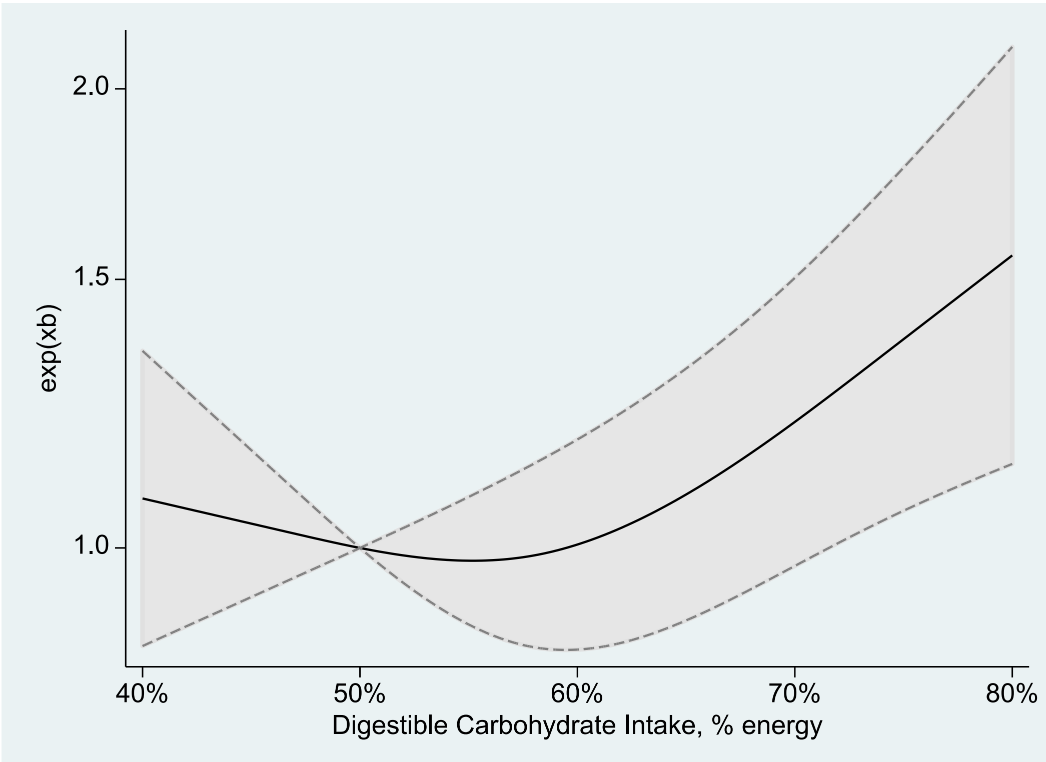
The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

Figure K.1.2. Nonlinear dose-response relationship between the incidence of CVD and digestible carbohydrate intake (grams per day) in Western Countries



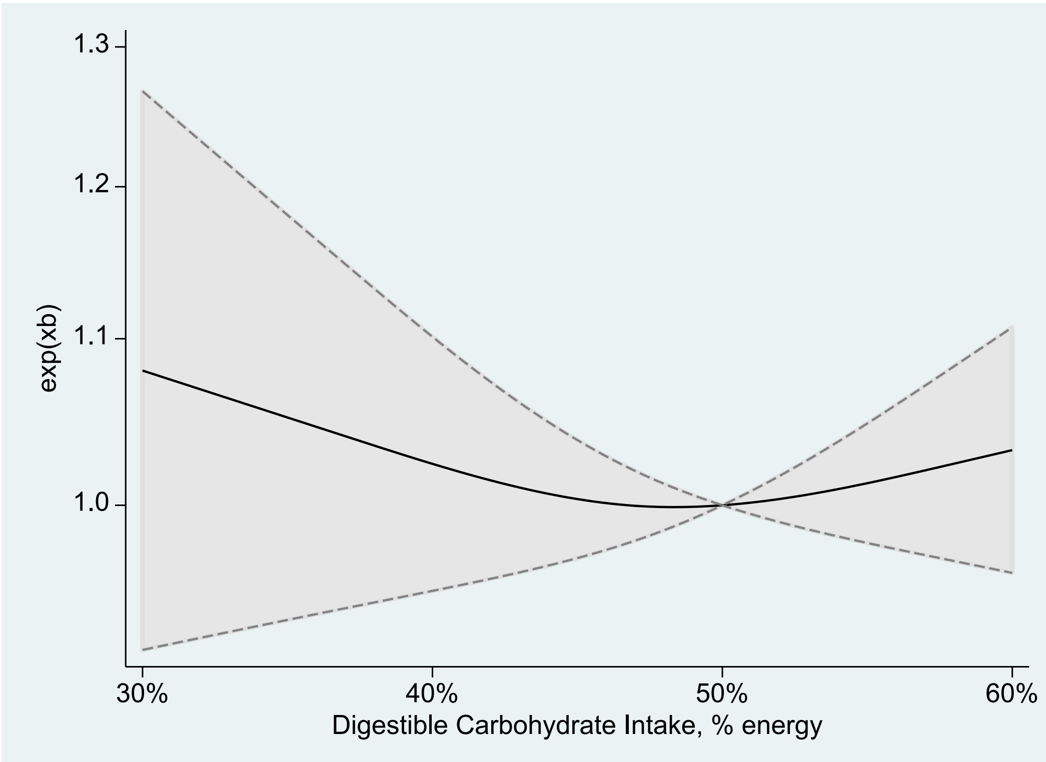
The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

