

Supplementary Online Content

The Emerging Risk Factors Collaboration. Glycated hemoglobin measurement and cardiovascular disease prediction. JAMA. doi:10.1001/jama.2014.1873

- eTable 1.** Study-Specific Definition of Known History of Diabetes at Baseline (References are Listed in eAppendix 1)
- eTable 2.** Characteristics of Baseline and Incident Cardiovascular Disease Outcomes by Study
- eTable 3.** Characteristics of Prospective Studies Contributing to Analyses of HbA_{1c}
- eTable 4.** Characteristics of Prospective Studies Contributing to Analyses of Fasting Glucose
- eTable 5.** Characteristics of Prospective Studies Contributing to Analyses of Random Glucose
- eTable 6.** Characteristics of Prospective Studies Contributing to Analyses Of Postload Glucose
- eTable 7.** Hazard ratios for CVD by Clinical Categories of Dysglycemia, Adjusted for Baseline Levels of Other Factors
- eTable 8.** Hazard ratios for CVD by Clinical Categories Of Random Glucose, Adjusted for Baseline Levels of Other Factors
- eTable 9.** Changes in Cardiovascular Disease Reclassification After the Addition of Information on Glycemia Measures on Conventional Risk Factors
- eFigure 1.** Mean (SD) of Baseline HbA_{1c}, Fasting Glucose, Random Glucose and Postload Glucose in Individual Studies
- eFigure 2.** Correlations Between Different Glycemia Markers
- eFigure 3.** Comparison of Within-Person Variability in Various Glycemia Measures in People Without Known History of Diabetes
- eFigure 4.** Hazard Ratios for Incident Cardiovascular Disease By Baseline Levels of Glycemia Measures Using Fractional Polynomials Model
- eFigure 5.** Hazard Ratios for CVD for HbA_{1c} by Study-Level and Individual Characteristics
- eFigure 6.** Hazard Ratios for CVD for Fasting Glucose by Study-Level and Individual Characteristics
- eFigure 7.** Hazard Ratios for CVD for Random Glucose by Study-Level and Individual Characteristics
- eFigure 8.** Hazard Ratios for CVD for Postload Glucose by Study-Level and Individual Characteristics
- eFigure 9.** Change in C-Index Upon Addition of HbA_{1c} to Conventional Risk Factors by Study-Level and Individual Characteristics
- eFigure 10.** Change in C-Index Upon Addition of Fasting Glucose to Conventional Risk Factors by Study-Level and Individual Characteristics
- eFigure 11.** Change in C-Index Upon Addition of Random Glucose to Conventional Risk Factors by Study-Level and Individual Characteristics
- eFigure 12.** Change in C-Index Upon Addition of Postload Glucose to Conventional Risk Factors by Study-Level and Individual Characteristics
- eFigure 13.** Change in C-Index After the Addition of HbA_{1c} to Conventional Risk Factors and Glucose Measurements
- eFigure 14.** Change in C-Index Upon Addition of Glycemia Markers to Conventional Risk Factors Using Clinically Defined Categories
- eFigure 15.** Changes in Cardiovascular Disease Risk Discrimination and Reclassification After the Addition of Information on Glycemia Measures to Conventional Risk Factors Excluding People With Diabetes
- eFigure 16.** Study-Specific C-Index and Change in C-Index Upon Addition of HbA_{1c} to Conventional Risk Factors
- eFigure 17.** Study-Specific C-Index and Change in C-Index Upon Addition of Fasting Glucose to Conventional Risk Factors
- eFigure 18.** Study-Specific C-Index and Change in C-Index Upon Addition of Random Glucose to Conventional Risk Factors
- eFigure 19.** Study-Specific C-Index and Change in C-Index Upon Addition of Postload Glucose to Conventional Risk Factors
- eFigure 20.** Study-Specific NRI and IDI Upon Addition of HbA_{1c} to Conventional Risk Factors
- eFigure 21.** Study-Specific NRI and IDI Upon Addition of Fasting Glucose to Conventional Risk Factors
- eFigure 22.** Study-Specific NRI and IDI Upon Addition of Random Glucose to Conventional Risk Factors
- eFigure 23.** Study-Specific NRI and IDI Upon Addition of Postload Glucose to Conventional Risk Factors
- eAppendix 1.** List of Study Acronyms and Study References
- eAppendix 2.** List of Investigators in the Emerging Risk Factors Collaboration

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Study-Specific Definition of Known History of Diabetes at Baseline

