

Supplemental Material

Supplemental Methods

Supplemental method 1 – Method for dietary data collection and the identification of under/over-reporters of energy intake

At inclusion, and every six months thereafter, participants are invited to fill out three non-consecutive days of 24-hour dietary records, randomly assigned over two weeks, including two weekdays and one weekend day (to account for variability in the diet across the week and the seasons). At all times throughout their assigned dietary record period, participants had access to a dedicated interface on the study website to declare all foods and beverages consumed during 24 hours: three main meals (breakfast, lunch, dinner) and any other eating occasion. Participants were asked to estimate portion sizes either by directly entering the weight consumed in the platform or by using validated photographs or usual containers ¹. A French food composition database (>3,500 items) was used to estimate mean daily energy, alcohol, macro- and micro-nutrient intakes ². These estimates included contributions from composite dishes using French recipes validated by food and nutrition professionals. The web-based questionnaires used in the study have been tested and validated against both in-person interviews by trained dietitians, and urinary and blood markers ^{3,4}. In this analysis, we included participants having at least two 24-hour-dietary records during the first 2 years following their inclusion in the cohort. Participants who underreported their energy intake were excluded from the analyses and were identified using the method from Black, based on the original method developed by Goldberg et al. ^{5,6}. This method relies on the hypothesis that the maintenance of a stable body weight requires a balance between energy intake and expenditure. The equations developed by Black account for the reported dietary energy intake, basal metabolic rate (calculated using Schofield's equations), sex, age, height, weight, number of dietary records, physical activity level (PAL), and intra/inter-individual variability ⁷. As recommended by Black, the intra-individual coefficients of variations for BMR and PAL were fixed at 8.5 % and 15%, respectively. In addition, a PAL of 1.55 was used to reflect a "light" physical activity which is assumed to be attained by healthy, normally active individuals living a sedentary lifestyle. Finally, some individuals identified as under-reporters of energy intakes using Black's method were not excluded, if they also reported recent weight variations, adherence to weight-loss restrictive diets, or declared the consumptions entered in their dietary records as unusually low compared to their habitual diets.

In this study, 22,921 participants (corresponding to 17.29% of the subjects) were considered as under-energy reporters and were excluded from the study. This proportion of under-reporters is common, for instance in the nationally representative INCA 3 study conducted in 2016 by the French Food Safety Agency 18% of adult participants were identified as under-reporters using the Black method ⁸.

Several quality control operations were performed to account for over-reporting. Limitations in the online tool were set when participants reported the quantities of food consumed, aiming to alert them that the number they were about to enter was potentially an outlier, thereby encouraging double check and correction. Later on, during the data cleaning process, limitations were set per food category within one eating episode and per record for quantities; for instance, limitations for fruits were set for 3,000 grams/day, 1,500 grams/day for fish, 2,000 grams/day for yoghurts, etc... if more than 10% of reported food items had outliers, then the full record was excluded. Otherwise, values were corrected to the maximum authorised values or standardised.

Supplemental method 2 - Method for deriving dietary patterns by principal component analysis and corresponding factor loadings

Dietary patterns were identified based on 20 food categories, using a principal component analysis conducted with the R package *FactoMineR*⁹. The principal component analysis creates linear combinations (called principal components) of the initial set of variables, with the aim to group those that are correlated while explaining as much variation from the dataset as possible. We used the scree plot generated by the principal component analysis to select the retained principal components (with eigen values ≥ 2). For easier interpretation, we used the R “varimax” option to rotate the principal components orthogonally and maximise the independence of the retained principal components.

The variable coefficients derived from the selected principal components are called factor loadings. A positive factor loading indicates a positive contribution of the variable to the principal component, whereas a negative factor loading indicates a negative contribution. For the interpretation of the two principal components selected, we considered the variables contributing the most to the component, i.e. with loading coefficients under -0.25 or over 0.25. We then label the principal components descriptively, based on the most contributing variables. Finally, we calculated an adherence score to each principal component and for each participant, using the food categories or emulsifier factor loadings to weigh the sum of all observed intakes. Thus, the adherence score measures a participant’s diet conformity to the identified dietary pattern or emulsifier intake pattern.