Figure K.1.3. Nonlinear dose-response relationship between the incidence of CVD and digestible carbohydrate intake (% energy intake) in East Asia



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

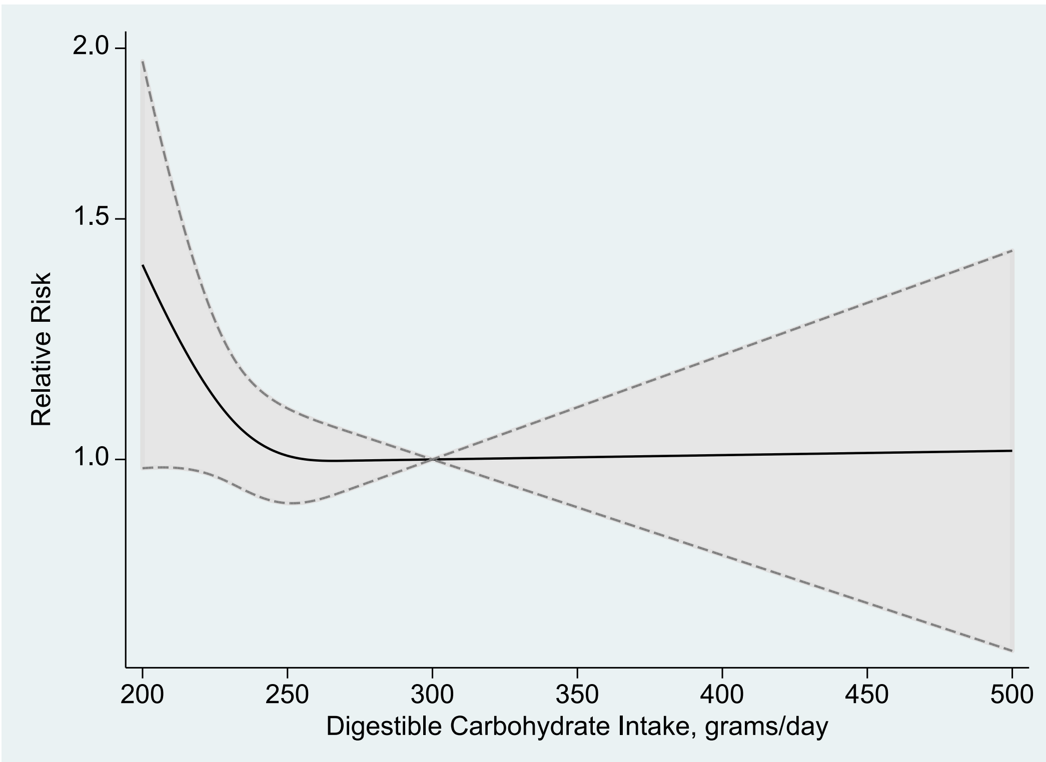
Figure K.1.4. Nonlinear dose-response relationship between the incidence of CVD and digestible carbohydrate intake (% energy intake) in Western Countries



