Supplemental Table I. Odds ratios (ORs) and 95% confidence intervals (CIs) of type 2 diabetes according to quartiles of dietary manganese intake stratified by dietary iron intake

	Low dietary iron intake [a]					High dietary iron intake [a]				
	Quartiles of dietary manganese intake					Quartiles of dietary manganese intake				
	Q1	**Q2**	**Q3**	**Q4**	**P-trend[b]**	**Q1**	**Q2**	**Q3**	**Q4**	**P-trend[b]**
Men, n	1498	1114	796	250		331	715	1033	1597	
Cases, n	58	42	29	10		8	23	41	52	
Multivariable OR (95%CI) [c]	1.00	0.90 (0.57, 1.44)	0.78 (0.43, 1.41)	0.90 (0.34, 2.35)	0.589	1.00	1.38 (0.57, 3.31)	1.72 (0.71, 4.12)	1.77 (0.69, 4.58)	0.296
Women, n	2413	1923	1374	563		723	1214	1763	2573	
Cases, n	66	53	34	7		16	17	28	46	
Multivariable OR (95%CI) [c]	1.00	0.82 (0.54, 1.25)	0.65 (0.38, 1.13)	0.25 (0.10, 0.68)	0.010	1.00	0.82 (0.24, 1.10)	0.75 (0.23, 0.98)	0.55 (0.26, 1.20)	0.369

[a] Median iron intake was 7.5 mg/d in men and 7.2 mg/d in women

[b] Median values of manganese intakes in each quartile were used to test for a linear trend across quartiles.

[c] Adjusted further for age, area, family history of diabetes, past history of hypertension, quintiles of body mass index, weekly sports hours, daily time spent in walking, daily hours of sleep, cigarettes smoking, educations, occupation, mental stress, ethanol intake, and quintiles of total calorie, total dietary fiber, vitamin C, riboflavin, vitamin K, calcium, magnesium zinc and copper intakes.

P-interaction with dietary iron was 0.538 in men and was 0.067 in women.

Supplemental Table II. Odds ratios (ORs) and 95% confidence intervals (CIs) of type 2 diabetes in women according to quartiles of dietary manganese intake stratified by menopausal status

	Quartiles of dietary manganese intake				
	Q1(low)	**Q2**	**Q3**	**Q4**	***P*-trend [a]**
Premenopausal women, n	1108	1071	1054	980	
Cases, n	22	15	17	11	
Multivariable OR (95%CI) [b]	1.00	0.42 (0.18, 0.95)	0.40 (0.16, 0.99)	0.26 (0.08, 0.83)	0.032
Postmenopausal women, n	2028	2066	2083	2156	
Cases, n	60	55	45	42	
Multivariable OR (95%CI) [b]	1.00	0.83 (0.54, 1.25)	0.67 (0.41, 1.10)	0.63 (0.34, 1.16)	0.108

[a] Median values of manganese intakes in each quartile were used to test for a linear trend across quartiles.
[b] Adjusted further for age, area, family history of diabetes, past history of hypertension, quintiles of body mass index, weekly sports hours, daily time spent in walking, daily hours of sleep, cigarettes smoking, educations, occupation, mental stress, ethanol intake, and quintiles of total calorie, total dietary fiber, vitamin C, riboflavin, vitamin K, calcium, magnesium zinc copper and iron intakes.
P-interaction with menopausal status was 0.812.

Supplemental Table III. Odds ratios (ORs) and 95% confidence intervals (CIs) of type 2 diabetes according to one standard deviation increment of dietary manganese stratified by whether green tea intake was a main source of manganese or not[a]

	Data on green tea consumption were not available or less than 1 cup per day	Data on green tea consumption were available and were greater than or equal 1 cup per day
	1-SD increment of dietary manganese [b]	**1-SD increment of dietary manganese** [b]
Men, n	1548	5768
Cases, n	48	215
Multivariable OR (95%CI) [c]	0.58 (0.25, 1.32)	0.96 (0.76, 1.21)
Women, n	2989	9557
Cases, n	84	183
Multivariable OR (95%CI) [c]	0.74 (0.51, 1.03)	0.87 (0.67, 1.07)

[a] Green tea was not a main source of manganese in 4,537 subjects with missing green tea intake (n=245) or reported never for green tea intake (n=1,833), 1-2 cups per month (n=440), 1-2 cups per week (n=821) and 3-4 cups per week (n=1198).

[b] Among the group of missing data on green tea intake or less than daily consumption, 1-SD of dietary manganese was 1.1623514 for men and 1.0559968 for women. The respective values for 1-SD of dietary manganese among the group where green tea intake data were available and ≥ 1 cup per day were 2.6324568 for men and 2.3264551 for women.

[c] Adjusted for age, area, family history of diabetes, past history of hypertension, quintiles of body mass index, weekly sports hours, daily time spent in walking, daily hours of sleep, cigarettes smoking, educations, occupation, mental stress, ethanol intake, frequency of coffee consumption, and quintiles of total calorie, total dietary fiber, vitamin C, riboflavin, vitamin K, calcium, magnesium zinc and copper intakes.