In the analyses of dietary patterns, we identified a healthy pattern (explaining 10.88% of the variance), which was characterized by higher intakes of fish and seafood, fruits, unsweetened soft drinks, vegetables, and wholegrains, along with lower intakes of sweetened soft drinks. In contrast, we identified a Western pattern (explaining 7.9% of the variance), which was characterized by higher intakes of fat and sauces, potatoes and tubers, and soups and broths.

Table S1 – Factor loadings of food categories for the Healthy and Western Patterns identified by PCA

Food categories	Factor loadings	
	Healthy Pattern	Western Pattern
Alcoholic drinks	0,05	0,02
Breakfast cereals	0,02	-0,03
Cakes and biscuits	-0,05	-0,05
Dairy products	0,10	0,05
Eggs	0,12	0,01
Fats and sauces	0,13	0,48
Fish and seafood	0,29	-0,07
Fruit	0,46	-0,04
Meat	-0,08	0,20
Pasta and rice	0,06	0,16
Potatoes and tubers	-0,12	0,55
Poultry	0,04	0,00
Processed meat	0,06	-0,05
Pulses	0,05	0,17
Soups and broths	-0,01	0,53
Sugar and confectionery	0,12	0,03
Sweetened soft drinks	-0,26	0,04
Unsweetened soft drinks	0,53	-0,12
Vegetables	0,44	0,24
Whole grains	0,26	0,02