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

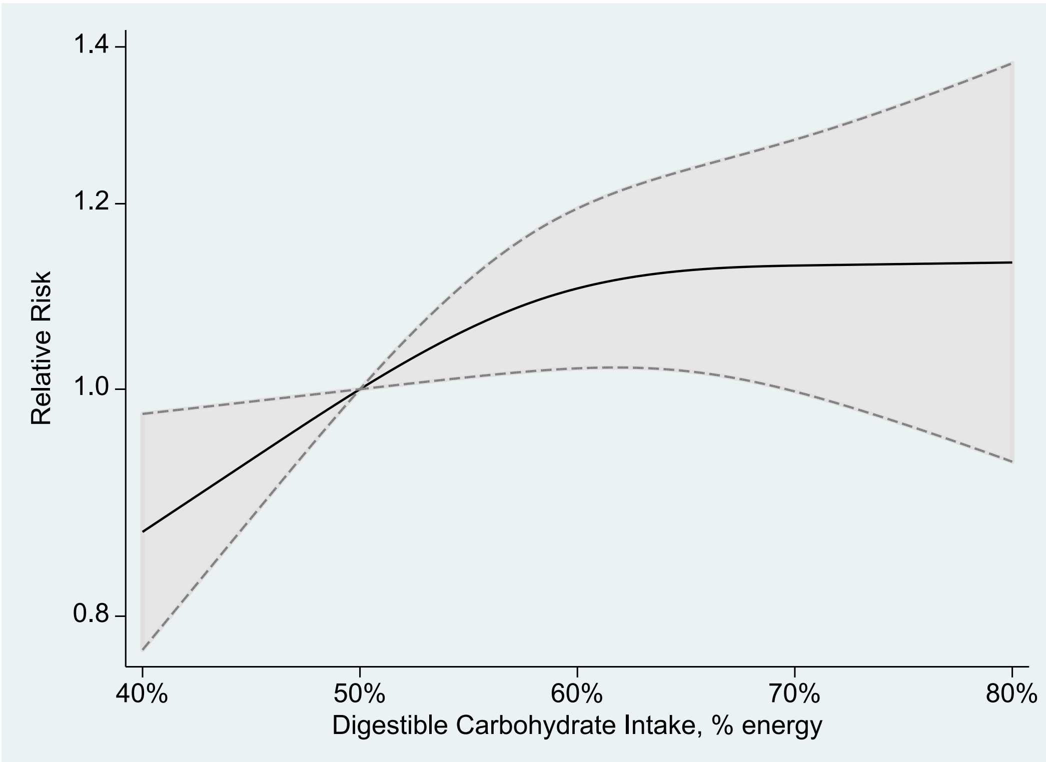
Appendix K.2. The Effect of Dietary Digestible Carbohydrate Intake on Risk of Type 2 Diabetes, Growth, Size, and Body Composition by Geographic Locations

Figure K.2.1. Nonlinear dose-response relationship between the incidence of type 2 diabetes and digestible carbohydrate intake (grams per day) in Western Countries



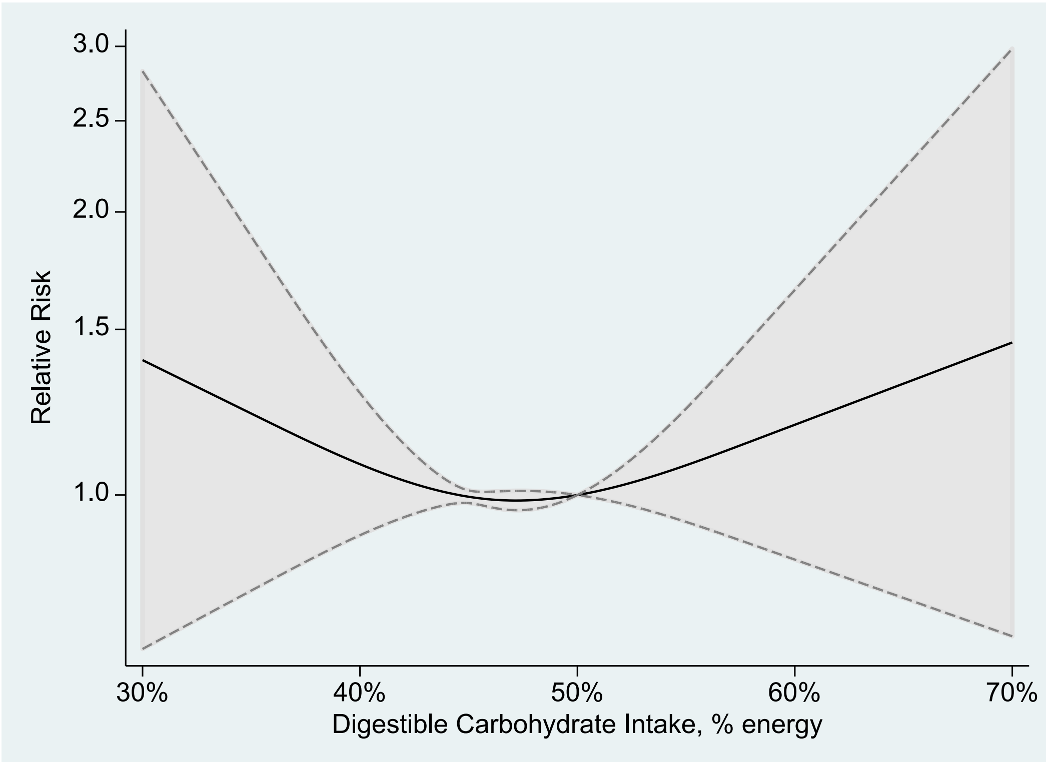
The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

