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| **Tea consumption**  | **F2-IsoP****aGMD and 95% CI** |  | **15-F2t-IsoP-M****aGMD and 95% CI**  |  |
|  | **BMI<25 kg/m2** | **BMI≥25 kg/m2** | **Pint** | **BMI<25 kg/m2** | **BMI≥25 kg/m2** | **Pint** |
| Black tea (cups/wk) | n (%) |  | n (%) |  |  | n (%) |  | n (%) |  |  |
| 0 | 70 (18.0) | REF | 86 (18.38) | REF | 0.29 | 70 (18.0) | REF | 86 (18.38) | REF | 0.87 |
| <1 | 153 (39.2) | -0.13 (-0.27, 0.01) | 151 (32.26) | 0.03 (-0.11, 0.17) |  | 153 (39.2) | 0.02 (-0.10, 0.14) | 151 (32.26) | 0.01 (-0.11, 0.13) |  |
| 1-<5 | 74 (19.0) | -0.11 (-0.28, 0.05) | 105 (22.44) | -0.08 (-0.24, 0.07) |  | 74 (19.0) | -0.04 (-0.17, 0.10) | 105 (22.44) | -0.07 (-0.20, 0.06) |  |
| ≥5 | 93 (23.8) | -0.03 (-0.19, 0.14) | 126 (26.92) | 0.06 (-0.10, 0.22) |  | 93 (23.8) | 0.06 (-0.08, 0.19) | 126 (26.92) | 0.09 (-0.05, 0.23) |  |
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| Green tea (cups/wk) | n (%) |  | n (%) |  |  | n (%) |  | n (%) |  |  |
| 0 | 169 (43.1) | REF | 225 (47.97) | REF | 0.53 | 169 (43.1) | REF | 225 (47.97) | REF | 0.73 |
| <1 | 140 (35.7) | 0.02 (-0.10, 0.13) | 167 (35.61) | 0.04 (-0.07, 0.16) |  | 140 (35.7) | 0.04 (-0.05, 0.14) | 167 (35.61) | 0.04 (-0.05, 0.14) |  |
| 1-<5 | 53 (13.5) | -0.01 (-0.17, 0.14) | 41 (8.74) | -0.09 (-0.27, 0.09) |  | 53 (13.5) | 0.02 (-0.11, 0.15) | 41 (8.74) | -0.07 (-0.22, 0.09) |  |
| ≥5 | 30 (7.7) | 0.08 (-0.12, 0.27) | 36 (7.68) | -0.02 (-0.21, 0.17) |  | 30 (7.7) | 0.07 (-0.09, 0.23) | 36 (7.68) | 0.07 (-0.10, 0.23) |  |
| Abbreviations: BMI: body mass index, F2-IsoP: 8-iso-prostaglandin F2α, 15-F2t-IsoP-M: 2,3-dinor-5,6-dihydro-15-F2t-isoprostane, aGMD: adjusted geometric mean difference, CI: confidence interval, Pint: p value of interactionThe multivariable model adjusted for age, race, smoking status, physical activity, household income, education level, energy intake, caffeine intake, HEI, dietary fruit, vegetable, β-carotene, vitamin C, and vitamin E intake. Interaction was examined using log-likelihood ratio test by adding an interaction term between obesity and tea consumption into the adjusted multivariable modelAmong women with BMI<25 kg/m2, 390 were included for black tea analysis and 392 were included for green tea analysis. Among women with BMI≥25 kg/m2, 468 were included for black tea analysis and 469 were included for green tea analysis. |

**Supplementary 1.** Association between tea consumption and urinary F2-IsoP or 15-F2t-IsoP-M stratified by overweight

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| **Tea consumption**  | **F2-IsoP****aGMD and 95% CI** |  | **15-F2t-IsoP-M****aGMD and 95% CI**  |  |
|  | **Non-consumer** | **Consumer** | **Pint** | **Non-consumer** | **Consumer** | **Pint** |
| Black tea (cups/wk) | n (%) |  | n (%) |  |  | n (%) |  | n (%) |  |  |
| 0 | 67 (25.3) | REF | 88 (14.99) | REF | 0.79 | 67 (25.3) | REF | 88 (14.99) | REF | 0.65 |
| <1 | 61 (23.0) | 0.02 (-0.16, 0.21) | 241 (41.06) | -0.09 (-0.21, 0.04) |  | 61 (23.0) | -0.06 (-0.22, 0.09) | 241 (41.06) | 0.06 (-0.04, 0.16) |  |
| 1-<5 | 41 (15.5) | -0.07 (-0.27, 0.14) | 137 (23.34) | -0.11 (-0.25, 0.03) |  | 41 (15.5) | -0.08 (-0.25, 0.09) | 137 (23.34) | -0.01 (-0.12, 0.11) |  |
| ≥5 | 96 (36.2) | 0.13 (-0.12, 0.39) | 121 (20.61) | -0.04 (-0.19, 0.10) |  | 96 (36.2) | -0.07 (-0.29, 0.15) | 121 (20.61) | 0.11 (0.00, 0.23) |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Green tea (cups/wk) | n (%) |  | n (%) |  |  | n (%) |  | n (%) |  |  |
| 0 | 161 (60.1) | REF | 232 (39.59) | REF | 0.12 | 161 (60.1) | REF | 232 (39.59) | REF | 0.71 |
| <1 | 75 (28.0) | 0.11 (-0.03, 0.26) | 229 (39.08) | 0.00 (-0.09, 0.10) |  | 75 (28.0) | 0.03 (-0.09, 0.15) | 229 (39.08) | 0.05 (-0.02, 0.13) |  |
| 1-<5 | 17 (6.3) | 0.12 (-0.14, 0.37) | 76 (12.97) | -0.06 (-0.20, 0.08) |  | 17 (6.3) | 0.16 (-0.06, 0.37) | 76 (12.97) | -0.03 (-0.14, 0.08) |  |
| ≥5 | 15 (5.6) | -0.15 (-0.43, 0.13) | 49 (8.36) | 0.08 (-0.08, 0.24) |  | 15 (5.6) | 0.05 (-0.18, 0.29) | 49 (8.36) | 0.06 (-0.07, 0.19) |  |
| Abbreviations: F2-IsoP: 8-iso-prostaglandin F2α, 15-F2t-IsoP-M: 2,3-dinor-5,6-dihydro-15-F2t-isoprostane, aGMD: adjusted geometric mean difference, CI: confidence interval, Pint: p value of interactionThe multivariable model adjusted for age, race, smoking status, BMI, physical activity, household income, education level, energy intake, caffeine intake, HEI, dietary fruit, vegetable, β-carotene, vitamin C, and vitamin E intake. Interaction was examined using log-likelihood ratio test by adding an interaction term between coffee and tea consumption into the adjusted multivariable modelAmong non-consumers, 265 were included for black tea analysis and 268 were included for green tea analysis. Among consumers, 587 were included for black tea analysis and 586 were included for green tea analysis. |

**Supplementary 2.** Association between tea consumption and urinary F2-IsoP or 15-F2t-IsoP-M stratified by coffee consumption