

Supplementary material has been published as submitted. It has not been copyedited, typeset or checked for scientific content by Acta Dermato-Venereologica

## **Appendix S1**

### **SUPPLEMENTARY MATERIALS AND METHODS**

#### **Definition of index and reference groups**

HCTZ users represent the index group and were defined as using a minimum of 292 days of HCTZ monotherapy or HCTZ combination preparations. This agrees with an average of 80% use in one year (1). The first reference group “starters of other non-HCTZ antihypertensives” was defined as starting with a minimum of 2 prescriptions of non-thiazide containing antihypertensive drugs (ACE-inhibitors, angiotensin II receptor blockers, calcium channel blockers, beta blockers, combined alpha and beta blockers, other agents RAAS system, antihypertensives). Diuretics with photosensitizing properties, such as potassium-sparing diuretics, have also been excluded from this reference group as several studies have shown these are associated with an increased risk of skin cancer (2–5). The second reference group “starters of non-antihypertensive long-term medication” was defined as starting with a minimum of 2 prescriptions within the first year of a non-antihypertensive chronic drug for a chronic disease that requires regular prescriptions (acid related disorders, diabetes, functional gastrointestinal disorders, bile and liver disorders, cardiovascular disease, anemia, thyroid disorders, pancreatic disorders, bone disease, psychiatric disease, obstructive airway disease and renal disease). Photosensitizing drugs have been excluded from this reference group (5). The ATC codes used in the formation of the three study groups are listed in Table S1. Follow-up initiated on the index date and ended on the moment of skin cancer diagnosis, date of death if applicable or end of follow-up, which was 31 December 2020.

#### **Outcomes and possible confounders**

The primary outcomes of interest were development of any skin cancer, BCC, SCC (combined as KC), malignant melanoma and melanoma in situ (combined as melanoma), Merkel cell carcinoma and malignant adnexal skin tumors. Skin cancer outcomes were only confirmed after pathological diagnosis, which were retrieved from PALGA.

To investigate a potential dose-response relationship, patients in the index group (HCTZ users) were divided into two subcategories: lower cumulative use, <5000 DDD and high cumulative use,  $\geq$ 5000 DDD, in which 1 DDD is equal to 25 mg HCTZ, based on the total amount of DDD of HCTZ prescribed during the study period (data available from index date until 31 December 2019). High cumulative use in our study was equal to  $\geq$ 125 000 mg, within the range of other studies defining high cumulative use as 100 000 mg(6) and 200 000 mg (7).

We included information from the Lifelines cohort questionnaire data and IADB.nl about the following potential risk factors or confounders: age at index date, gender (8), smoking status (9), immunosuppressant drug use (10,11), use of oral glucocorticoids (3,12), use of (other) diuretics (2–5), statins (13), comorbidities such as diabetes, which were self-reported and captured at baseline (14), education level, subdivided into the categories “low”, “middle” and “high”, which were calculated based on provided answers regarding the highest obtained degree questions in Lifelines questionnaires (15,16), UV-exposure, defined as the number of days spent outdoors (odd jobs, garden, exercise, walking in leisure time, cycling) for at least 30 minutes a day over a period of 2 weeks (17), ever outdoor profession, defined as ever having an outdoor profession that is possibly associated with an increased risk of skin cancer and was captured at any time (Table S2) (18), and coffee consumption, defined as the average cups of coffee per week (19). Drug prescription records were obtained from the IADB.nl database and were only considered if at least two prescriptions were given during the study period. ATC codes used to determine the use of specific drug types can be found in Table S3.

### **Statistical analysis**

To evaluate whether the proportional hazard assumption was met, survival curves were evaluated in a visual way.

**Table SI** – ATC codes used for determination of study groups

		<b>ATC codes</b>
<b>Hydrochlorothiazide use (exposure group)</b>	Hydrochlorothiazide (single) Hydrochlorothiazide and potassium Hydrochlorothiazide, combinations Hydrochlorothiazide and potassium-sparing agents	C03AA03 C03AB03 C03AX01 C03EA01
<b>Antihypertensive drug use (reference group 1)</b>	Anti-hypertensives  Beta blockers Calcium channel blockers ACE-inhibitors  Angiotensin II receptor blockers  Other agents RAAS-system	C02A, C02C, C02DB, C02DC, C02DD, C02DG, C02K C07A, C07E, C07F C08C, C08D, C08E C09AA, C09BB, C09BX01, C09BX02, C09BX04, C09BX05, QC09BX90 C09CA, C09DB, C09DX02, C09DX04, C09DX05 C09XA01, 09XA02, C09XA53
<b>Non-antihypertensive long-term medication use (reference group 2)</b>	Acid related disorders  Functional gastrointestinal disorders Bile and liver therapy  Diabetes therapy Antithrombotic agents Antihemorrhagics Antianemic preparations Cardiac therapy	A02A, A02BA, A02BB, A02BC, A02BX A03 A05, V03AC, M01CC01, N03AA02, A16AX12 A10A B01 B02 B03, B06AX, A16AA03 C01A, C01C, C01D

