Supplemental Material

Table S1. Effect of intensive versus standard BP lowering on 1-year change hs-cTnT stratified by baseline combined DBP and hs-cTnT categories.

Baseline DBP category	Treatment arm	GMR (95% CI)	P for interaction
DBP ≥70	Intensive	1.04 (1.02, 1.06)	0.51
	Standard	Reference	
DBP <70 + hs-cTnT <14	Intensive	1.05 (1.01, 1.09)	
	Standard	Reference	
DBP <70 + hs-cTnT ≥14	Intensive	1.01 (0.95, 1.08)	
	Standard	Reference	

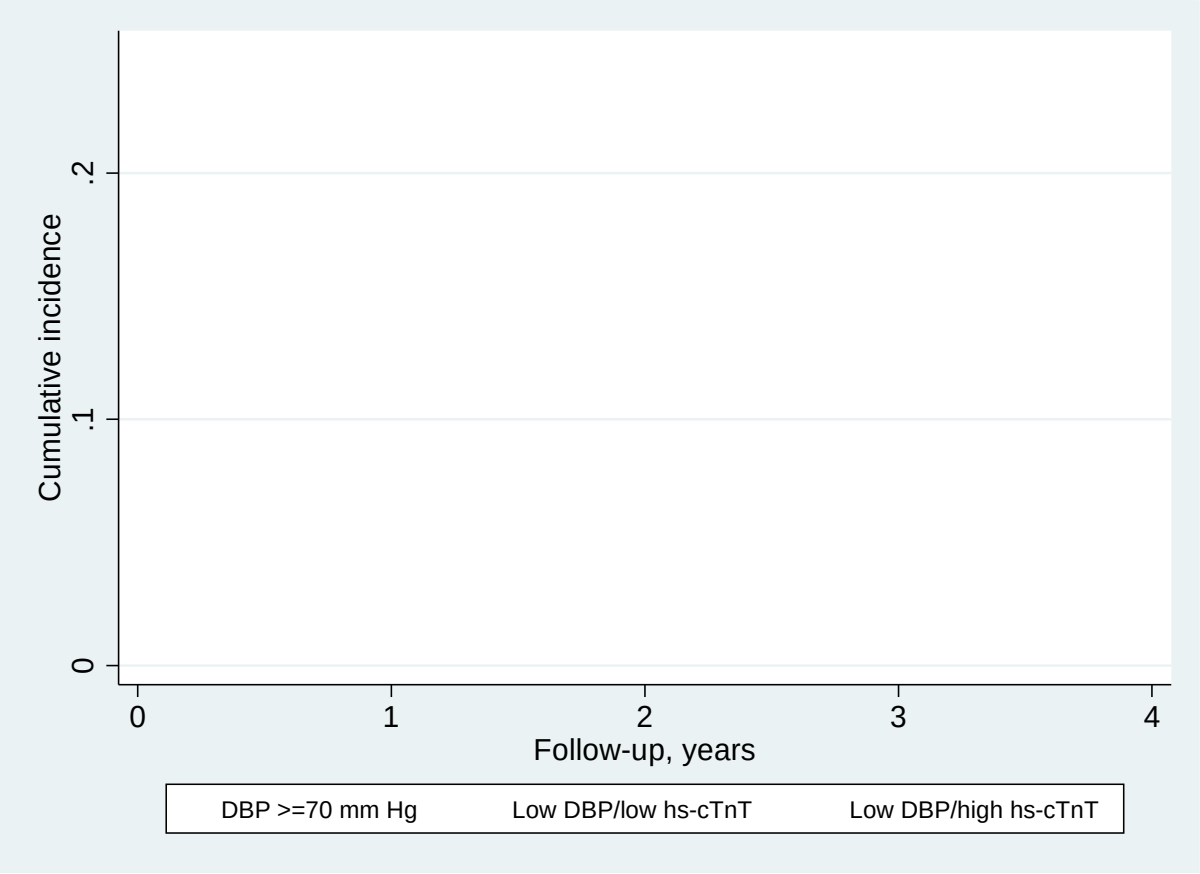
CI, confidence interval; CVD, cardiovascular disease; DBP, diastolic blood pressure; GMR, geometric mean ratio; hs-cTnT, high sensitivity cardiac troponin T; IQR, interquartile range; SBP, systolic blood pressure.
*Models adjust for baseline hs-cTnT.

Table S2. Effect of intensive versus standard BP lowering on the CVD composite endpoint and all-cause death stratified by baseline combined PP and hs-cTnT categories and combined DBP and CVD categories.