Supplemental Figures

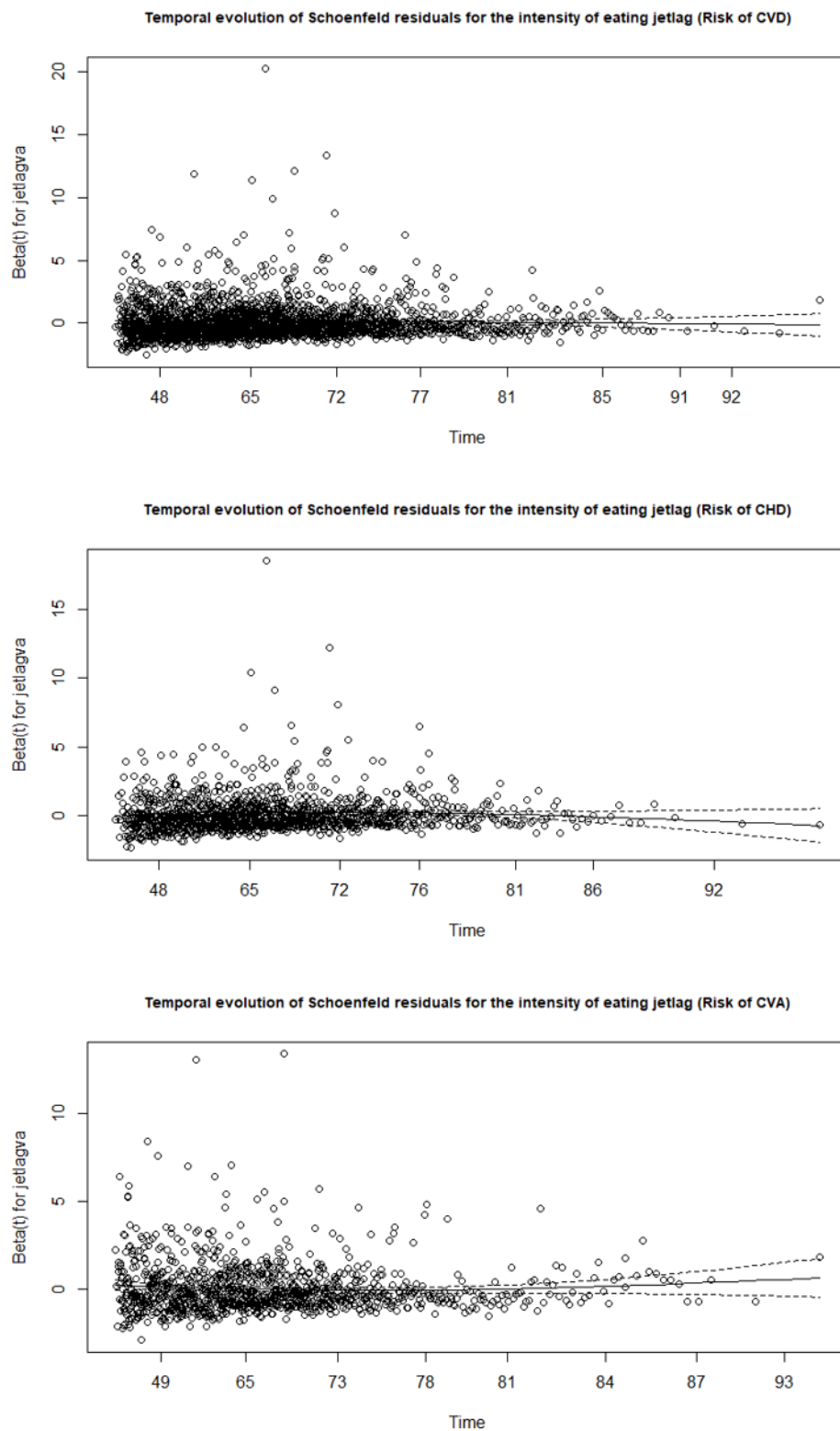


Figure S1 – Schoenfeld residuals plotted as a function of time for Cox model 1 for each of the 3 pathologies in association with EJLI, NutriNet-Santé cohort, France 2009-2023 (N=104,806)