	Peripheral vasodilators	C04
	Thyroid therapy	H03
	Pancreatic hormones	H04
	Bone disease	M05
	Analgesics	N02
	Psycholeptics & analeptics	N05B, N05C, N06B, N06D
	Obstructive airway disease	R03AA, R03AB, R03AC, R03BB, R03C
	Renal disease	H01BA, A12BA02, G04CA, C03XA
ACE, Angiotensin-converting-enzyme; RAAS, Renin-Angiotensin-Aldosterone System		

**Table SII – Outdoor occupations with possible increased risk of skin cancer**

		ISCO-08 code
Outdoor occupations with possible increased risk of skin cancer	Aircraft pilots and related associate professionals	3153
	Flight attendants	5111
	Firefighters	5411
	Police officers	5412
	Protective services workers not elsewhere specified	5419
	Skilled agricultural, forestry and fishery workers	6000
	<b>Market gardeners and crop growers</b>	6111, 6112, 6113, 6114
	Animal producers	6120
	Mixed animal and crop producers	6130
	Forestry and related workers	6210
	Inland and coastal waters fishery workers	6222
	Deep-sea fishery workers	6223

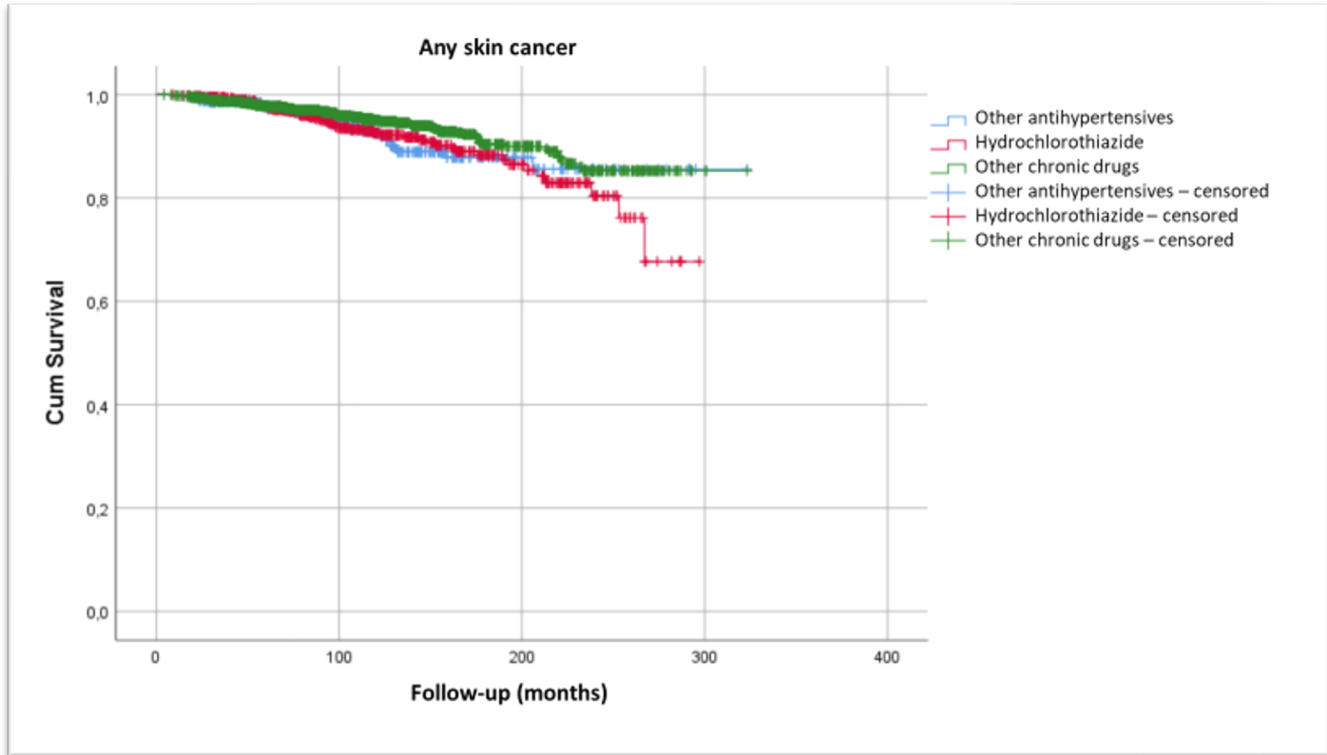
	Hunters and trappers	6224
	Subsistence crop farmers	6310
	Subsistence livestock farmers	6320
	Mixed subsistence crop and livestock farmers	6330
	Subsistence fishers, hunters, trappers and gatherers	6340
	<b>Craft and related trades workers</b>	
	Building and related trades workers	7111, 7112, 7121
	Welders and flame cutters	7212
	Fumigators and other pest and weed controllers	7544
	Ships' deck crews and related workers	8350
	<b>Elementary occupations</b>	
	Agricultural, forestry and fishery labourers	9211-9216
	Building construction labourers	9313
	Refuse workers and other elementary workers	9611, 9613
	Armed forces occupations	0110, 0210, 0310