Study name	Geographical location	Population source / sampling method	Diabetes definition	N (% of people with diabetes excluded)
ALLHAT ¹	US/Ca/PR/VI†	Population register/NS	••	5,343 (45.9)
ARIC ^{2,3}	USA	Household listings/Random	•	714 (6.0)
AUSDIAB ^{4,5,6}	Australia	General population/Random	•	386 (4.5)
BHS ⁷	Australia	Electoral roll/Complete	•	88 (3.0)
BRHS ⁸	UK	GP lists/Random	•	76 (1.2)
BRUN ^{10,11,12}	Italy	Populationregister/Random	••	25 (3.2)
BUPA ⁹	UK	Medical center list/Complete	•	61 (0.7)
BWHHS ¹³	UK	Populationregister/Random	•	97 (3.6)
CAPS ¹⁴	UK	Electoral rolls/Random	•	30 (1.4)
CASTEL ¹⁵	Italy	Populationscreening/Complete	•	316 (13.1)
CHARL ⁷⁷	USA	Household listing/Random	••	96 (9.3)
CHS1 ^{16,17,18}	USA	Medicare lists/Random	•	259 (6.9)
CHS2 ¹⁸	USA	Medicare lists/Random	•	77 (17.7)
COPEN ¹⁹	Denmark	PopulationRegister/Random	•	241 (2.9)
D.E.S.I.R ^{20,21}	France	Health check-up	••	122 (3.2)
DRECE ²²	Spain	General population/Random	••	148 (5.2)
DUBBO ²³	Australia	Electoral roll/Complete	•	90 (4.4)
EAS ²⁴	Scotland	GP list/Random	•	45 (4.5)
EPESEBOS ^{26,27}	USA	PopulationRegister/Complete	•	146 (19.8)
EPESEIOW ²⁶	USA	PopulationRegister/Complete	•	133 (11.5)
EPESENCA ^{26,28}	USA	PopulationRegister/Random	•	173 (17.7)
EPESENHA ²⁶	USA	PopulationRegister/Random	•	95 (16.4)
EPICNOR ¹²⁹	UK	GP lists/Complete	•	183 (1.8)
ProspectEPIC ⁶¹	The Netherlands	Breast screening/complete	•	262 (10.9)
ESTHER ³⁰	Germany	GP lists/Health check-up	•	542 (11.9)
FIA ³¹	Sweden	PopulationRegister/Random	•	7 (1.8)
FINE_FIN ³²	Finland	Birth cohort/Complete	••	25 (9.2)
FINE_IT ³²	Italy	Survivors of existing cohort/Complete	••	8 (11.1)
FINNMARK ³⁶	Norway	Population screening/Complete	•	199 (4.1)
FLETCHER ³³	New Zealand	Occupational, electoral roll/complete, random	•	9 (5.1)
FRAMOFF ^{34,35,36}	USA	Offspring & spouse to FHS/Complete	••	277 (10.2)
FUNAGATA ^{37,38}	Japan	Population. Register/Random	••	19 (1.7)
GOH ^{39,40}	Israel	Population Register/Random	•	167 (13.2)
GOTO43 ⁴¹	Sweden	PopulationRegister/Complete	••	13 (1.8)
GOTOW ^{42,43}	Sweden	Population register/Random	••	25 (4.3)
GRIPS ⁴⁴	Germany	Occupational/Complete	•	123 (2.1)
HISAYAMA ⁴⁵	Japan	Population register/Complete	•	206 (8.0)
HOORN ⁴⁶	The Netherlands	Populationregister/Random	••	202 (9.1)
HUBRO ^{36,47}	Norway	Population screening/Complete	•	382 (2.6)
IKNS ^{48,49}	Japan	Populationscreening/Complete	••	1359 (18.7)
ISRAEL ⁵⁰	Israel	Occupational/Complete	•	281 (6.2)
KIHD ^{51,52}	Finland	Populationregister/Random	••	87 (4.3)
MATISS83 ²⁵	Italy	Electoral roll/Random	•	124 (4.9)
MATISS87 ²⁵	Italy	Electoral roll/Random	•	77 (3.8)
MATISS93 ²⁵	Italy	Electoral roll/Random	•	58 (4.8)
MESA ^{53,54}	USA	General population/Random	••	851 (12.6)
MONFRI94 ²⁵	Italy	Electoral roll/Random	•	57 (4.5)
MORGEN ⁸⁰	The Netherlands	General population/Random	•	212 (1.3)
MOSWEGOT ⁵⁵	Sweden	Populationscreening/Random	•	36 (3.0)
MRFIT ⁵⁶	USA	Populationscreening/Complete	•	107 (2.8)
NHANES III ⁵⁷	USA	Census list / Cluster	•	890 (12.6)
OPPHED ³⁶	Norway	Population screening/Complete	•	220 (2.5)

© 2014 American Medical Association. All rights reserved.

OSAKA ⁵⁸	Japan	Occupational & Population. register / NS	••	1614 (14.6)
OSLO II ^{36,59}	Norway	Population screening/Complete	•	255 (5.2)
PREVEND ⁶⁰	The Netherlands	Population Register / Complete	•	241 (3.4)
PROSPER ⁶²	Scot/Ire/Neth [†]	Primary care screening / Complete	•	397 (12.3)
QUEBEC ⁷⁸	Canada	Population register/Random	••	46 (6.0)
RANCHO B. ⁶³	USA	Household listings/Complete	•	76 (4.2)
REYK ⁶⁴	Iceland	Population register/Complete	•	309 (2.1)
ROTT ⁶⁵	The Netherlands	Population register/Complete	••	379 (8.8)
SHHEC ⁶⁶	UK	GP list/Random	•	112 (1.2)
SHS ⁶⁷	UK	GP list/Complete	••	1996 (49.0)
TARFS ⁶⁸	Turkey	Household listings/Random	••	223 (9.3)
TOYAMA ⁶⁹	Japan	Occupational/Random	••	209 (4.6)
TROMS ³⁶	Norway	Population screening/Complete	•	53 (2.9)
TROMSØ ⁷⁰	Norway	Population screening/Complete	•	15 (1.7)
ULSAM ⁷¹	Sweden	Population register/Complete	••	131 (7.3)
WHIHABPS ⁷³	USA	Health centres/complete	••	131 (10.8)
WHITE II ⁷²	UK	Civil servant/complete	••	24 (0.3)
WHS ⁷⁹	USA	Health professionals/complete	•	727 (3.1)
WOSCOPS ⁷⁴	UK	Heart screening clinic/complete	•	70 (1.1)
ZARAGOZA ⁷⁵	Spain	Family doctor roster/ Complete	••	334 (14.0)
ZUTE ⁷⁶	The Netherlands	General Population/Random	••	28 (8.0)

GP = General Practitioner; NS = Not Stated

Diabetes definition based on •: self-report, medical records and diabetes medication use; ••: self-report, medical records, diabetes medication use and baseline glycaemia marker measurements. Information on diabetes type (i.e., type 1 or 2) was generally not available.