	Standard BP lowering Events/Total No. (%)	Intensive BP lowering Events/Total No. (%)	HR (95% CI)	*P* for interaction
PP and hs-cTnT				
CVD composite				
PP ≤70	223/3311 (6.7%)	155/3296 (4.7%)	0.69 (0.56, 0.84)	0.58
PP >70 + hs-cTnT <14	52/703 (7.4%)	38/721 (5.3%)	0.70 (0.46, 1.07)	
PP >70 + hs-cTnT ≥14	62/397 (15.6%)	53/400 (13.3%)	0.86 (0.60, 1.25)	
All-cause death				
PP ≤70	134/3311 (4.1%)	81/3296 (2.5%)	0.60 (0.46, 0.79)	0.09
PP >70 + hs-cTnT <14	22/703 (3.1%)	27/721 (3.7%)	1.20 (0.68, 2.10)	
PP >70 + hs-cTnT ≥14	49/397 (12.3%)	38/400 (9.5%)	0.78 (0.51, 1.19)	
DBP and CVD				
CVD composite				
DBP ≥70	230/3380 (6.8%)	169/3377 (5.0%)	0.73 (0.60, 0.89)	0.87
DBP <70 + no prevalent CVD	61/729 (8.4%)	42/744 (5.7%)	0.66 (0.44, 0.98)	
DBP <70 + prevalent CVD	46/302 (15.2%)	35/296 (11.8%)	0.76 (0.49, 1.17)	
All-cause death				
DBP ≥70	140/3380 (4.1%)	91/3377 (2.7%)	0.65 (0.50, 0.84)	0.31
DBP <70 + no prevalent CVD	38/729 (5.2%)	38/744 (5.1%)	0.96 (0.61, 1.51)	
DBP <70 + prevalent CVD	27/302 (8.9%)	17/296 (5.7%)	0.65 (0.35, 1.19)	

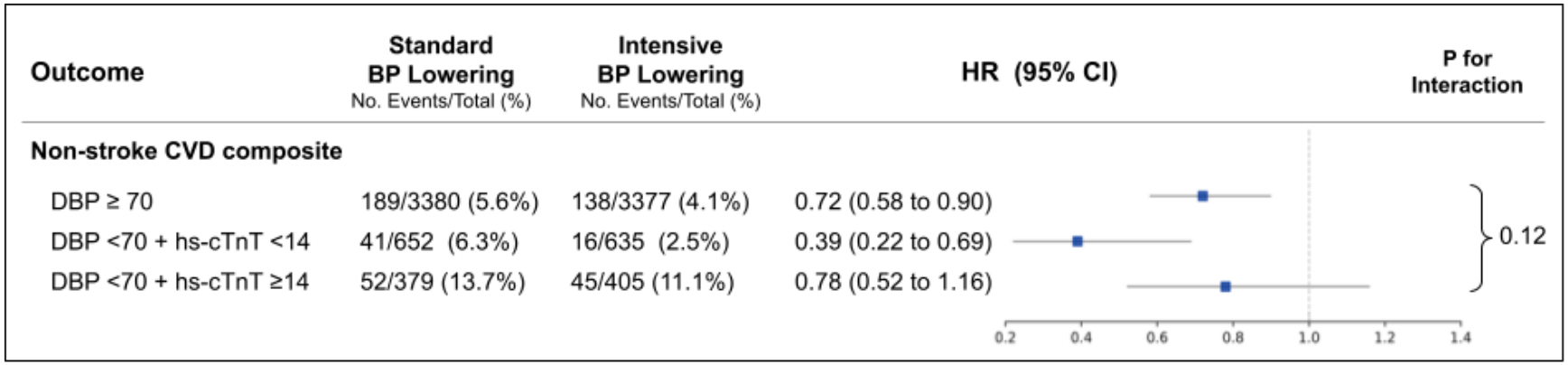
CI, confidence interval; CVD, cardiovascular disease; DBP, diastolic blood pressure; HR, hazard ratio; hs-cTnT, high sensitivity cardiac troponin T; PP, pulse pressure; SBP, systolic blood pressure.

Figure S1. Cumulative incidence of primary CVD composite endpoint stratified by baseline combined DBP and hs-cTnT categories.



The composite CVD outcome includes nonfatal myocardial infarction, acute coronary syndrome not resulting in myocardial infarction, nonfatal acute decompensated heart failure, stroke, and death from CVD. Baseline categories include: (1) DBP ≥70 mm Hg; (2) DBP <70 mm Hg and hs-cTnT <14 ng/L; (3) DBP <70 mm Hg and hs-cTnT ≥14 ng/L. DBP indicates diastolic blood pressure; hs-cTnT, high sensitivity cardiac troponin T.

Figure S2. Effect of intensive versus standard BP lowering on the non-stroke CVD composite endpoint stratified by baseline combined DBP and hs-cTnT categories.



The non-stroke composite CVD outcome includes nonfatal myocardial infarction, acute coronary syndrome not resulting in myocardial infarction, nonfatal acute decompensated heart failure, and death from CVD. HRs were obtained from multivariable Cox proportional hazards models that included age, sex, race, treatment assignment, current smoking, prior cardiovascular disease, body mass index, low density lipoprotein cholesterol, systolic blood pressure, statin use, total number of antihypertensive medications, and estimated glomerular filtration rate. DBP indicates diastolic blood pressure; HR, hazard ratio; hs-cTnT, high sensitivity cardiac troponin T; SBP, systolic blood pressure.