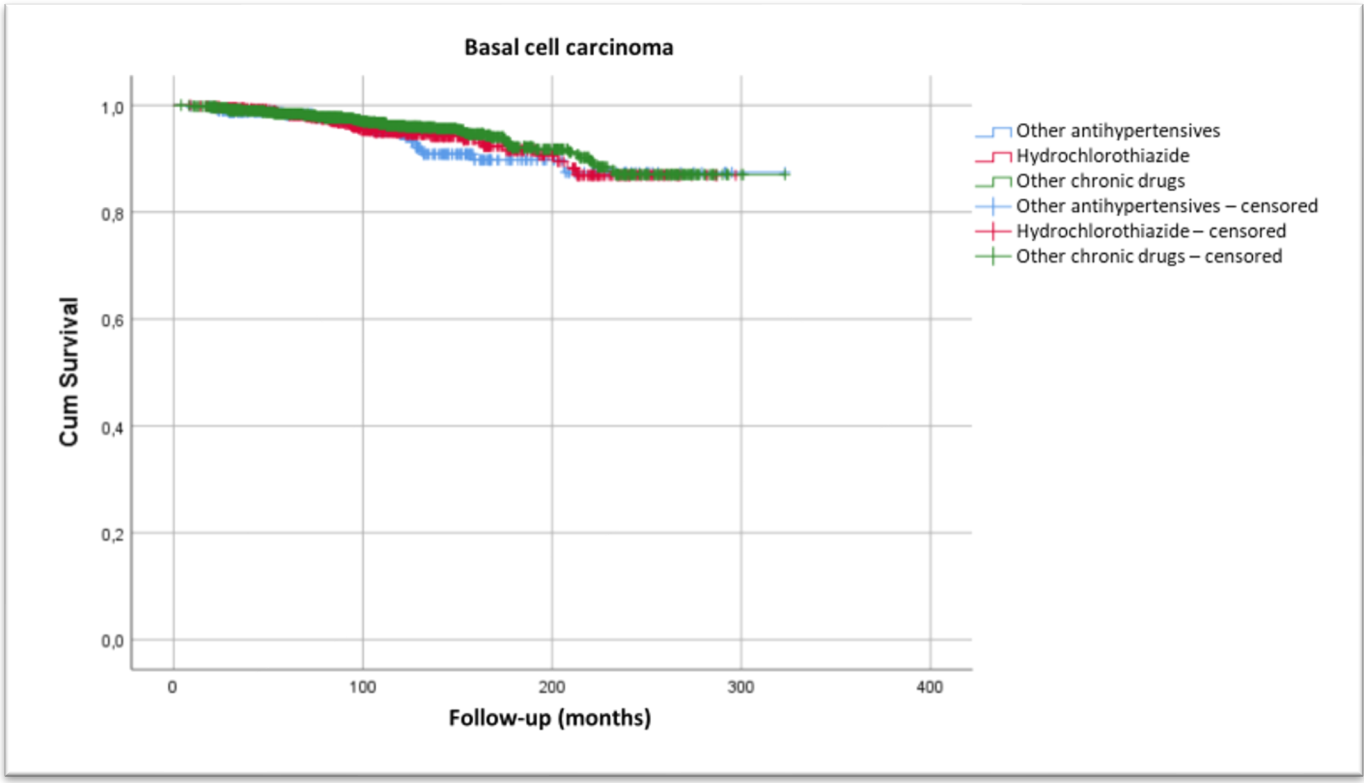
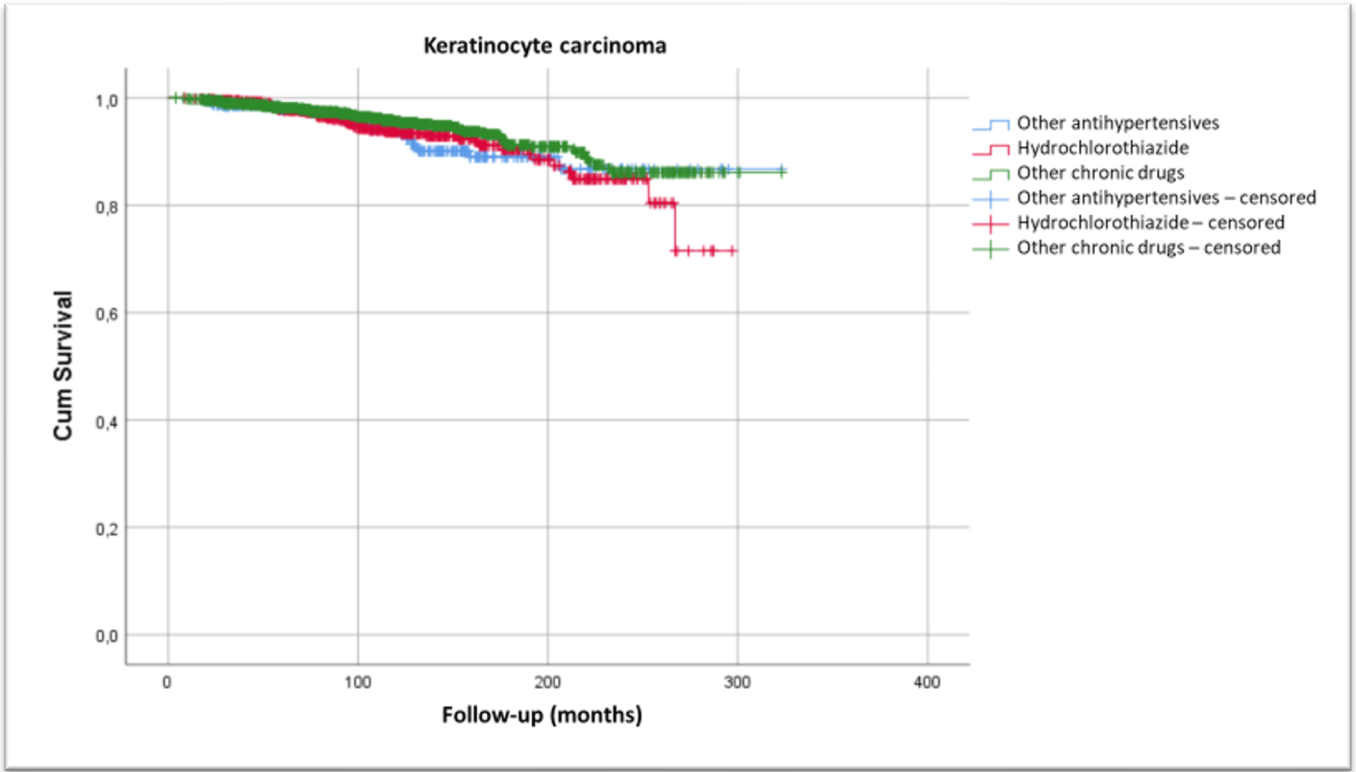
**Table SIII** – ATC codes used to determine usage of medication considered to have an effect on the risk of developing skin cancer

