Supplemental Table 1. Classification of clinical history of CVD (Panel A) and cause of new-onset CVD events (Panel B) in hemodialysis patients

(A) Classification of clinical history of CVD

Clinical history of CVD	No. events (%)
Angina pectoris	35 (26.5)
Myocardial infarction	12 (9.1)
Cerebral hemorrhage	10 (7.6)
Cerebral infarction	44 (33.3)
Arteriosclerosis obliterans	28 (21.2)
Aortic disease	3 (2.3)

Among 203 hemodialysis patients, 88 patients (43.3%) had 132 clinical history of CVD.

(B) Cause of new-onset CVD events

Causes of new-onset CVD events	No. patients (%)
Heart failure	10 (12.5)
Sudden death	8 (10.0)
Myocardial infarction	8 (10.0)
Angina pectoris	26 (32.5)
Cerebral hemorrhage	7 (8.8)
Cerebral infarction	11 (13.8)
Arteriosclerosis obliterans	9 (11.3)
Aortic disease	1 (1.3)

Cardiovascular events were assessed after a median follow-up period of 48 months (range: 3-57, interquartile range: 23-55). During follow-up, 80 patients were hospitalized with a new-onset cardiovascular event.

Supplemental Table 2. Hazard ratios for telomeric G-tail length (A) and total telomere length (B) with cardiovascular events in 115 patients without CVD at baseline.

(A) Telomeric G-tail length

Parameter	β	*P* value
Age, per 1 year	-0.09	0.23
Gender, male	-0.11	0.15
Diabetes mellitus, presence	0.01	0.86
Phosphate, per 1 mg/dL	0.16	0.03
Inflammation, presence	0.05	0.45

The adjusted r^2 of the model was 0.06. Inflammation was defined as C-reactive protein > 0.5 mg/dL. β shows standard regression coefficient.

(B) Total telomere length

Parameter	β	*P* value
Age, per 1 year	-0.27	<0.01
Gender, male	-0.08	0.25
Diabetes mellitus, presence	0.02	0.79
Phosphate, per 1 mg/dL	0.23	<0.01
Inflammation, presence	0.02	0.73

The adjusted r^2 of the model was 0.15. Inflammation was defined as C-reactive protein > 0.5 mg/dL. β shows standard regression coefficient.