†USA, Canada, Puerto Rico, US Virgin Islands

‡ Scotland/Ireland/The Netherlands

References are listed in eAppendix 1.

eTable 2. Characteristics of Baseline and Incident Cardiovascular Disease Outcomes by Study

Study name	Coronary disease assessed at baseline				Definition of incident endpoints						Classification of incident endpoints							
					Death	Non-fatal MI			Non-fatal stroke		MI			Stroke				
	MI	Angina	Coronary revascularization	Heart failure		Clinical feature	ECG	Cardiac enzymes	Clinical features	CT/MRI imaging	Definite	Probable	Silent	Ischemic	Hemorrhagic	SAH	Unclassified	
ALLHAT	++	++NC	++NC	++NC	**	√	√	√	√	√		o	o	NS	NS	NS	√	
ARIC	++	++	++	+	**	√	√	√	√	√	√	√	√	√NC	√	√	√	√
AUSDIAB	+	+	NS	NS	**	√	√	√	√	NS	√	o	o	√	√	√	√	
BHS	++	++	-	-	*	NA	NA	NA	NA	NA	√	o	o	√	√	√	√	
BRHS	++	++	-	++	*	√	√	√	√	NS	√	o	o	√	√	√	√	
BRUN	++	++	++	++NC	**	√	√	√	√	√	√	o	o	√	√	o	o	
BUPA	++	++	NS	NS	*	NA	NA	NA	NA	NA	√	o	o	√	√	√	√	
BWHHS	++	++	++	-	**	√	√	√	√	√	√	o	o	√	√	√	√	
CAPS	++	++NC	-	-	**	√	√	o	√NC	√NC	√	√NC	o	√	√	√	√	
CASTEL	++	++	-	++	**	√	√	√	√	√	√	o	o	√NC	√NC	o	√	
CHARL	++	++	-	+	**	√	√	o	√	o	√	√	o	√	√	√	√	
CHS ^{&}	++	++	++	++	**	√	√	√	√	√	√	√NC	√NC	√	√	o	√	
CONOR [†]	+	+	-	-	*	NS	NS	NS	NS	NS	√	NS	NS	√	NS	NS	NS	
COPEN	++	++	-	-	**	√	√	√	√	√	√	o	o	√	√	√	√	
CUORE [‡]	++	++	-	-	**	√	√	√	√	√	√	√	√	√	√	√	√	
D.E.S.I.R	++	+	+	+	NS	√	NS	NS	√	NS	√	NS	NS	√	√	√	√	
DRECE	+	+	+	+	*	NA	NA	NA	NA	NA	√	o	o	√	√	√	√	
DUBBO	++	++	++	-	**	√	√	√	√	√	√	NS	o	√	√	√	√	
EAS	++	++	-	-	**	√	√	√	√	√	√	√	√NC	√	√	√	√	
EPESEBOS	+	+	-	+	*	√	-	-	√	-	√	o	o	√	√	√	o	
EPESEIOW	+	+	-	+	*	√	-	-	√	-	√	o	o	√	√	√	o	
EPESENCA	+	+	-	+	*	√	-	-	√	-	√	o	o	√	√	√	o	
EPESENHA	+	+	-	-	*	√	-	-	√	-	√	o	o	√	√	√	o	
EPICNOR1	+	-	-	-	*	√	√	√	√	√	√	o	o	√NC	√NC	√NC	√	
ProspectEPIC	+	+	-	-	*	√	NS	NS	√	NS	√	o	o	√	√	NS	√	
ESTHER	+	NS	NS	+	*	√	NS	NS	√	NS	√	√	o	√	√	√	√	
FIA	++	-	-	-	**	√	√	√	NA	NA	√	o	o	√NC	√NC	√NC	√NC	
FINE_FIN	+	+	NS	NS	**	√	√	√	√	NS	√	NS	√NC	√	√	√NC	√	
FINE_IT	++	++	-	++	**	√	√	√	√	NA	√	NS	√NC	√	√	√NC	√	
FLETCHER	++	+	+ NC	-	*	√	√	√	√	√	√	o	o	√NC	√NC	√NC	√NC	
FRAMOFF	++	++	-	++ NC	**	√	√	√	√	√	√	o	√	√	√	√	√	
FUNAGATA	NS	NS	NS	NS	NS	√	o	o	√	NS	√	NS	o	√	√	√	√	

