Table B.1.c. CVD incidence: Association between physical activity and CVD incidence among adults (in alphabetical order by author) See the Supplementary materials for description of evidence of US PAGAC by outcome

Systematic review evidence Review credibility	No. of studies/ Study design No. of participants	Quality Assessment					Description of evidence Summary of findings	Certainty
		Risk of bias	Inconsistency	Indirectnes s†	Imprecision	Other		
Dinu 2019 <i>(19)</i> Low	5 prospective cohort studies N=183,872	Serious risk of bias	No serious inconsistency	Serious indirectness	No serious imprecision	None	All studies evaluated the effects of mixed mode (cycling and/or walking) active commuting on health outcomes. Exposure levels of active commuting were variably reported as minutes spent walking or cycling for transportation per day, as dichotomized variables (yes or no), or as METs with the reference category as no active commuting in most studies. Follow-up ranged from 4 to 25 years. Persons engaged in <u>active commuting</u> had a significantly lower risk of CVD incidence (coronary heart disease, stroke and heart failure) compared with those participating in no active commuting (RR = 0.91 [95% CI 0.83 to 0.99], 5 studies).	LOWª

Abbreviations: CI = confidence interval; CVD = cardiovascular disease; MET = metabolic equivalents of task; PA = physical activity; RR = risk ratio

[†]Serious indirectness indicates measurement of intermediate/indirect outcomes or heterogeneity in exposures and comparisons assessed; certainty of evidence was not always downgraded for indirectness if it was not judged to impact the certainty in the findings for the outcome evaluated in the review

^a Certainty of evidence not upgraded given serious risk of bias (not appropriately adjusting for confounding) and indirectness in comparisons of exposures