		<b>ATC codes</b>
<b>Immunosuppressive drugs</b>	Immunosuppressants (incl. azathioprine, cyclosporine)	L04A
	Tacrolimus	D11AH01
<b>Oral glucocorticoids</b>		H02AB
<b>Other diuretics</b>	Low-ceiling diuretics, excl. thiazide	C03B
	High-ceiling diuretics	C03C
	Potassium-sparing agents	C03D
	High-ceiling diuretics and potassium-sparing agents	C03EB
	Other diuretics	C03X
	Perindopril, amlodipine and indapamide	C09BX01
	Rosuvastatin, perindopril and indapamide	C10BX13
<b>Other drugs</b>	Statins	C10AA

**SUPPELEMENTARY RESULTS**

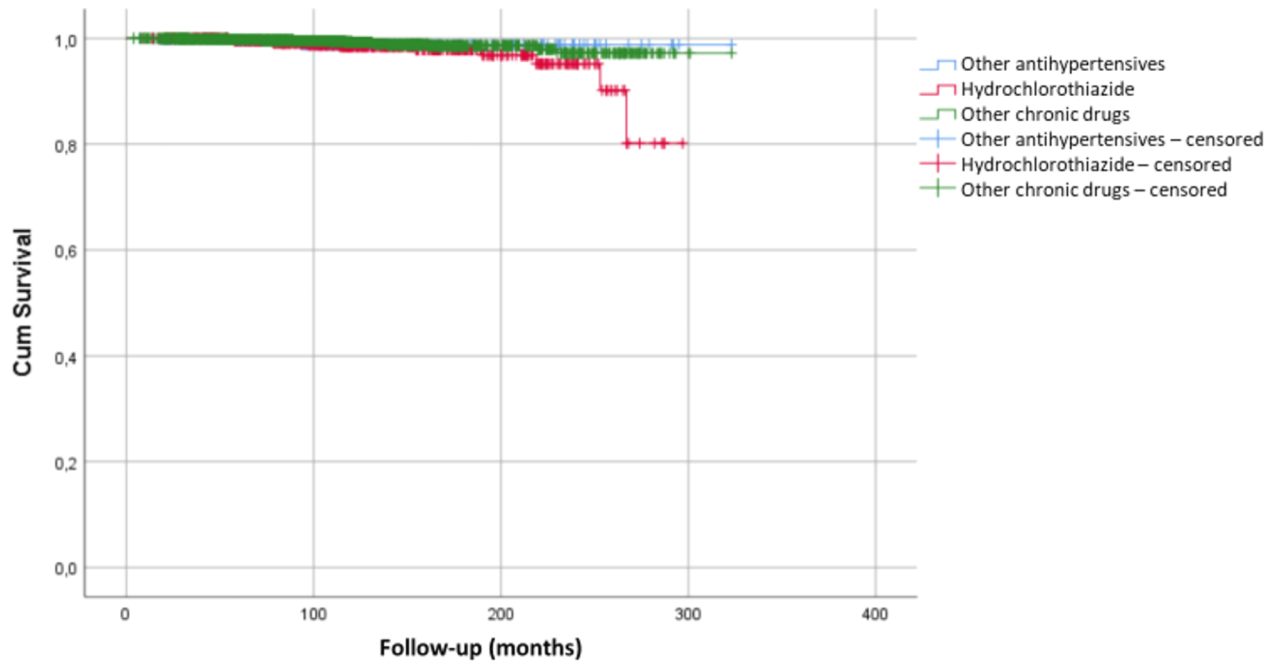
**Figure S1 – Kaplan-Meier curves**

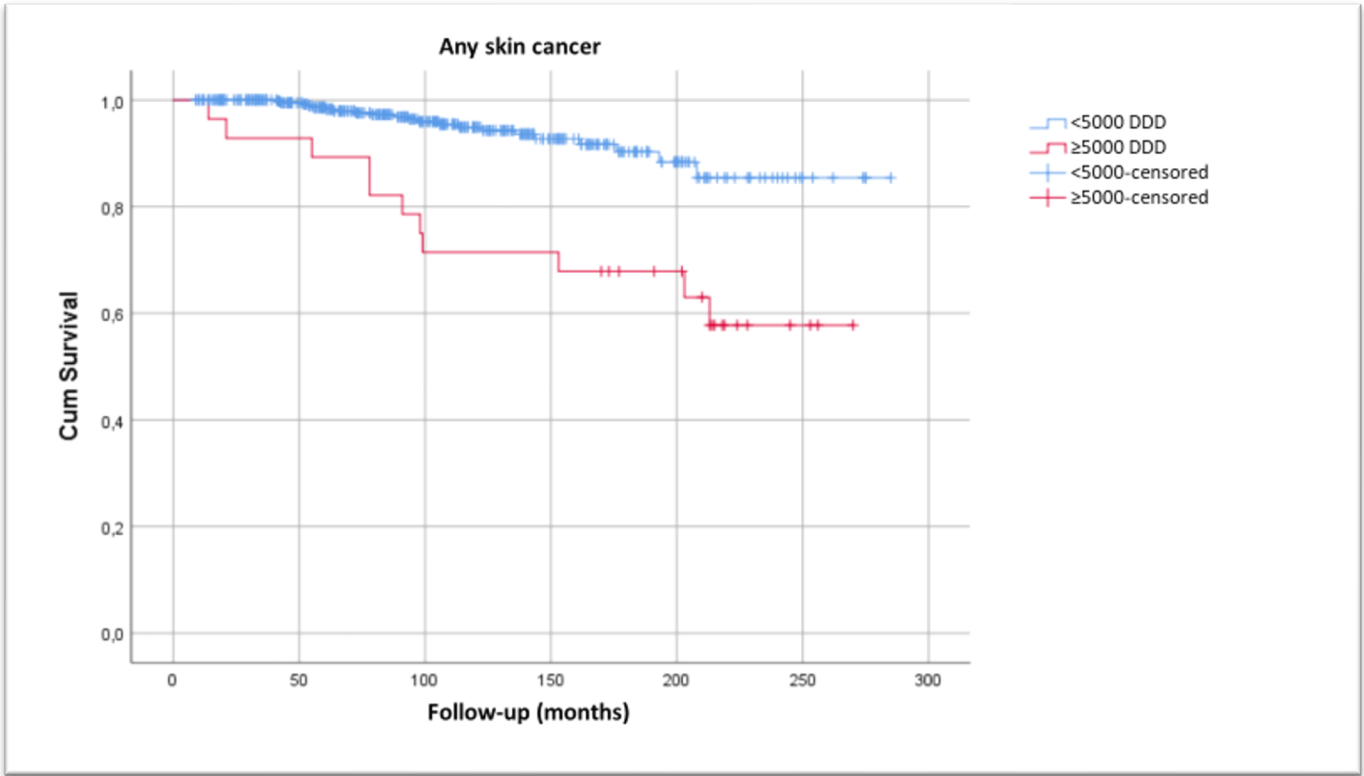




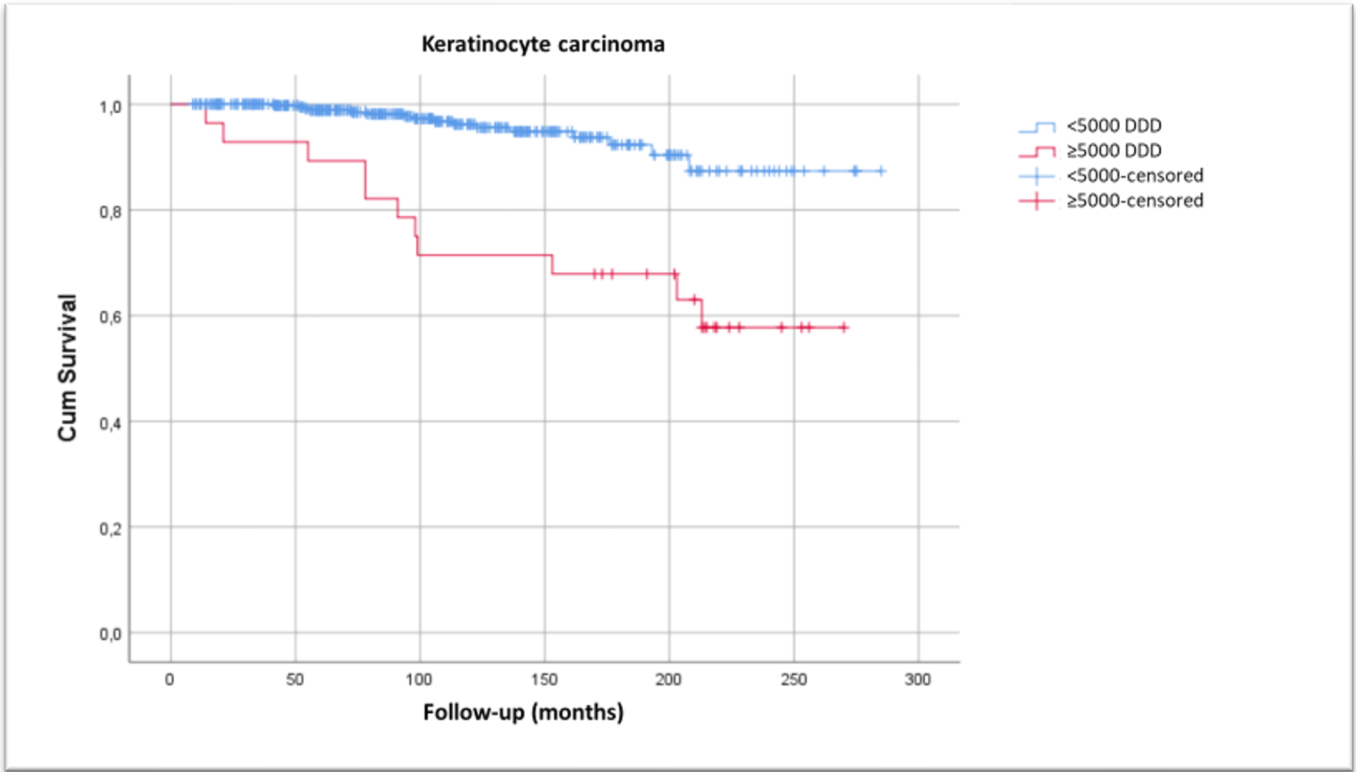


### Squamous cell carcinoma

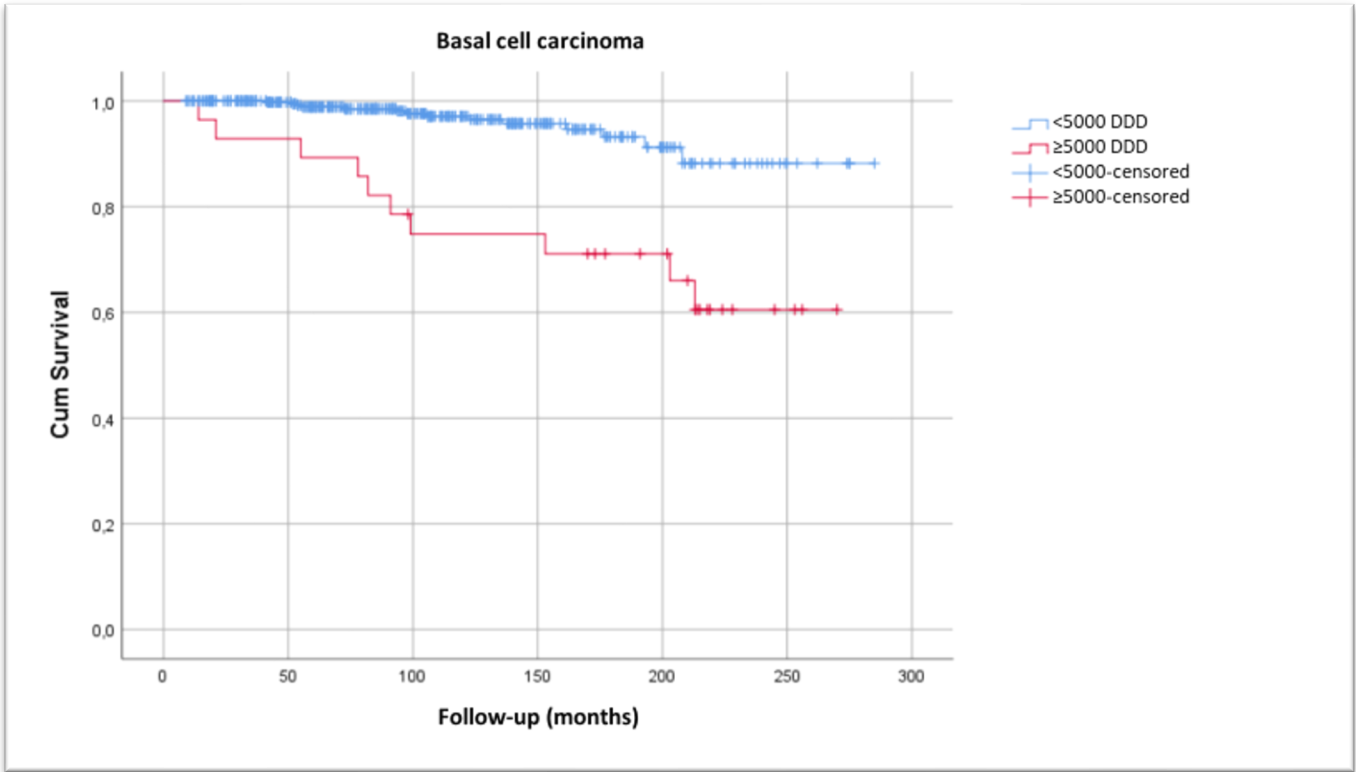




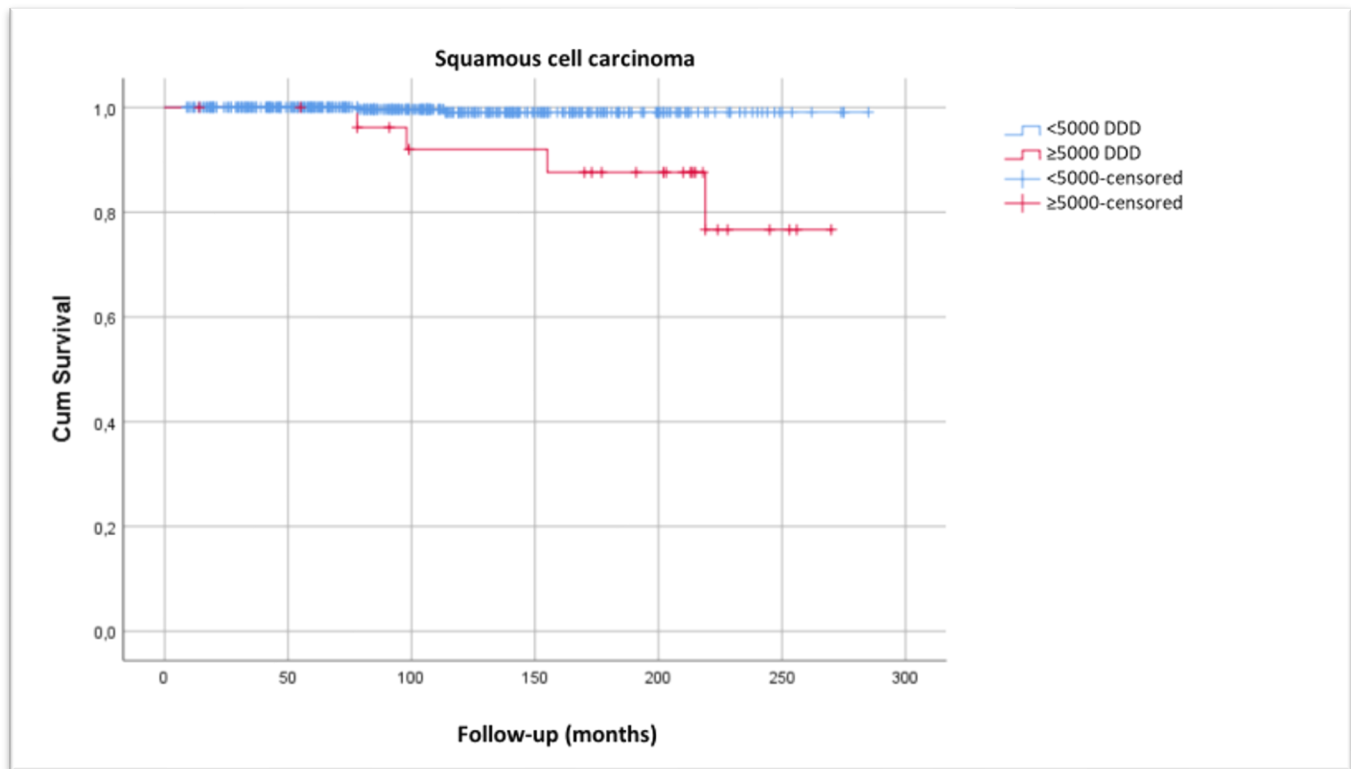
DDD, defined daily dose



DDD, defined daily dose



DDD, defined daily dose



DDD, defined daily dose