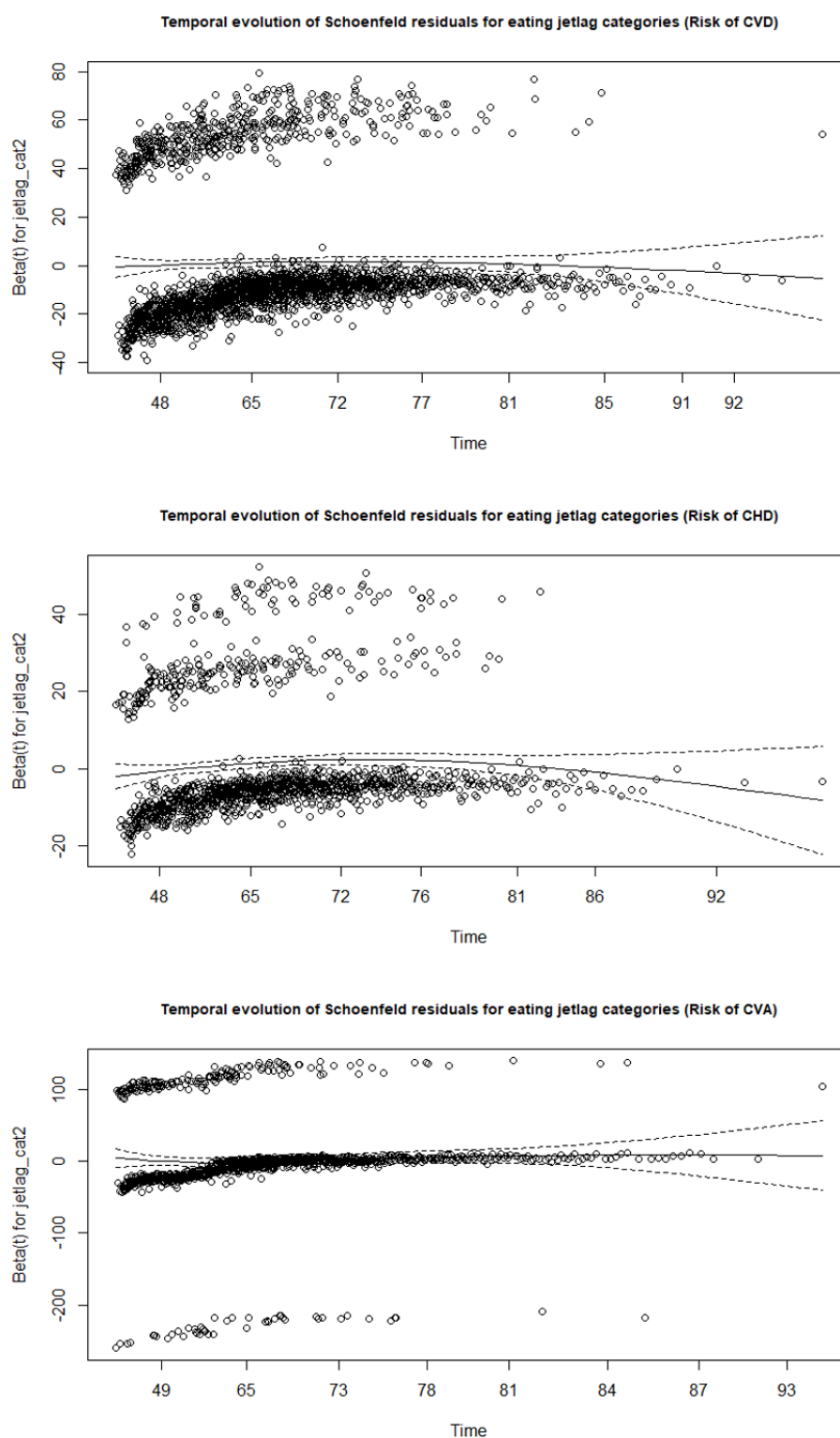


Figure S2 – Schoenfeld residuals plotted as a function of time for Cox model 1 for each of the 3 pathologies in association with EIJ categories, NutriNet-Santé cohort, France 2009-2023 (N=104,806)

Table S2 - Baseline characteristics of study population according to eating jetlag categories, NutriNet-Santé cohort, France, 2009 – 2023 (N=104,806)

	All participants	Advance Eating midpoint >1h earlier on weekends	Maintenance Eating midpoint less than 1h earlier or later on weekends	Delay Eating midpoint >1h later on weekends
	No (%) or Mean (SD)	No (%) or Mean (SD)	No (%) or Mean (SD)	No (%) or Mean (SD)
Number of participants	104,806	5,122 (4.9)	74,365 (71.0)	25,319 (24.2)
Age at baseline	42.7 (14.6)	42.4 (15.5)	44.5 (14.6)	37.4 (12.8)
Sex				
Female	82,824 (79.0)	3,897 (76.1)	58,674 (78.9)	20,253 (80.0)
Male	21,982 (21.0)	1,225 (23.9)	15,691 (21.1)	5,066 (20.0)
BMI (kg/m ²)*	23.7 (4.5)	24.1 (4.8)	23.7 (4.5)	23.4 (4.4)
Family history of CVD [†]				
Yes	62,689 (61.0)	3,006 (60.2)	45,699 (62.6)	13,984 (56.2)
No	40,144 (39.0)	1,986 (39.8)	27,282 (37.4)	10,876 (43.8)
Higher education [‡]				
No	18,501 (17.8)	1,244 (24.5)	13,718(18.6)	3,539 (14.1)
Yes (≤3 y after high school)	50,861 (49.0)	2,600 (51.3)	35,688 (48.5)	12,573 (50.1)
Yes (> 3 y after high-school)	34,466 (33.2)	1,226 (24.2)	24,236 (32.9)	9,004 (35.8)
Socio-professional status [§]				
Employed	62,878 (60.2)	2,737 (53.7)	42,338 (57.1)	17,803 (70.6)
Self-employed /farmer	2,224 (2.1)	136 (2.7)	1,662 (2.2)	426 (1.7)
Student	9,519 (9.1)	552 (10.8)	5,578 (7.5)	3,389 (13.4)
Unemployed	12,589 (12.1)	740 (14.5)	9,584 (12.9)	2,265 (9.0)
Retired	17,219 (16.5)	933 (18.3)	14,949 (20.2)	1,337 (5.3)
Marital status**				
Single	20,435 (19.6)	1,213 (23.8)	12,654 (17.1)	6,568 (26.0)
Divorced, separated or widower	10,148 (9.7)	524 (10.3)	7,632 (10.3)	1,992 (7.9)
Partnered	73,921 (70.7)	3,366 (66.0)	53,870 (72.6)	16,685 (66.1)
Children living home aged less than 13 yo ⁺⁺				