Figure K.2.2. Nonlinear dose-response relationship between the incidence of type 2 diabetes and digestible carbohydrate intake (% energy intake) in East Asia



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

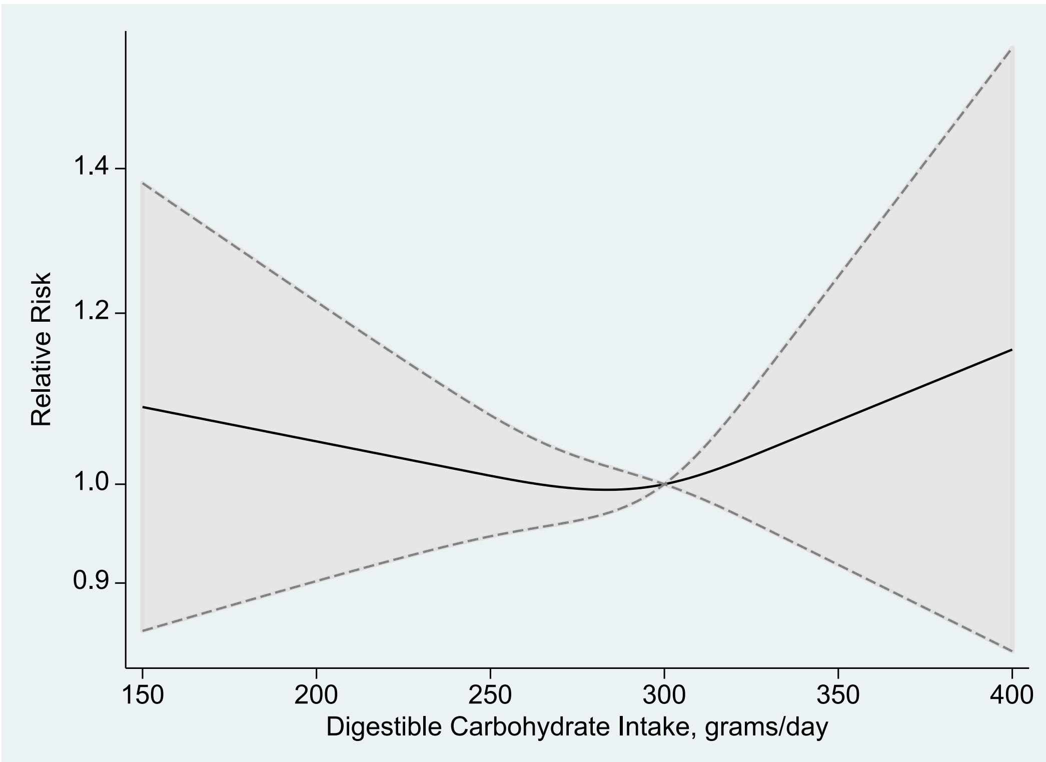
Figure K.2.3. Nonlinear dose-response relationship between the incidence of type 2 diabetes and digestible carbohydrate intake (% energy intake) in Western Countries



