492 **Supplementary Table 1. Adjusted hazard ratios for prostate, colon and rectum, and**
493 **pediatric brain cancer in offspring with and without 17-OHPC exposure**

	Person-years	n	aHR[1]	95% CI
Prostate				
Any exposure (vs. else)	4765.5	3	4.55	1.59, 13.03
First exposure in first trimester (vs. else)	3310.0	2	5.10	1.24, 21.00
Colon and rectum				
Any exposure (vs. else)	9551.0	3	3.45	1.08, 11.00
First exposure in first trimester (vs. else)	6155.0	3	5.51	1.73, 17.59
Pediatric brain				
Any exposure (vs. else)	3827.0	2	22.43	4.73, 106.45
First exposure in first trimester (vs. else)	2496.0	2	34.72	7.29, 165.33

494 Abbreviations: aHR, adjusted hazard ratio; CI, confidence interval

495 [1]Adjusted for year of birth

496

497 **Supplementary Table 2. Adjusted hazard ratios for any cancer in offspring with and**
498 **without 17-OHPC exposure, overall and by trimester of first exposure and number of**
499 **injections, using multiple imputation for missing values**

	aHR[1]	95% CI	p-value
In utero exposure to 17-OHPC			<0.01
Not exposed	1.00		
Any exposure	1.85	1.23, 2.77	
Trimester of first 17-OHPC exposure			<0.01
Not exposed	1.00		
First trimester	2.28	1.45, 3.60	
Second trimester	1.03	0.33, 3.20	
Third trimester	0.82	0.11, 5.81	
Number of 17-OHPC injections			<0.01
Not exposed	1.00		
1-2 injections	1.68	1.06, 2.66	
≥3 injections	2.86	1.25, 6.56	

500 Abbreviations: aHR, adjusted hazard ratio; CI, confidence interval
501 [1]Adjusted for year of birth and maternal body mass index

502

Online Supplement. Probabilistic bias analysis

We conducted a probabilistic bias analysis to model error from unmeasured confounding. We assigned a trapezoidal distribution for each of three bias parameters:

- Prevalence of unmeasured confounder in exposed offspring

- Prevalence of unmeasured confounder in unexposed offspring

- Association between unmeasured confounder and any cancer in offspring

For each bias parameter, we chose a range for the modes that seemed reasonable based on effect estimates reported in the literature and then extended the trapezoidal distribution to the lower and upper bounds such that the width of the trapezoid was approximately twice the width of the range between modes. We repeated the simulation 10,000 times each for any 17-OHPC exposure (any vs. none) and gestational week at first 17-OHPC exposure (first trimester vs. else) and report the median bias-corrected HR and 95% simulation interval (corresponding to the 2.5[th] and 97.5[th] percentile of the distribution, including both random and systemic error).

Bias parameter	Description	Minimum	Mode 1	Mode 2	Maximum
p1 (%)	Prevalence of unmeasured cofounder among exposed offspring	60	65	75	80
p0 (%)	Prevalence of unmeasured confounder among unexposed offspring	20	25	35	40
RR$_{CD}$	Association between unmeasured confounder and any cancer in offspring	0.9	1.2	1.7	2.0

As shown in the tables below, the median bias corrected-HRs from all simulations were slightly attenuated from but similar to the observed HRs.

Any 17-OHPC exposure (any vs. else)

	Adjusted HR	95% confidence interval
Observed	1.99	1.31, 3.02
	Median bias-corrected HR	95% simulation interval
Systemic error	1.66	1.46, 1.91
Systemic and random error	1.67	1.04, 2.71

Trimester of first 17-OHPC exposure (first trimester vs. else)

	Adjusted HR	95% confidence interval
Observed	2.52	1.58, 4.02
	Median bias-corrected HR	95% simulation interval
Systemic error	1.87	1.64, 2.15
Systemic and random error	1.88	1.20, 2.94