**Supplementary Table 1 STROBE-MR checklist of items that are recommended to address when reporting MR studies [1].**

**Index Section Recommended items Note Title and abstract**

1. Indicate Mendelian randomization (MR) as the

**Introduction**

study’s design in the title and/or the abstract if that is a main purpose of the study.

Mendelian randomization in title and ABSTRACT

1. Background Explain the scientific background and rationale for

the reported study. Is a potential causal relationship between exposure and outcome plausible? Justify why MR is a helpful method to address the study question.

1. Objectives State specific objectives clearly, including pre-

specified causal hypotheses (if any). State that MR is a method that, under specific assumptions, intends to estimate causal effects.

Paragraph 1-3

Paragraph 4

**Methods**

1. Study design and data sources

Present key elements of study design early in the article. Consider including a table listing sources of data for all phases of the study. For each data source contributing to the analysis, describe the following:

1. Setting: Describe the study design and the underlying population, if possible. Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection, when available.
2. Participants: Give the eligibility criteria, and the sources and methods of selection of participants. Report the sample size, and whether any power or sample size calculations were carried out prior to the main analysis.
3. Explain how the analysed sample size was arrived at.
4. Describe measurement, quality and selection of genetic variants.
5. For each exposure, outcome and other relevant variables, describe methods of assessment and diagnostic criteria for diseases.

Section of Design, Data sources and Instrument selection, Figure 1,Figure 2

1. Provide details of ethics committee approval and participant informed consent, if relevant.
2. Assumptions Explicitly state the three core IV assumptions for the

main analysis (relevance, independence, and exclusion restriction) as well assumptions for any additional or sensitivity analysis.

Study design

1. Statistical methods: main analysis
2. Assessment of assumptions

Describe statistical methods and statistics used.

1. Describe how quantitative variables were handled in the analyses (i.e., scale, units, model).
2. Describe how genetic variants were handled in the analyses and, if applicable, how their weights were selected.
3. Describe the MR estimator (e.g. two-stage least squares, Wald ratio) and related statistics. Detail the included covariates and, in case of two-sample MR, whether the same covariate set was used for adjustment in the two samples.
4. Explain how missing data were addressed.
5. If applicable, say how multiple testing was addressed.

Describe any methods or prior knowledge used to assess the assumptions or justify their validity.

Statistical analysis section

Statistical analysis section

1. Sensitivity analyses Describe any sensitivity analyses or additional

analyses performed (e.g. comparison of effect estimates from different approaches, independent replication, bias analytic techniques, validation of instruments, simulations).

Statistical analysis section

1. Software and pre- registration

**Results**

1. Name statistical software and package(s), including version and settings used.
2. State whether the study protocol and details were pre-registered (as well as when and where).

Statistical analysis section

1. Descriptive data *a*) Report the numbers of individuals at each stage

of included studies and reasons for exclusion. Consider use of a flow diagram.

* 1. Report summary statistics for phenotypic exposure(s), outcome(s) and other relevant variables (e.g. means, SDs, proportions).
	2. If the data sources include meta-analyses of previous studies, provide the assessments of
	3. For two-sample MR:
		1. Provide justification of the similarity of the genetic variant-exposure associations between the exposure and outcome samples.
		2. Provide information on the number of individuals who overlap between the exposure and outcome studies.
1. Main results *a*) Report the associations between genetic variant

and exposure, and between genetic variant and outcome, preferably on an interpretable scale.

1. Report MR estimates of the relationship between exposure and outcome, and the measures of uncertainty from the MR analysis on an interpretable scale, such as odds ratio or relative risk per SD difference.
2. If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time-period.
3. Consider plots to visualize results (e.g. forest plot, scatterplot of associations between genetic variants and outcome versus between genetic variants and exposure).
4. Assessment of validity *a*) Report the assessment of the validity of the

assumptions.

*b*) Report any additional statistics (e.g., assessments of heterogeneity across genetic variants, such as I2, Q statistic or E-value).

Strengths and limitations sub-section.

Causal effect of immunophenotypes on PCa and Causal effect of PCa on immunophenotypes

Across all sections, Figure 3-4, and Supplementary Figure 1, Supplementary Table 2,3

Supporting information Table 4,5,7,8

1. Sensitivity and additional analyses

**Discussion**

*a*) Report any sensitivity analyses to assess the robustness of the main results to violations of the assumptions.

(*b*) Report results from other sensitivity analyses or additional analyses.

*c*) Report any assessment of direction of causal relationship (e.g., bidirectional MR).

(*d*) When relevant, report and compare with estimates from non-MR analyses.

1. Consider any additional plots to visualize results (e.g., leave-one-out analyses).

Supporting information Table 4,5,7,8

|  |  |  |
| --- | --- | --- |
| 14 | Key results | Summarize key results with reference to studyParagraph 1objectives. |
| 15 | Limitations | Discuss limitations of the study, taking into account |
|  |  | the validity of the IV assumptions, other sources ofpotential bias, and imprecision. Discuss both |

direction and magnitude of any potential bias, and any efforts to address them.

1. Interpretation *a*) Meaning: Give a cautious overall interpretation of

results in the context of their limitations and in comparison with other studies.

* 1. Mechanisms: Discuss underlying biological mechanisms that could drive a potential causal relationship between the investigated exposure and the outcome, and whether the gene-environment equivalence assumption is reasonable. Use causal language carefully, clarifying that IV estimates may provide causal effects only under certain assumptions.
	2. Clinical relevance: Discuss whether the results have clinical or public policy relevance, and to what extent they inform effect sizes of possible interventions.
1. Generalisability Discuss the generalizability of the study results (a)

to other populations (i.e. external validity), (b) across other exposure periods/timings, and (c) across other levels of exposure.

Paragraph 5

Paragraph 3-4

Paragraph 5

**Other information**

1. Funding Describe sources of funding and the role of funders

in the present study and, if applicable, sources of funding for the databases and original study or studies on which the present study is based.

1. Data and data sharing Provide the data used to perform all analyses or

report where and how the data can be accessed, and reference these sources in the article. Provide the statistical code needed to reproduce the results in the article, or report whether the code is publicly accessible and if so, where.

1. Conflicts of interest All authors should declare all potential conflicts of interest.

FUNDING

Statistical analysis section under METHODS, and DATA AVAILABILITY

STATEMENT section

DECLARATION OF INTERESTS

1. SKRIVANKOVA V. W., RICHMOND R. C., WOOLF B. A. R., DAVIES N. M., SWANSON S. A., VANDERWEELE T. J. et al. Strengthening the reporting of observational studies in epidemiology using mendelian randomisation (STROBE-

MR): explanation and elaboration, BMJ 2021: 375: n2233.