GOH	++	-	-	+	**	NA	NA	NA	NA	NA	√	√ NC	o	√	√	√	√
GOTO43	++	++	-	-	**	√	√	√	√	√	√	o	o	√	√	√	√
GOTOW	++	+	NS	NS	*	√	√	√	√	√	√	o	o	√	√	√	√
GRIPS	++	++ NC	++ NC	-	**	√	√	√	√	√	√	√	o	√	√	√	√
HISAYAMA	++	++	++	++	**	√	√	√	√	√	√	√ NC	√ NC	√	√	√	√
HOORN	++	++	++ NC	NS	*	√	√	√	√	o	√	o	o	√	√	√	√
IKNS	++ NC	++ NC	-	-	**	√	√	√	√	√	√	√	o	√	√	√	√
ISRAEL	++	++	-	-	**	NA	NA	NA	NA	NA	√ NC	o	o	√ NC	√ NC	√ NC	√
KIHD	++	++	++	++	**	√	√	√	√	√	√	√ NC	o	√	√	√	√
MESA	++	++	++	++	**	√	√	√	√	√	√	√	√ NC	√	√	√	√
MORGEN	+	+	NS	NS	*	NA	NA	NA	NA	NA	√	NS	NS	√	√	√	√
MOSWEGOT	+	+	-	-	**	√	√	√	√	√	√	o	o	√	√	√	√
MRFIT	++	++	-	+	**	√	√	√	√	√	√	o	√	√	√	√	√
NHANES3	+	+	-	+	*	NA	NA	NA	NA	NA	√	o	o	√ NC	√ NC	√ NC	√
OSAKA	++	++	-	-	**	√	√	√	√	√	√	√ NC	o	√	√	√	√
PREVEND	+	+	NS	NS	**	√	√	√	√	√	√	NS	NS	√	√	√	√
PROSPER	++	++	++	++	**	√	√	√	√	√	√	o	o	NS	NS	NS	√
QUEBEC	++	++	-	-	**	√	√	√	√	√	√	o	√	o	o	o	√
RANCHO B.	++	++	++	+	*	√	√	√	√	√	√	o	o	√	√	√	√
REYK	++	++	++	-	**	√	√	√	NA	NA	√	√ NC	o	√	√	√	√
ROTT	++	++ NC	++	++	**	√	√	√	NA	NA	√	√ NC	o	√	√	√	√
SHHEC	++	++	++ NC	-	**	√	√	√	√	√	√	√ NC	o	√	√	√	√
SHS	++	++ NC	++ NC	-	**	√	√	√	√	√	√	√ NC	o	√	√	√	√
TARFS	++	++	++ NC	-	*	√	√	o	√	o	√	o	√ NC	√	o	o	√
TOYAMA	++	++	++	-	**	√	√	√	√	√	√	o	o	√	√	√	√ NC
TROMSO	+	+	-	-	*	√	√	√	√	√	√	√	√	√	√	√	√
ULSAM	++	++	++	++	**	√	√	√	√	√	√	o	o	√	√	√	√

WHIHABPS	+	+	+	+	**	√	√	√		√	√		√	o	o		√
WHITE II	++	++ NC	++ NC	++	*	√	√	√	√NC	√NC	√	o	o	√	√	√	√
WHS	+	+	+	-	**	√	√	√	√	√	√	o	o	√	√	√	√
WOSCOPS	++	++	++ NC	++ NC	**	√	√	√	√	√	√	√	√ NC	o	o	o	√
ZARAGOZA	++	++	NS	-	**	√	√	√	NS	NS	√	√NC	o	√	o	o	√
ZUTE	++	++	++ NC	++ NC	**	√	√	√	√	√	√	o	o	√	√	√	√

–: Not recorded; +: Self-report only; ++: Self-report supplemented by objective criteria (e.g., Electrocardiogram, Physical examination)

* Death certificate only; ** Death certificate supplemented by medical record

o: Feature not included in criteria; √: Feature included in criteria

SAH: Subarachnoid haemorrhage; NS: Not stated

NC = reportedly measured but data not contributed to the ERFC; NA = not applicable, where cohorts contributed data on fatal endpoints only

† CONOR consists of FINNMARK, HUBRO, OPPHED, OSLO II, TROMS which have contributed to the analysis of glycemia markers

& CHS consists of CHS1 and CHS2.

‡ CUORE originally consists of 8 cohorts in ERFC, but only MATISS83, MATISS87, MATISS93 and MONFRI94 contributed to the analyses of glycemia markers.

eTable 3. Characteristics of Prospective Studies Contributing to Analyses of HbA_{1c}