Yes	28,844 (27.6)	1,187 (23.3)	20,839 (28.1)	6,818 (27.0)
No	75,616 (72.4)	3,915 (76.7)	53,280 (71.9)	18,421 (73.0)
Children living home aged between 14 and 17 yo ^{††}				
Yes	12,421 (11.9)	509 (10.0)	8,615 (11.6)	3,297 (13.1)
No	92,039 (88.1)	4,593 (90.0)	65,504 (88.4)	21,942 (87.0)
Smoking status ^{§§}				
Former smoker	33,984 (32.5)	1,604 (31.4)	25,223 (34.0)	7,158 (28.3)
Current smoker	17,734 (17.0)	1,024 (20.1)	11,126 (15.0)	5,584 (22.1)
Never	52,797 (50.5)	2,476 (48.5)	37,830 (51.0)	12,518 (49.6)
Number of cigarettes; pack-years ^{***}	4.9 (10.8)	5.7 (13.1)	5.0 (11.0)	4.2 (9.5)
Physical activity ^{†††}				
Low	21,675 (23.9)	1,039 (24.2)	14,865 (23.0)	5,771 (26.6)
Moderate	39,062 (43.1)	1,623 (37.7)	27,598 (42.7)	9,831 (45.4)
Elevated	29,968 (33.0)	1,641 (38.1)	22,257 (34.4)	6,070 (28.0)
Eating jetlag (h)	0.5 (1.1)	-2.1 (1.2)	0.2 (0.5)	1.8 (0.8)
Eating jetlag intensity (h)	0.8 (0.8)	2.1 (1.2)	0.4 (0.3)	1.8 (0.8)
Time of first eating episode (AM)	8.2 (1.2)	8.8 (1.8)	8.1 (1.1)	8.3 (1.2)
Time of first eating episode on weekdays (AM)	7.9 (1.2)	9.0 (2.2)	7.9 (1.1)	7.6 (1.1)
Time of first eating episode on weekends (AM)	8.8 (1.5)	8.1 (1.7)	8.5 (1.2)	10.0 (1.7)
Time of last eating episode (PM)	20.2 (1.1)	19.7 (1.9)	20.3 (0.9)	20.2 (1.3)
Time of last eating episode on weekdays (PM)	20.2 (1.2)	20.6 (2.0)	20.3 (1.0)	19.9 (1.5)
Time of last eating episode on weekends (PM)	20.2 (1.5)	17.6 (3.3)	20.2 (1.0)	20.8 (1.7)
Eating midpoint on weekdays (PM)	14.1 (0.9)	15.0 (1.5)	14.1 (0.8)	13.8 (1.0)
Eating midpoint on weekends (PM)	14.6 (1.2)	12.9 (1.8)	14.4 (0.8)	15.5 (1.2)
Number of daily eating episodes	4.9 (1.7)	4.5 (1.9)	4.9 (1.7)	4.8 (1.7)
Daily energy intake (kcal)	1,843.8 (449.6)	1,782.9 (493.9)	1,852.8 (441.4)	1,829.7 (462.7)
Daily alcohol intake (g)	7.9 (11.8)	8.1 (13.3)	7.8 (11.7)	8.0 (11.9)
Part of last food intakes that are snacks ^{†††} (%)	15.0 (23.3)	18.1 (24.7)	14.4 (23.0)	16.0 (23.5)
Number of 24-h dietary recalls	5.8 (3.2)	4.5 (2.5)	6.1 (3.3)	5.1 (2.9)
Total sleep time (hours) ^{§§§}	6.9 (2.1)	6.7 (2.1)	6.9 (2.1)	7.0 (2.0)

Weighted bedtime (PM) ^{§§§}	21.9 (3.5)	21.1 (4.7)	22.0 (3.3)	21.7 (3.7)
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* Available for 103,122 participants

† Available for 102,833 participants

‡ Available for 103,828 participants

§ Available for 104,429 participants

** Available for 104,504 participants

†† Available for 104,460 participants

‡‡ Available for 104,460 participants

§§ Available for 104,515 participants

*** Available for 104,509 participants

††† Available for 90,695 participants

‡‡‡ Caloric intake that is not reported as a meal (breakfast, lunch, dinner) by the participant

