Table S1. Relationship between plasma PCSK9 levels and selected clinical variables.

			PCSK9 levels	
		n	(ng/ml)	P-value
Obesity	BMI<30	2,068	471 (226)	<0.0001
	BMI>30	1,357	526 (288)	
Diabetes	No	3,050	486 (270)	<0.0001
	Yes	401	558 (316)	
Hypertension	No	2397	482(264)	0.005
	Yes	1051	519(297)	
CAC (Agatston U)	<10	1971	479(260)	0.08
	≥10	464	501(291)	
CRP (mg/L)	<3	1756	466(250)	<0.0001
	≥3	1670	524(293)	

PCSK9 values are medians (interquartile range). Diabetes was defined by self-report, use of anti-hyperglycemic medication; or by elevated serum glucose levels (fasting > 126 mg/dL [7.0 mmol/L]; or non-fasting glucose > 200 mg/dL [11.1 mmol/L]). Hypertension was defined as systolic blood pressure > 140 mmHg, diastolic blood pressure > 90 mmHg or the use of anti-hypertensive medication. Coronary artery calcium (CAC) scores were obtained using an Imatron C-150XP EBCT scanner with 3-mm slices; duplicate scans were performed within 1 to 2 min. CAC scores were recorded as the average of the 2 scans using the Agatston method as described (27). High sensitivity assay for C-reactive protein (CRP) was performed using the Roche/Hitachi 12 System, Tina-quant assay (Roche Diagnostics, Indianapolis, Indiana). Statin users were excluded.