Study name	No. of participants	Age (SD)	Male Sex (%)	HbA _{1c} (%) Mean (SD)	No. of participants having HbA _{1c} ≥6.5% (%)	HbA _{1c} Storage duration	HbA _{1c} assay storage temperature	Assay method	Assay standard	Median follow-up (yrs) (5th & 95th percentiles)	CVD events	CHD events	Stroke events
ARIC*	9955	57.0 (5.7)	4371 (43.9%)	5.51 (0.64)	408 (4.1%)	>1 year	Frozen, -70°C	HPLC	DCCT	11.2 (5.4, 12.7)	632	376	256
AUSDIAB*	8235	52.8 (12.0)	3588 (43.6%)	5.16 (0.39)	62 (0.8%)	>1 month	Frozen, -70°C	HPLC	DCCT	5 (1.9, 8.5)	93	59	34
BRUN	769	57.1 (11.1)	377 (49.0%)	5.41 (0.50)	17 (2.2%)	< 1 day	Fresh	HPLC	NS	20.2 (4.8, 20.5)	112	57	55
BWHHS*	2514	68.4 (5.4)	0 (0.0%)	4.87 (0.67)	34 (1.4%)	NS	NS	HPLC	NS	7.3 (3.1, 8.4)	156	75	81
CHS1*	764	71.6 (5.0)	281 (36.8%)	6.18 (1.16)	235 (30.8%)	NS	Frozen, -70°C	ACM	NS	12.2 (2.7, 12.9)	182	99	83
D.E.S.I.R	3706	47.9 (9.6)	1786 (48.2%)	5.43 (0.40)	21 (0.6%)	<2 days	NS	HPLC	DCCT	9 (8.5, 9.4)	31	19	12
EPESEBOS*	581	77.1 (4.3)	182 (31.3%)	5.87 (0.74)	44 (7.6%)	NS	NS	NS	NS	4 (1.4, 4.5)	41	23	18
EPESEIOW*	906	77.9 (4.7)	255 (28.1%)	5.48 (1.02)	102 (11.3%)	NS	NS	NS	NS	4.8 (1.6, 4.9)	79	40	39
EPICNOR1*	9980	57.7 (9.6)	4325 (43.3%)	5.24 (0.70)	251 (2.5%)	1 week	4-7°C	HPLC	NS	8.9 (6.2, 10)	348	190	158
ESTHER*	3994	61.1 (6.5)	1697 (42.5%)	5.56 (0.49)	124 (3.1%)	NS	Frozen, -70°C	HPLC	NS	5 (1.9, 5.9)	101	36	65
FINE_FIN	218	76.3 (4.7)	218 (100.0%)	5.51 (0.69)	21 (9.6%)	NS	NS	NS	NS	6.9 (1.6, 10)	83	58	25
FRAMOFF	2198	59.9 (9.4)	934 (42.5%)	5.42 (0.58)	59 (2.7%)	NS	NS	HPLC	DCCT	5 (3, 6.9)	47	32	15
FUNAGATA	1102	53.2 (12.3)	491 (44.6%)	5.33 (0.48)	28 (2.5%)	<1 day	Fresh, 4 °C	HPLC	JDS	7.3 (5.3, 10.2)	41	10	31
HISAYAMA*	2371	59.0 (11.6)	974 (41.1%)	5.46 (0.56)	79 (3.3%)	<1 day	0-4°C	HPLC	local standard	14 (3.5, 14)	258	67	191
HOORN	2013	61.0 (7.3)	892 (44.3%)	5.33 (0.48)	18 (0.9%)	NS	NS	HPLC	NS	8.8 (3.4, 9.9)	107	62	45
IKNS	3286	63.8 (9.4)	1087 (33.1%)	4.89 (0.38)	0 (0.0%)	NS	Frozen, -80°C	NS	NS	5.6 (1.1, 9.7)	66	12	54
MESA	5125	63.2 (10.2)	2393 (46.7%)	5.44 (0.42)	82 (1.6%)	NS	Frozen, -80°C	HPLC	DCCT	6.7 (2.9, 7.4)	163	88	75
NHANESIII*	6151	49.1 (17.6)	2850 (46.3%)	5.38 (0.70)	200 (3.3%)	NS	Frozen, -70°C	HPLC	DCCT	14.6 (4.8, 17.7)	376	278	98
OSAKA	5608	55.6 (10.0)	3729 (66.5%)	4.98 (0.33)	0 (0.0%)	NS	NS	HPLC	NS	3.6 (1.8, 11.2)	33	5	28
SHS	2024	55.6 (8.1)	882 (43.6%)	5.10 (0.65)	28 (1.4%)	NS	NS	NS	NS	12.5 (2.8, 14.2)	238	177	61
TOYAMA	4315	45.4 (6.6)	2735 (63.4%)	5.01 (0.38)	8 (0.2%)	NS	NS	NS	NS	12.7 (7.9, 12.8)	75	31	44
TROMSØ*	883	59.9 (8.8)	534 (60.5%)	5.37 (0.40)	7 (0.8%)	NS	Frozen, -70°C	ITA	NS	11.1 (2.5, 11.3)	143	83	60
ProspectEPIC*	2143	58.6 (6.3)	0 (0.0%)	6.02 (0.99)	352 (16.4%)	NS	Frozen, -70°C	ITA	NS	13.9 (2.8, 17.1)	443	208	235
WHS*	22439	55.8 (7.2)	0 (0.0%)	5.04 (0.38)	123 (0.5%)	NS	NS	ITA	DCCT	10.2 (8.4, 10.8)	419	193	226
TOTAL (24 studies)	101280	60.2 (9.4)	34581 (34.1%)	5.37 (0.54)	2303 (2.3%)					9.4 (2.5, 14.2)	4267	2278	1989

* Studies with diabetes definition based on self-report information, medical records and diabetes medication use.

JDS: Japanese Diabetes Society; DCCT: Diabetes Control and Complications Trial; HPLC: High Performance Liquid Chromatography; ITA, immunoturbidimetric assay; ACM: Affinity column method; NS, not specified

eTable 4. Characteristics of Prospective Studies Contributing to Analyses of Fasting Glucose