§§§ Available for 45,784 participants

Table S3 - Sensitivity analyses with minimal adjustment for sociodemographic variables for the associations of eating jetlag intensity (EJLI) and the risk of CVD, coronary heart disease and cerebrovascular disease, NutriNet-Santé cohort, France 2009-2023 (N=104,806)

	Population	Overall
CVD	No. of cases/non-cases	2,368/102,438
	HR (95% CI)	1.09 (1.03 – 1.15)*
Coronary heart disease	No. of cases/non-cases	1,270/103,536
	HR (95% CI)	1.12 (1.04 – 1.21)*
Cerebrovascular disease	No. of cases/non-cases	1,098/103,708
	HR (95% CI)	1.05 (0.96 – 1.14)

The results shown in this table were derived from Cox proportional hazards models, with statistical significance assessed using two-sided Wald tests.

*p<0.05

Models in Table S3 were adjusted for age, sex, socio-professional status, high-school degree, marital status, number of 24h-dietary recalls, number of children aged less than 13 years old, and those aged between 14 and 17 years old living with the participant.

Table S4 - Sensitivity analyses with minimal adjustment for sociodemographic variables for the associations of eating jetlag categories and the risk of CVD, coronary heart disease and cerebrovascular disease, NutriNet-Santé cohort, France 2009-2023 (N=104,806)

	Population	Overall		
		Advance ≤ 1h	Maintenance Between ≥ -1h and ≤ 1h (ref.)	Delay > 1h
CVD	No. of cases/non-cases	116/5,006	1,889/72,476	363/24,956
	HR (95% CI)	1.12 (0.93 – 1.35)	1.00	1.11 (0.99 – 1.25)
Coronary heart disease	No. of cases/non-cases	70/5,052	1,000/73,365	200/25,119
	HR (95% CI)	1.26 (0.99 – 1.61)	1.00	1.17 (1.00 – 1.37)
Cerebrovascular disease	No. of cases/non-cases	46/5,076	889/73,476	163/25,156
	HR (95% CI)	0.96 (0.71 – 1.29)	1.00	1.04 (0.87 – 1.23)

The results shown in this table were derived from Cox proportional hazards models, with statistical significance assessed using two-sided Wald tests.

*p<0.05

Models in Table S4 were adjusted for age, sex, socio-professional status, high-school degree, marital status, number of 24h-dietary recalls, number of children aged less than 13 years old, and those aged between 14 and 17 years old living with the participant.

Table S5 - Sensitivity analyses excluding night-workers for the associations of eating jetlag intensity (EJLI) and the risk of CVD, coronary heart disease and cerebrovascular disease, NutriNet-Santé cohort, France 2009-2023 (N=104,325)

	Population	Exclusion of night-workers
CVD	No. of cases/non-cases	2,356/101,969
	HR (95% CI)	1.07 (1.01 – 1.14)*
Coronary heart disease	No. of cases/non-cases	1,262/103,063
	HR (95% CI)	1.09 (1.00 – 1.18)*
Cerebrovascular disease	No. of cases/non-cases	1,094/103,231
	HR (95% CI)	1.05 (0.96 – 1.15)

The results shown in this table were derived from Cox proportional hazards models, with statistical significance assessed using two-sided Wald tests.

*p<0.05

Models in Table S5 were adjusted for age, sex, socio-professional status, high-school degree, marital status, level of physical activity, family history of CVD, average daily alcohol intake, smoking status, intensity of smoking, average number of daily eating episodes, number of 24h-dietary recalls, and number of children aged less than 13 years old, and those aged between 14 and 17 years old living with the participant.

