

**Supplementary File S2.****Reference list and applied exposure assessment methods of included studies.****Prostate cancer**

In total 25 articles were included in the meta-analysis of occupational pesticide exposure and prostate cancer. In these, 27 risk estimates for prostate cancer were reported for the following exposure assessment methods (EAM): job titles (n=5) (1-4), self-reported job histories (n=1) (5), exposure registers (n=3) (6-8), records of pesticide licenses (n=4) (9-12), self-reported exposures (n=5) (5, 13-16), JEM (n=2) (17, 18), expert assessments (n=6) (19-24), and biomonitoring of blood (n=1) (25). One article reported risk estimates for several EAMs applied within the same study population (5), and one article reported separate risk estimates based on job title for private and commercial pesticide applicators (2).

**Non-Hodgkin's Lymphoma**

In total 29 articles were included in the meta-analysis of Non-Hodgkin's Lymphoma. The articles reported 40 risk estimates according to the following EAM: job titles (n=10) (1, 3, 4, 26-30), self-reported job histories (n=4) (31-34), exposure registers (n=3) (7, 8, 35), self-reported exposures (n=13) (5, 28, 30, 32-34, 36-41), JEM (n=2) (31, 42), CEM (n=1) (39), expert assessments (n=6) (43-47), and exposure algorithm (n=1) (48). Four articles reported risk estimates for several different EAMs (28, 31, 32, 39). Three articles reported risk estimates separately for women and men (1, 4, 5), and one article applied self-reported exposures to estimate NHL risk separately for African American and white men, respectively (38).

**Parkinson's disease**

In total 32 articles were included in the meta-analysis of Parkinson's Disease. The articles reported 37 risk estimates according to the following EAM: job titles (n=4) (49-52), self-reported job histories (n=2) (53, 54), self-reported exposures (n=22) (50, 54-72), JEM (n=7) (73-77), and expert assessments (n=2) (64, 78). Three articles reported separate risk estimates for different EAMs (50, 54, 64). Two articles reported risk estimates separately for women and men (59, 73). Two articles (63, 76) presented partly overlapping study populations. However, we extracted risks estimates associated with different types of EAM; JEM in (76) and self-reported use in (63).

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