Appendix Supplementary material

Supplementary Table I. Association of Gal-3 and AF after adjustment for medication use

Model	HR (95% CI)	*P*
Multivariable-adjusted*	1.12 (0.98-1.28)	.10
Multivariable* + lipid-lowering medication use	1.12 (0.98-1.28)	.09
Multivariable* + aspirin use	1.12 (0.98-1.28)	.11
Multivariable* + prevalent stroke, TIA, vascular disease	1.11 (0.97-1.27)	.11

Abbreviation: *TIA*, Transient ischemic attack.
*Multivariable model adjusted for age, sex, height, weight, systolic and diastolic blood pressures, diabetes mellitus, smoking status, history of HF, and history of myocardial infarction.

Supplementary Table II. Association of Gal-3 and AF by eGFR strata

eGFR stratum	n	HR (95% CI)	*P*
≥90 mL/min per 1.73m^2	1298	1.07 (0.83-1.37)	.61
60-89 mL/min per 1.73m^2	1718	1.13 (0.93-1.38)	.22
<60 mL/min per 1.73m^2	290	1.33 (0.95-1.85)	.09

Supplementary Table III. Performance metrics of Gal-3 in AF risk prediction

	Incident AF
c statistic (95% CI)*	
Clinical model†	0.781 (0.754-0.809)
Clinical model + Gal-3	0.782 (0.755-0.809)
P value (clinical model vs clinical model + Gal-3)	0.86
IDI (95% CI)	0.002 (0.001-0.004)
Category-free NRI (95% CI)	3% (–10% to 16%)
Clinical model vs clinical model + Gal-3	
Categorical NRI (95% CI)	–1% (–4% to 2%)
Clinical model vs clinical model + Gal-3	

*The *c* statistics for the addition of BNP and CRP to the clinical model have previously been published[40] and are as follows: clinical model 0.78 (95% CI 0.75-0.81), clinical model + BNP 0.80 (95% CI 0.78-0.83), clinical model + CRP 0.78 (0.75-0.81).
†The clinical model includes age, sex, height, weight, systolic and diastolic blood pressures, diabetes mellitus, smoking status, history of HF, and history of myocardial infarction.

Supplementary Reference

40. Schnabel RB, Larson MG, Yamamoto JF, et al. Relations of biomarkers of distinct pathophysiological pathways and atrial fibrillation incidence in the community. Circulation 2010;121:200-7.