Table S6 - Sensitivity analyses excluding night-workers for the associations of eating jetlag categories and the risk of CVD, coronary heart disease and cerebrovascular disease, NutriNet-Santé cohort, France 2009-2023 (N=104,325)

	Population	Exclusion of night-workers		
		Advance ≤ 1h	Maintenance Between ≥ -1h and ≤ 1h (ref.)	Delay > 1h
CVD	No. of cases/non-cases	115/4,875	1,886/72,332	355/24,762
	HR (95% CI)	1.13 (0.93 – 1.36)	1.00	1.08 (0.96 – 1.22)
Coronary heart disease	No. of cases/non-cases	70/4,920	998/73,220	194/24,923
	HR (95% CI)	1.28 (1.00 – 1.63)*	1.00	1.12 (0.96 – 1.32)
Cerebrovascular disease	No. of cases/non-cases	45/4,945	888/73,330	161/24,956
	HR (95% CI)	0.95 (0.70 – 1.28)	1.00	1.03 (0.86 – 1.23)

The results shown in this table were derived from Cox proportional hazards models, with statistical significance assessed using two-sided Wald tests.

*p<0.05

Models in Table S6 were adjusted for age, sex, socio-professional status, high-school degree, marital status, level of physical activity, family history of CVD, average daily alcohol intake, smoking status, intensity of smoking, average number of daily eating episodes, number of 24h-dietary recalls, and number of children aged less than 13 years old, and those aged between 14 and 17 years old living with the participant.

Table S7 - Sensitivity analyses excluding unemployed participants for the associations of eating jetlag intensity (EJLI) and the risk of CVD, coronary heart disease and cerebrovascular disease, NutriNet-Santé cohort, France 2009-2023 (N=92,174)

	Population	Exclusion of unemployed people
CVD	No. of cases/non-cases	2,165/90,009
	HR (95% CI)	1.09 (1.03 – 1.06)*
Coronary heart disease	No. of cases/non-cases	1,156/91,018
	HR (95% CI)	1.13 (1.05 – 1.22)*
Cerebrovascular disease	No. of cases/non-cases	1,009/91,165
	HR (95% CI)	1.04 (0.95 – 1.15)

The results shown in this table were derived from Cox proportional hazards models, with statistical significance assessed using two-sided Wald tests.

*p<0.05

Models in Table S7 were adjusted for age, sex, socio-professional status, high-school degree, marital status, level of physical activity, family history of CVD, average daily alcohol intake, smoking status, intensity of smoking, average number of daily eating episodes, number of 24h-dietary recalls, and number of children aged less than 13 years old, and those aged between 14 and 17 years old living with the participant.

Table S8 - Sensitivity analyses excluding unemployed participants for the associations of eating jetlag categories and the risk of CVD, coronary heart disease and cerebrovascular disease, NutriNet-Santé cohort, France 2009-2023 (N=92,174)

	Population	Exclusion of unemployed people		
		Advance ≤ 1h	Maintenance Between ≥ -1h and ≤ 1h (ref.)	Delay > 1h
CVD	No. of cases/non-cases	106/4,272	1,726/63,026	333/22,711
	HR (95% CI)	1.13 (0.93 – 1.38)	1.00	1.10 (0.98 – 1.25)
Coronary heart disease	No. of cases/non-cases	64/4,314	907/63,845	185/22,859
	HR (95% CI)	1.28 (0.99 – 1.65)	1.00	1.19 (1.01 – 1.40)*
Cerebrovascular disease	No. of cases/non-cases	42/4,336	819/63,933	148/22,896
	HR (95% CI)	0.96 (0.71 – 1.32)	1.00	1.01 (0.84 – 1.21)

The results shown in this table were derived from Cox proportional hazards models, with statistical significance assessed using two-sided Wald tests.

*p<0.05

Models in Table S8 were adjusted for age, sex, socio-professional status, high-school degree, marital status, level of physical activity, family history of CVD, average daily alcohol intake, smoking status, intensity of smoking, average number of daily eating episodes, number of 24h-dietary recalls, and number of children aged less than 13 years old, and those aged between 14 and 17 years old living with the participant.

Table S9 - Sensitivity analyses with additional adjustment for social jetlag for the associations of eating jetlag intensity (EJLI) and the risk of CVD, coronary heart disease and cerebrovascular disease, NutriNet-Santé cohort, France 2009-2023 (N=45,778)

	Population	Overall
CVD	No. of cases/non-cases	1,781/43,997
	HR (95% CI)	1.07 (0.99 – 1.15)
Coronary heart disease	No. of cases/non-cases	952/44,826
	HR (95% CI)	1.11 (1.01 – 1.22)*
Cerebrovascular disease	No. of cases/non-cases	829/44,949
	HR (95% CI)	1.01 (0.90 – 1.13)

The results shown in this table were derived from Cox proportional hazards models, with statistical significance assessed using two-sided Wald tests.

