

SUPPLEMENTAL MATERIAL

Table S1. Association between Aspirin Use and CHD Events, Stratified by Lp(a) Level

	Lp(a) ≤ 50 mg/dL (n=5100)			Lp(a) > 50 mg/dL (n=1261)		
CHD Events	373			116		
	HR	95% CI	p	HR	95% CI	p
Aspirin Use						
Unadjusted	1.26	0.99, 1.61	0.06	1.38	0.91, 2.09	0.13
Model 1	0.85	0.66, 1.09	0.19	1.05	0.68, 1.61	0.84
Model 2	0.80	0.62, 1.04	0.10	0.88	0.56, 1.38	0.57

Model 1 adjusts for sex, race/ethnicity and site. Model 2 adjusts for Model 1 + diabetes, hypertension treatment, cigarette smoking, systolic blood pressure, high-density lipoprotein, total cholesterol, statin use, body mass index, family history of atherosclerotic cardiovascular disease, and C-reactive protein.

Table S2. First Bleeding Events by Aspirin Use and Lp(a) Level

	Aspirin Users			Non-Aspirin Users		
	Lp(a) ≤ 50 mg/dL (n=989)	Lp(a) > 50 mg/dL (n=266)	p	Lp(a) ≤ 50 mg/dL (n=4111)	Lp(a) > 50 mg/dL (n=995)	p
Bleeding Events	169 (17.1)	54 (20.3)	0.224	498 (12.1)	143 (14.4)	0.054
Gastrointestinal bleeding	64 (37.9)	18 (33.3)		168 (33.7)	58 (40.6)	
Genitourinary bleeding	22 (13.0)	8 (14.8)		70 (14.1)	21 (14.7)	
CNS bleeding	9 (5.3)	10 (18.5)		64 (32.3)	11 (7.7)	
Unspecified bleeding	72 (42.6)	18 (33.3)		192 (38.6)	53 (37.1)	
Other bleeding (eye, musculoskeletal)	2 (1.2)	0 (0.0)		4 (0.8)	0 (0.0)	

Bleeding events by category are presented as total events (% of bleeding events). CNS = central nervous system.