## REFERENCES

1. Nakata C, Izberk-Bilgin E, Sharp L, Spanjol J, Cui AS, Crawford SY, et al. Chronic illness medication compliance: a liminal and contextual consumer journey. *J Acad Mark Sci* 2019;47:192–215.
2. Su KA, Habel LA, Achacoso NS, Friedman GD, Asgari MM. Photosensitizing antihypertensive drug use and risk of cutaneous squamous cell carcinoma. *British Journal of Dermatology* 2018;179:1088–1094.
3. Jensen A, Thomsen HF, Engebjerg MC, Olesen AB, Sørensen HT, Karagas MR. Use of photosensitising diuretics and risk of skin cancer: A population-based case-control study. *British Journal of Cancer* 2008;99:1522–1528.
4. Rüter R, Visser LE, Eijgelsheim M, Rodenburg EM, Hofman A, Coebergh JWW, et al. High-ceiling diuretics are associated with an increased risk of basal cell carcinoma in a population-based follow-up study. *European Journal of Cancer* 2010;46:2467–2472.
5. Kaae J, Boyd HA, Hansen A v., Wulf HC, Wohlfahrt J, Melbye M. Photosensitizing medication use and risk of skin cancer. *Cancer Epidemiology Biomarkers and Prevention* 2010;19:2942–2949.
6. Rouette J, Yin H, Pottegård A, Nirantharakumar K, Azoulay L. Use of Hydrochlorothiazide and Risk of Melanoma and Nonmelanoma Skin Cancer. *Drug Safety* 2021;44:245–254.
7. Pedersen SA, Gaist D, Schmidt SAJ, Hölmich LR, Friis S, Pottegård A. Hydrochlorothiazide use and risk of nonmelanoma skin cancer: A nationwide case-control study from Denmark. *J Am Acad Dermatol* 2018;78:673–681.

8. Albert MR, Weinstock MA. Keratinocyte Carcinoma. *CA: A Cancer Journal for Clinicians* 2003;53:292–302.
9. Dusingize JC, Olsen CM, Pandeya NP, Subramaniam P, Thompson BS, Neale RE, et al. Cigarette Smoking and the Risks of Basal Cell Carcinoma and Squamous Cell Carcinoma. *Journal of Investigative Dermatology* 2017;137:1700–1708.