*p<0.05

Models in Table S9 were adjusted for age, sex, socio-professional status, high-school degree, marital status, level of physical activity, family history of CVD, average daily alcohol intake, smoking status, intensity of smoking, average number of daily eating episodes, number of 24h-dietary recalls, number of children aged less than 13 years old, and those aged between 14 and 17 years old living with the participant, and social jetlag.

Table S10 - Sensitivity analyses with additional adjustment for social jetlag for the associations of eating jetlag categories and the risk of CVD, coronary heart disease and cerebrovascular disease, NutriNet-Santé cohort, France 2009-2023 (N=45,778)

	Population	Overall		
		Advance ≤ 1h	Maintenance Between ≥ -1h and ≤ 1h (ref.)	Delay > 1h
CVD	No. of cases/non-cases	81/1,526	1,456/33,367	244/9,104
	HR (95% CI)	1.16 (0.93 – 1.46)	1.00	1.11 (0.97 – 1.28)
Coronary heart disease	No. of cases/non-cases	49/1,558	768/34,055	135/9,213
	HR (95% CI)	1.34 (1.00 – 1.79)*	1.00	1.20 (0.99 – 1.45)
Cerebrovascular disease	No. of cases/non-cases	32/1,575	688/34,135	109/9,249
	HR (95% CI)	0.97 (0.68 – 1.38)	1.00	1.02 (0.83-1.26)

The results shown in this table were derived from Cox proportional hazards models, with statistical significance assessed using two-sided Wald tests.

*p<0.05

Models in Table S10 were adjusted for age, sex, socio-professional status, high-school degree, marital status, level of physical activity, family history of CVD, average daily alcohol intake, smoking status, intensity of smoking, average number of daily eating episodes, number of 24h-dietary recalls, number of children aged less than 13 years old, and those aged between 14 and 17 years old living with the participant, and social jetlag.

Table S11 – Stratified analyses on the time of first intake for the associations of eating jetlag intensity (EJLI) and the risk of CVD, coronary heart disease and cerebrovascular disease, NutriNet-Santé cohort, France 2009-2023 (N=104,806)

	Population	Time of first intake stratification
<i>Time of first intake ≤ Median time (8.02 am) of first intake (N=52,592)</i>		
CVD	No. of cases/non-cases	1,340/51,252
	HR (95% CI)	1.03 (0.94 – 1.12)
Coronary heart disease	No. of cases/non-cases	721/51,871
	HR (95% CI)	1.10 (0.98 – 1.22)
Cerebrovascular disease	No. of cases/non-cases	619/51,973
	HR (95% CI)	0.94 (0.82 – 1.08)
<i>Time of first intake > Median time (8.02 am) of first intake (N=52,214)</i>		
CVD	No. of cases/non-cases	1,028/51,186
	HR (95% CI)	1.12 (1.04 – 1.21)*
Coronary heart disease	No. of cases/non-cases	549/51,665
	HR (95% CI)	1.11 (1.01 – 1.23)*
Cerebrovascular disease	No. of cases/non-cases	479/51,735
	HR (95% CI)	1.13 (1.01 – 1.26)*

The results shown in this table were derived from Cox proportional hazards models, with statistical significance assessed using two-sided Wald tests.

* p<0.05

Models in Table S11 were adjusted for age, sex, socio-professional status, high-school degree, marital status, level of physical activity, family history of CVD, average daily alcohol intake, smoking status, intensity of smoking, average number of daily eating episodes, number of 24h-dietary recalls, and number of children aged less than 13 years old, and those aged between 14 and 17 years old living with the participant.

Mean (SD) for EJLI in participants with a first intake ≤ 8.02 am = 45 min (44 min); and in those with a first intake > 8.02 am = 54 min (55min).

References

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