Study name	No. of participants	Age (SD)	Male Sex (%)	Fasting glucose (mmol/l) Mean (SD)	No. of participants having fasting glucose ≥ 7 mmol/l	Fasting glucose sample type	Assay method (source)	Median follow-up (yrs) (5th & 95th percentiles)	CVD events	CHD events	Stroke events
ARIC*	11016	54.3 (5.7)	4968 (45.1%)	5.67 (0.79)	404 (3.7%)	Serum	Hex	14.1 (7.2, 15.7)	856	524	332
AUSDIAB*	8245	52.8 (12.0)	3596 (43.6%)	5.46 (0.72)	194 (2.4%)	Plasma	GO	5 (2.6, 8.5)	93	59	34
BHS*	2871	49.4 (16.8)	1279 (44.5%)	5.45 (0.73)	68 (2.4%)	Plasma	Hex	24.1 (6.7, 24.2)	313	217	96
BRUN	769	57.1 (11.1)	377 (49.0%)	5.43 (0.72)	17 (2.2%)	Plasma	GO	20.2 (4.8, 20.5)	112	57	55
BUPA*	7135	46.7 (7.8)	7135 (100.0%)	4.75 (0.91)	105 (1.5%)	NS	NS	21.7 (11.4, 24.3)	341	273	68
BWHHS*	2584	68.4 (5.4)	0 (0.0%)	5.81 (0.76)	122 (4.7%)	Plasma	GO	7.3 (3.2, 8.4)	159	77	82
CAPS*	2067	52.1 (4.6)	2067 (100.0%)	4.93 (1.00)	41 (2.0%)	Plasma	GO	13 (4.1, 13)	252	236	16
CASTEL*	2097	73.5 (5.2)	829 (39.5%)	5.85 (1.14)	200 (9.5%)	Plasma	NS	11.2 (2.3, 14)	152	60	92
CHARL	924	55.3 (11.0)	468 (50.6%)	5.14 (1.06)	46 (5.0%)	NS	NS	19.4 (3, 37.3)	319	209	110
CHS1*	3494	72.2 (5.2)	1308 (37.4%)	5.72 (1.07)	210 (6.0%)	Serum	NS	12.1 (2.3, 12.9)	899	508	391
CHS2*	359	72.1 (5.2)	138 (38.4%)	5.66 (1.44)	18 (5.0%)	Serum	NS	9.1 (1.9, 9.5)	65	32	33
D.E.S.I.R	3707	47.9 (9.6)	1787 (48.2%)	5.28 (0.53)	1 (0.0%)	Plasma	NS	9 (8.5, 9.4)	31	19	12
DRECE	2719	38.5 (11.2)	1321 (48.6%)	5.22 (0.85)	55 (2.0%)	NS	NS	19.4 (17.8, 19.6)	19	13	6
DUBBO*	1895	68.3 (6.7)	778 (41.1%)	5.06 (0.87)	41 (2.2%)	Plasma	GO	14.1 (2, 14.9)	415	245	170
EAS*	955	64.2 (5.6)	473 (49.5%)	5.58 (0.69)	30 (3.1%)	Plasma	Enzymatic methods†	20.2 (2.8, 21.3)	172	88	84
ESTHER*	3522	61.1 (6.5)	1484 (42.1%)	5.09 (0.88)	78 (2.2%)	NS	NS	5 (1.9, 5.9)	83	30	53
FINE_FIN	246	76.3 (4.7)	246 (100.0%)	5.69 (0.79)	16 (6.5%)	Plasma	GO	6.9 (1.6, 10)	88	62	26
FRAMOFF	2400	60.0 (9.4)	1024 (42.7%)	5.38 (0.54)	0 (0.0%)	NS	NS	5.2 (3.1, 7)	54	37	17
FUNAGATA	1101	53.2 (12.4)	490 (44.5%)	5.22 (0.71)	27 (2.5%)	NS	NS	7.3 (5.3, 10.2)	41	10	31
GOH*	1096	55.0 (10.8)	521 (47.5%)	5.52 (0.88)	40 (3.6%)	Plasma	Enzymatic methods†	25.2 (1.2, 28.7)	28	18	10
GOTO43	721	50.0 (0.0)	721 (100.0%)	4.61 (0.70)	8 (1.1%)	Plasma	NS	11 (8.3, 11.7)	37	23	14
GOTOW	552	69.9 (5.8)	0 (0.0%)	5.60 (0.86)	24 (4.3%)	Whole blood	Hex	8.2 (2.7, 8.7)	66	20	46
HISAYAMA*	2296	58.5 (11.2)	954 (41.6%)	5.60 (0.78)	86 (3.7%)	Plasma	GO	14 (3.8, 14)	240	63	177
HOORN	2014	61.0 (7.3)	892 (44.3%)	5.41 (0.53)	0 (0.0%)	Plasma	GDH	8.8 (3.4, 9.9)	107	62	45
IKNS	776	57.9 (10.0)	321 (41.4%)	5.61 (0.51)	0 (0.0%)	Serum	NS	15.5 (4.3, 18.6)	44	8	36
KIHD	1943	52.5 (5.3)	1943 (100.0%)	5.69 (0.54)	47 (2.4%)	Serum	NS	21.1 (3, 25.1)	499	362	137
MATISS83*	2430	51.3 (9.6)	1140 (46.9%)	5.16 (0.83)	68 (2.8%)	Plasma	Hex/GO	18.7 (7.1, 19.5)	162	75	87
MATISS87*	1963	52.2 (9.5)	882 (44.9%)	5.20 (0.72)	39 (2.0%)	Plasma	Hex/GO	15.6 (7.3, 16.2)	93	43	50
MATISS93*	1150	49.0 (9.3)	558 (48.5%)	4.84 (0.71)	14 (1.2%)	Serum	Hex/GO	8.3 (7.1, 9.3)	18	13	5
MESA	5933	61.8 (10.3)	2753 (46.4%)	5.07 (0.61)	54 (0.9%)	Serum	NS	8.5 (2.8, 8.9)	217	115	102
MONFRI94*	1217	48.6 (8.1)	586 (48.2%)	5.64 (0.99)	61 (5.0%)	Serum	NS	8.5 (8.2, 8.8)	25	9	16
NHANESIII*	3784	48.0 (17.5)	1783 (47.1%)	5.40 (1.08)	119 (3.1%)	Plasma	Hex	14.7 (5.4, 17.7)	208	159	49

© 2014 American Medical Association. All rights reserved.