10. Jiyad Z, Olsen CM, Burke MT, Isbel NM, Green AC. Azathioprine and Risk of Skin Cancer in Organ Transplant Recipients: Systematic Review and Meta-Analysis. *American Journal of Transplantation* 2016;16:3490–3503.
11. Gerlini G, Romagnoli P, Pimpinelli N. Skin cancer and immunosuppression. *Critical Reviews in Oncology/Hematology* 2005;127–136.
12. Karagas MR, Cushing GL, Greenberg ER, Mott LA, Spencer SK, Nierenberg DW. Non-melanoma skin cancers and glucocorticoid therapy. *British Journal of Cancer* 2001;85:683–686.
13. Kuoppala J, Lamminpää A, Pukkala E. Statins and cancer: A systematic review and meta-analysis. *European Journal of Cancer* 2008;44:2122–2132.
14. Tseng HW, Shiue YL, Tsai KW, Huang WC, Tang PL, Lam HC. Risk of skin cancer in patients with diabetes mellitus. *Medicine (United States)* 2016;95.
15. Lee PY, Silverman MK, Rigel DS, Vossaert KA, Kopf AW, Bart RS, et al. Level of education and the risk of malignant melanoma. *J Am Acad Dermatol* 1992;26:59–63.
16. Lifelines Wiki. Educational Attainment. Visited on 15 November 2021. Available via: [http://wiki-lifelines.web.rug.nl/doku.php?id=educational\\_attainment](http://wiki-lifelines.web.rug.nl/doku.php?id=educational_attainment).
17. Armstrong BK, Kricker A. The epidemiology of UV induced skin cancer [Internet]. *Journal of Photochemistry and Photobiology B: Biology*. 2001. Available from: [www.elsevier.com/locate/jphotobiol](http://www.elsevier.com/locate/jphotobiol)
18. Trakatelli M, Barkitzi K, Apap C, Majewski S, de Vries E, Coebergh JW, et al. Skin cancer risk in outdoor workers: A European multicenter case-control study. *Journal of the European Academy of Dermatology and Venereology* 2016;30:5–11.
19. Vaseghi G, Haghjoo-Javanmard S, Naderi J, Eshraghi A, Mahdavi M, Mansourian M. Coffee consumption and risk of nonmelanoma skin cancer: A dose-response meta-analysis. *European Journal of Cancer Prevention* 2018;27:164–170.