**Supplementary File 1**

**Searches conducted**

This document gives more details on the searches conducted. Selected studies are referred to by the study reference code, as shown in Table 1 of the main paper, which also gives the associated source references.

Lung cancer

A review published in 20121 of the evidence relating smoking to lung cancer published in the 1990s cited 19 studies in Japan. Eleven of these (AKIBA, GAO2, HIRAYA, HITOSU, KIHARA, SEGI2, SOBUE, SOBUE2, TSUGAN, WAKAI, YAMAGU) are included in our analyses. Eight were not. Four did not present results for current smoking (original study IDs ESAKI, ISHIMA, MATSUD, SEGI) three did not present RRs relative to never smokers (HIRAY2, MURATA, SHIMIZ) and one only presented results for a specific lung cancer type (SUZUKI). Three additional relevant studies (OSAKI, STELL1, WAKAI2) were identified from a recent review of the decline in risk of lung cancer following quitting2.

A further Medline search on smoking and lung cancer restricted to Japan and humans and to publications from 2000 onwards produced 836, of which 760 were rejected based on the abstract; and two were already identified from the quitting review. Of the remaining 74 papers, 29 were rejected for various reasons: no results for never smokers3, no relevant data4-19, data for adenocarcinoma only20 21, cross-sectional study22, <100 cases23-25, pooled analysis with no separate results by study26, study of cancer survival27 28 and review paper not of interest29-31. There was also one review of interest32 but no additional useful references were found. The remaining 44 papers related to only 13 studies. The study references, main reference, and additional references providing no useful extra data are shown below.

| **Study** | **Main reference** | **Additional references** |
| --- | --- | --- |
| AKIBA\* | 33\* | 34 |
| FUKUMO | 35 | 36 |
| HIRAKI | 37 | 38 |
| ITO | 39 | 40-47 |
| KANASH | 48 | - |
| KAWAMI | 49 | - |
| KIYOHA | 50 | 51-54 |
| MARUG1 | 55 | - |
| MARUG2 | 56 | - |
| MINAMI | 57 | 58 |
| OZASA | 59 | 60-69 |
| SHIMIZ\*\* | 70 | 71-75 |
| SOBUE3 | 76 | - |

\* Note that EGAWA2012 provides data for the earlier AKIBA study.

\*\* Note that the five additional references are also relevant to SOBUE3.

COPD

A review published in 201177 of the evidence relating smoking to COPD, chronic bronchitis and emphysema included four relevant studies in Japan on COPD. Two (FUKUCH, TSUSHI) were included in our analyses, but two were rejected, one78 as it had no relevant data on current or ex-smoking and one79 as it was superseded by a more recent publication found in our updated searches. No additional relevant studies in Japan were identified from a recent review of the decline in risk of COPD following quitting80.

Further Medline searches were conducted using the same terms as used in the 2011 review77, but restricted to Japan and to the period from 2007 onwards. This yielded 105 hits, of which 83 were rejected based on the abstract. Of the 22 papers examined, 17 were rejected for various reasons, leaving five extra studies (HIRAY2, HORIE, KOJIM2, OMORI2, OSAKA). Reasons for rejection included the following: No data on current or former smoking81-83, no never smokers84 85, not COPD as defined86-89, patients with rotator cuff tears90, results already reported in an earlier paper91, no smoking data for those without COPD92, no non-ETS exposed nonsmokers93, no relevant data94 95, risks only expressed as pack-years96 and only a review paper citing no new references97.

Heart disease and stroke

A recent publication98 includes as a Supplementary File details of a review conducted in 2010 based on epidemiological studies conducted in Europe, Asia or North America involving at least 100 cases of cardiovascular disease, limited to papers published since 1990. This review included four publications relating to studies in Japan, three describing results from individual studies (HIRAYA, YAMAGI, UESHIM) and one of which was a pooled analysis (3 STUDIES). No additional relevant studies in Japan were identified from a recent review of the decline in risk following quitting for heart disease99 while one was identified from the equivalent review on stroke100 (KONDO).

Further Medline searches were conducted to look for additional studies, by linking “smoking” and “Japan” to the various disease terms used in our earlier reviews99 100. This yielded 618 hits, 524 being rejected based on the abstract. Of the 94 papers examined, one was the pooled analysis referred to above, one was the paper identified from the stroke review and 61 were rejected on initial examination, many as smoking was only considered as an adjustment factor, with no smoking results being presented. The remaining 31 were then examined to check that they fully satisfied the inclusion criteria of our recently published review98. Nineteen of the 31 new papers failed the additional criteria, one only reporting results for ischaemic stroke101, one not reporting results by smoking102, three not providing adjusted results103-105, 12 not reporting results by sex106-117 and two not reporting adjusted results or results by sex118 119. The original five papers (HIRAYA, YAMAGI, UESHIM, 3 STUDIES, KONDO) and the other 12 new papers were then examined to check the diseases they presented results for, and the extent to which they concerned the same or different studies. Of the 12 new papers, three120-122 were rejected as they only provided data for combined cardiovascular disease and four123-126 were rejected as they did not provide risk estimates relative to never smokers. One further paper127 was rejected as a later paper128 provided better results from the JACC study. Three of the remaining four new papers provided relevant material for individual studies (JPHC, HATANA, JACC) while one presented a pooled analysis (10 STUDIES).

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