

SUPPLEMENTARY DATA

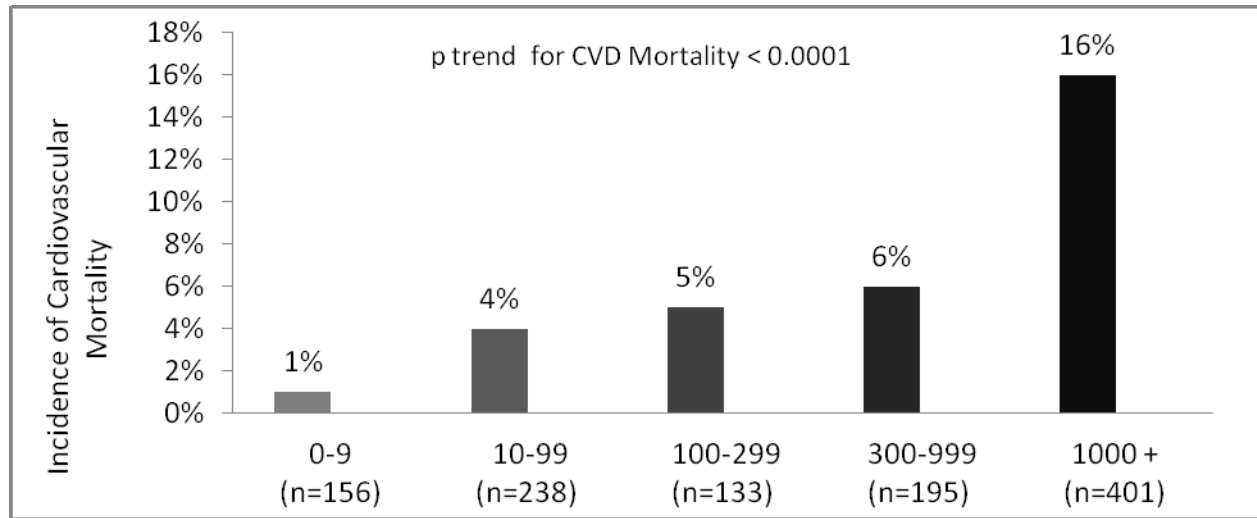
Supplementary Table 1. Odds Ratio for Cardiovascular Mortality with Higher CAC Scores in the Diabetes Heart Study Cohort Compared to CAC Score < 10 in a Full Model

Variable	Odds Ratio	95% Confidence Interval	Chi-Square	p-value
*CAC 10-99	2.90	0.73-19.36	2	0.14
*CAC 100-299	2.87	0.63-20.21	2	0.18
*CAC 300-999	4.06	1.05-26.79	4	0.04
*CAC 1000+	9.86	2.83-62.43	17	0.0001
†Log ₂ [CAC + 1]	1.24	1.14-1.36	26	0.0001
‡Ordinal Coronary Calcium	1.71	1.39-2.15	28	0.0001

CAC; Coronary Artery Calcium Score. Subjects were separated into five groups based on CAC score derived from baseline CT scans, CAC (0-9, 10-99, 100-299, 300-999, and ≥ 1000). *Adjusted for age, gender, race, smoking, total and HDL-Cholesterol, systolic blood pressure, anti-hypertensive medications, HbA1C, and duration of diabetes. †Adjusted risk of CVD mortality associated with a doubling of the coronary calcium score (a 1-unit increase in log₂ [CAC + 1]). ‡Adjusted risk of CVD mortality with every higher CAC category.

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Supplementary Figure 1. Univariate P trend for Cardiovascular Mortality with Increasing CAC Scores over 7.4 years: Diabetes Heart Study



CAC, Coronary Artery Calcium Score. Subjects were separated into five groups based on CAC score derived from baseline CT scans, CAC (0-9, 10-99, 100-299, 300-999, and ≥ 1000).