OSAKA	4082	50.4 (8.4)	3324 (81.4%)	5.35 (0.50)	1 (0.0%)	Serum	NS	5.6 (3.8, 14.8)	26	7	19
QUEBEC	720	55.7 (6.4)	720 (100.0%)	5.25 (0.60)	4 (0.6%)	NS	NS	15.1 (4.7, 15.7)	77	57	20
RANCHO*	1713	68.4 (11.1)	693 (40.5%)	5.46 (0.84)	54 (3.2%)	Plasma	Hex	14.3 (2, 18.1)	378	204	174
REYK*	14636	52.8 (8.3)	6791 (46.4%)	4.81 (0.63)	80 (0.5%)	Capillary Blood	NS	24.6 (6.4, 36.5)	3439	2770	669
SHS	2074	55.5 (8.1)	898 (43.3%)	5.63 (0.59)	0 (0.0%)	Plasma	Hex	12.6 (2.8, 14.3)	246	182	64
TARFS	1625	48.5 (11.2)	795 (48.9%)	5.29 (0.70)	18 (1.1%)	Plasma	NS	8 (1.3, 10)	25	17	8
TOYAMA	4315	45.4 (6.6)	2735 (63.4%)	5.01 (0.56)	24 (0.6%)	NS	NS	12.7 (7.9, 12.8)	75	31	44
ULSAM	1666	54.0 (8.6)	1666 (100.0%)	6.14 (0.60)	140 (8.4%)	Whole Blood	GO	22.4 (4.8, 37.3)	632	411	221
WHITEII	7382	49.5 (6.0)	5119 (69.3%)	5.23 (0.65)	73 (1.0%)	Plasma	GO	12.3 (5.1, 13)	265	260	5
ZARAGOZA	2058	59.3 (11.7)	889 (43.2%)	5.39 (0.57)	0 (0.0%)	Serum	Hex	5.1 (3.9, 5.1)	67	36	31
ZUTE	322	75.3 (4.4)	322 (100.0%)	5.80 (0.87)	21 (6.5%)	NS	NS	9.1 (1.1, 10.1)	78	47	31
FIA* ^{&}	111	52.4 (8.9)	81 (73.0%)	5.07 (0.71)	1 (0.9%)	NS	NS	5.6 (2.7, 7.6)	33	33	0
WHIHABPS ^{&}	948	68.5 (6.0)	0 (0.0%)	5.32 (0.54)	0 (0.0%)	NS	NS	6.8 (1.2, 9.3)	474	0	474
ALLHAT	6311	65.2 (7.2)	3421 (54.2%)	5.52 (1.39)	445 (7.1%)	Serum	NS	4.4 (.5, 6.7)	319	198	121
MRFIT*	3604	46.5 (6.1)	3604 (100.0%)	5.63 (0.87)	148 (4.1%)	Serum	NS	7.4 (5, 8)	232	207	25
PREVEND*	6163	49.2 (12.0)	2940 (47.7%)	4.77 (0.76)	62 (1.0%)	Plasma	Enzymatic methods†	10.6 (4.6, 11.2)	195	156	39
PROSPER*	2762	75.0 (3.3)	1113 (40.3%)	5.12 (0.83)	78 (2.8%)	NS	NS	3.2 (1.2, 3.8)	310	214	96
WOSCOPS*	6144	55.1 (5.5)	6144 (100.0%)	4.75 (0.62)	65 (1.1%)	NS	NS	4.8 (3, 6)	432	363	69
TOTAL (50 studies)	150617	57.5 (8.9)	84077 (55.8%)	5.35 (0.79)	3447 (2.3%)			10.6 (3, 26.7)	13511	8919	4592

* Studies with diabetes definition based on self-report information, medical records and diabetes medication use.

[&]Nested case-control studies were excluded from the risk prediction analyses.

Hex: Hexokinase; GO: Glucose oxidase; NS: Not stated

†Enzymatic methods used to assess glucose in Auto-analyser based assessments

All values have been harmonized to plasma levels according to EASD/ESC guidelines:

Plasma glucose (mmol/L) = 0.558 + 1.119* whole blood glucose (mmol/L)

Plasma glucose (mmol/L) = 0.102 + 1.066* capillary blood glucose (mmol/L)

Plasma glucose (mmol/L) = -0.137 + 1.047*serum glucose (mmol/L).

eTable 5. Characteristics of Prospective Studies Contributing to Analyses of Random Glucose