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

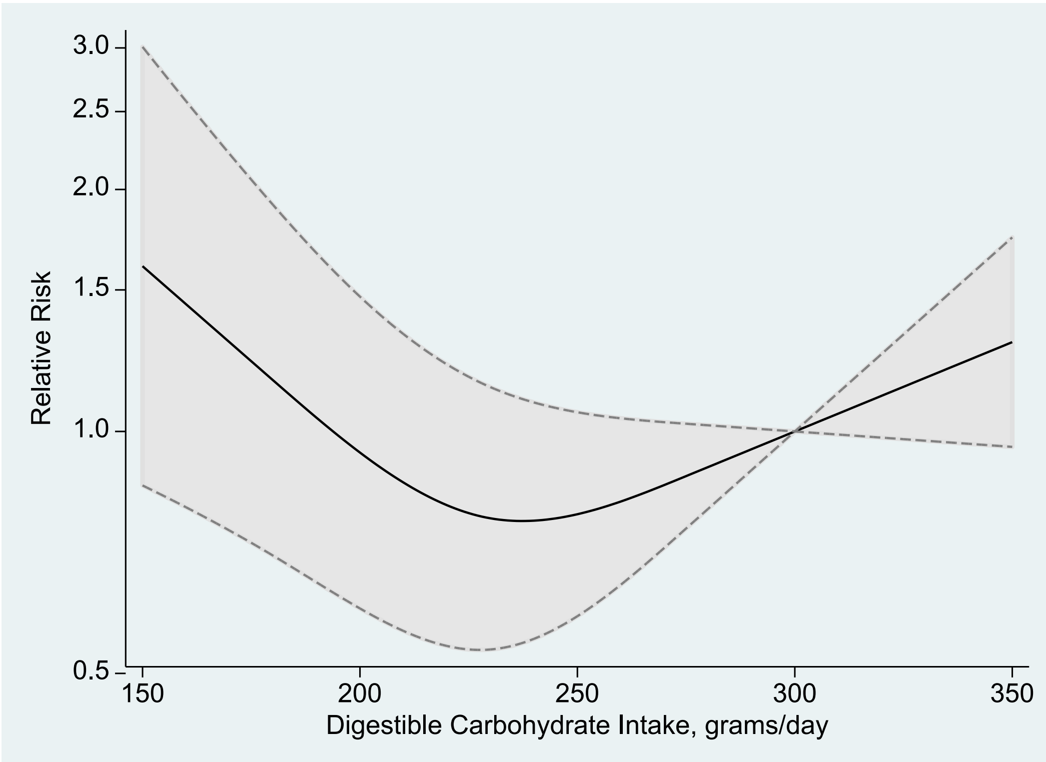
Appendix K.3. The Effect of Dietary Digestible Carbohydrate Intake on Risk of Cardiovascular Disease by Sex

Figure K.3.1. Nonlinear dose-response relationship between the incidence of CVD and digestible carbohydrate intake (grams per day) in men



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

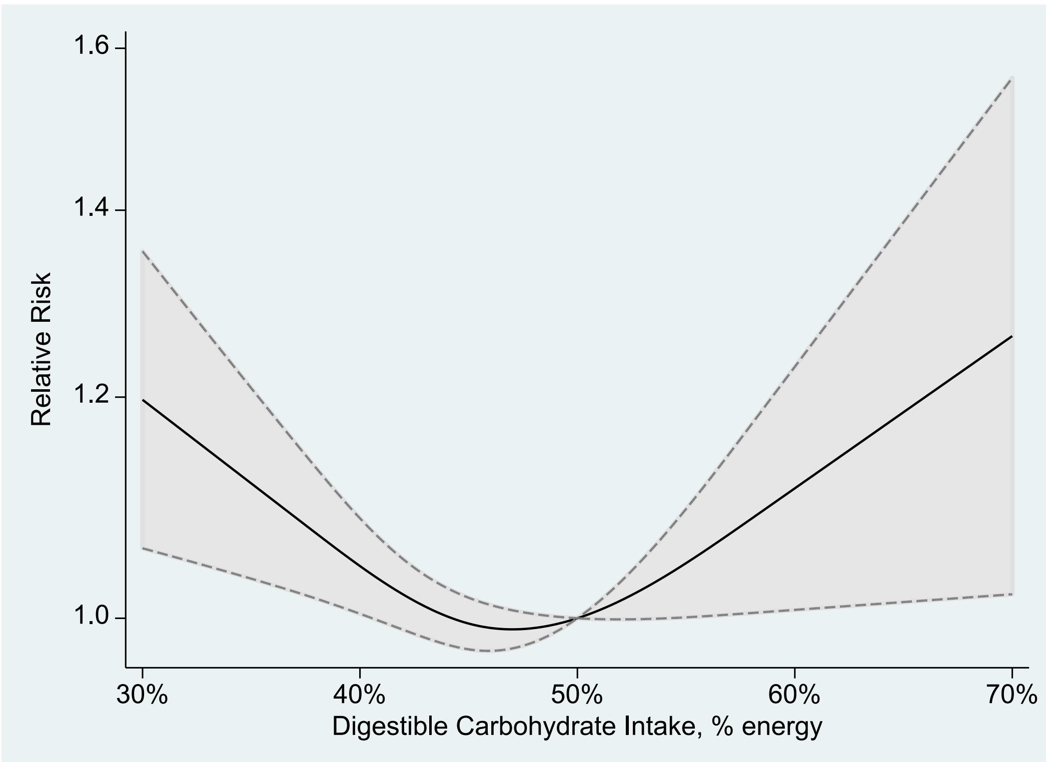
Figure K.3.2. Nonlinear dose-response relationship between the incidence of CVD and digestible carbohydrate intake (grams per day) in women



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

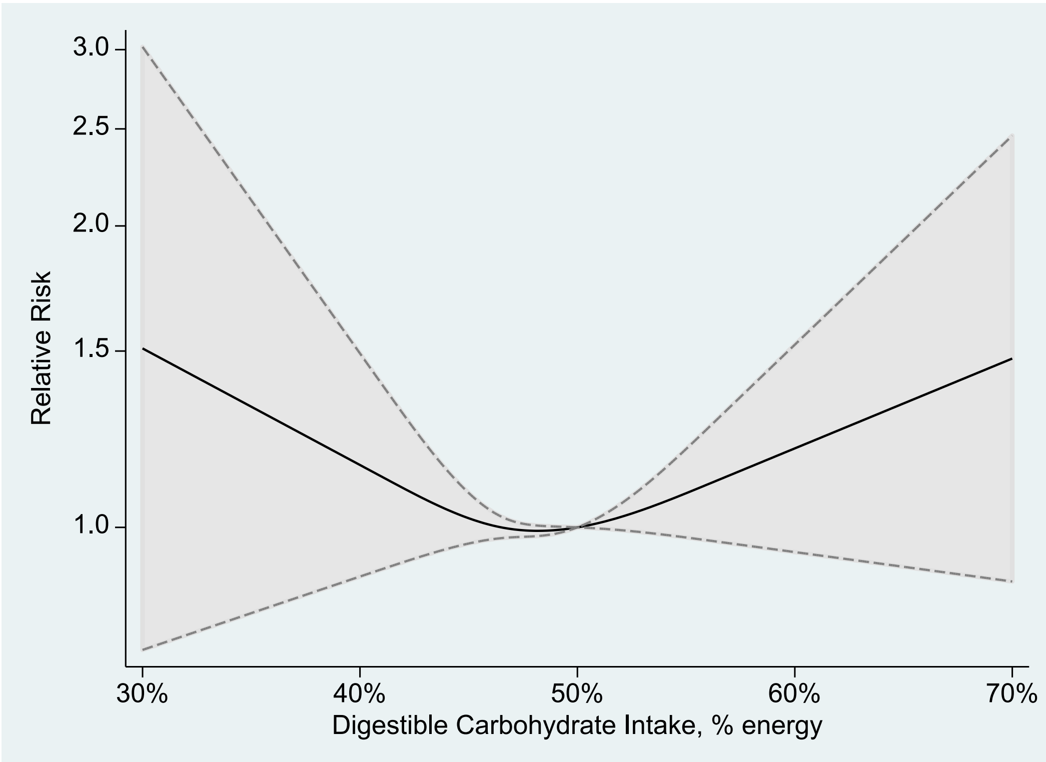
Appendix K.4 The Effect of Dietary Digestible Carbohydrate Intake on Risk of Type 2 Diabetes, Growth, Size, and Body Composition by Sex

Figure K.4.1. Nonlinear dose-response relationship between the incidence of type 2 diabetes and digestible carbohydrate intake (% energy intake) in men



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

Figure K.4.2. Nonlinear dose-response relationship between the incidence of type 2 diabetes and digestible carbohydrate intake (% energy intake) in women



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

Appendix L. Appendix References

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