Study name	No. of participants	Age (SD)	Male Sex (%)	Random glucose (mmol/l) Mean (SD)	No. of participants having random glucose ≥ 11.1 mmol/l	Random glucose sample type	Random glucose storage duration	Random glucose storage temperature	Assay method (source)	Median follow-up (yrs) (5th & 95th percentiles)	CVD events	CHD events	Stroke events
BRHS*	6447	49.9 (5.8)	6447 (100.0%)	5.69 (1.23)	32 (0.5%)	Serum	13-15yrs	Frozen, -20°C	Enzymatic methods†	24.5 (4.7, 25.4)	1623	1136	487
BUPA*	1601	46.3 (7.7)	1601 (100.0%)	4.49 (0.72)	1 (0.1%)	NS	NS	NS	NS	21 (12.9, 21.9)	50	41	9
COPEN*	7986	58.0 (14.7)	3369 (42.2%)	5.77 (1.48)	76 (1.0%)	Plasma	NS	NS	Enzymatic methods†	13.2 (2.6, 14.9)	1160	485	675
DUBBO*	67	70.6 (7.7)	40 (59.7%)	5.07 (1.11)	0 (0.0%)	Plasma	NS	NS	GO	10.4 (.6, 14.7)	17	9	8
EPESEBOS*	589	77.1 (4.3)	187 (31.7%)	6.46 (2.00)	21 (3.6%)	Serum	NS	NS	Enzymatic methods†	4 (1.4, 4.5)	43	24	19
EPESEIOW*	1023	77.9 (4.7)	291 (28.4%)	6.17 (1.87)	26 (2.5%)	Serum	NS	NS	Enzymatic methods†	4.8 (1.6, 4.9)	91	44	47
EPESENCA*	806	77.2 (4.7)	262 (32.5%)	6.18 (1.87)	18 (2.2%)	Serum	12h	Fresh	Enzymatic methods†	4 (1.3, 4.6)	69	31	38
EPESENHA*	483	77.9 (4.8)	185 (38.3%)	6.22 (1.97)	11 (2.3%)	Serum	NS	NS	Enzymatic methods†	4.4 (1.6, 4.7)	31	15	16
FINE_IT	64	84.4 (2.6)	64 (100.0%)	5.88 (1.84)	2 (3.1%)	Plasma	NS	Fresh	NS	5.8 (1.1, 6.5)	10	2	8
FINNMARK*	4717	58.7 (9.9)	2109 (44.7%)	5.44 (1.21)	17 (0.4%)	Serum	NS	Fresh	Enzymatic methods†	7.5 (5, 7.5)	71	40	31
GRIPS*	5660	47.7 (5.1)	5660 (100.0%)	5.62 (1.34)	40 (0.7%)	NS	NS	NS	NS	9.8 (4.8, 10)	380	288	92
HISAYAMA*	75	73.9 (13.1)	20 (26.7%)	6.54 (1.41)	1 (1.3%)	Plasma	NS	NS	GO	10.6 (1, 14)	18	4	14
HUBRO*	14305	51.0 (13.8)	6088 (42.6%)	5.31 (1.07)	33 (0.2%)	Serum	NS	Fresh	Enzymatic methods†	8.5 (7, 9.5)	127	66	61
IKNS	5144	58.3 (10.3)	1918 (37.3%)	6.13 (1.01)	0 (0.0%)	Serum	NS	NS	Hex	10.1 (4.1, 17.5)	196	39	157
ISRAEL*	4253	50.9 (6.7)	4253 (100.0%)	4.80 (0.85)	5 (0.1%)	NS	NS	NS	NS	21.3 (6.8, 21.8)	518	390	128
MORGEN*	16159	45.7 (8.7)	7403 (45.8%)	5.32 (1.21)	74 (0.5%)	Whole blood	NS	NS	NS	10.6 (8.3, 12.7)	79	57	22
MOSWEGOT*	1156	48.3 (9.5)	543 (47.0%)	5.15 (0.73)	1 (0.1%)	NS	NS	NS	NS	9.7 (8.8, 10.2)	39	18	21
NHANESIII*	2306	50.7 (17.5)	1036 (44.9%)	5.25 (1.11)	7 (0.3%)	NS	NS	NS	NS	14.4 (4.2, 17.6)	166	120	46
OPPHED*	8663	51.7 (12.1)	3923 (45.3%)	5.33 (1.14)	28 (0.3%)	Serum	NS	Fresh	Enzymatic methods†	8.5 (7, 9.5)	97	58	39
OSAKA	5327	55.1 (10.2)	2761 (51.8%)	5.68 (0.85)	0 (0.0%)	NS	NS	NS	NS	13.8 (3.9, 18.8)	75	9	66
OSLO II*	4634	68.7 (6.6)	4634 (100.0%)	5.56 (1.18)	18 (0.4%)	Serum	NS	Fresh	Enzymatic methods†	9.5 (3, 9.5)	136	78	58
ROTT	3930	67.3 (8.0)	1558 (39.6%)	6.45 (1.38)	14 (0.4%)	Serum	<1h	Fresh	Hex	12 (3.2, 14.2)	294	185	109
SHHEC*	9122	49.4 (7.1)	4620 (50.6%)	4.98 (1.06)	27 (0.3%)	NS	NS	NS	NS	10 (7, 10)	389	287	102
TROMS*	1769	50.5 (11.7)	763 (43.1%)	5.22 (0.96)	3 (0.2%)	Serum	NS	Fresh	Enzymatic methods†	7.5 (7.5, 7.5)	14	12	2
FIA* ^{&}	239	54.5 (8.4)	187 (78.2%)	5.04 (0.74)	0 (0.0%)	NS	NS	NS	Hex	6.4 (.3, 11.1)	71	71	0
FLETCHER* ^{&}	155	44.0 (12.2)	134 (86.5%)	4.54 (1.16)	1 (0.6%)	NS	NS	NS	NS	5.7 (1.7, 6.4)	57	57	0
PREVEND*	603	46.9 (11.2)	347 (57.5%)	4.56 (0.82)	0 (0.0%)	Plasma	NS	NS	NS	10.8 (4.4, 11.2)	24	21	3
PROSPER*	81	74.7 (3.3)	35 (43.2%)	5.77 (1.58)	1 (1.2%)	NS	NS	NS	NS	3.3 (.9, 3.8)	10	9	1
TOTAL (28studies)	107364	59.5 (10.3)	60438 (56.3%)	5.51 (1.18)	457 (0.4%)					9.7 (4, 21.7)	5855	3596	2259

* Studies with diabetes definition based on self-report information, medical records and diabetes medication use. [&]Nested case-control studies were excluded from the risk prediction analyses.

Hex: Hexokinase; GO: Glucose oxidase; NS: Not stated, †Enzymatic methods used to assess glucose in Auto-analyser based assessments.

All glucose values have been harmonized to plasma levels according to EASD/ESC guidelines:

Plasma glucose (mmol/L) = 0.558 + 1.119* whole blood glucose (mmol/L); Plasma glucose (mmol/L) = 0.102 + 1.066* capillary blood glucose (mmol/L)

Plasma glucose (mmol/L) = -0.137 + 1.047*serum glucose (mmol/L).

eTable 6. Characteristics of Prospective Studies Contributing to Analyses of Postload Glucose

Study name	No. of participants	Age (SD)	Male Sex (%)	Post-load glucose (mmol/l) Mean (SD)	No. of participants having post-load glucose ≥ 11.1 mmol/l	Glucose load	Time to measure post load glucose after load (hrs)	Post-load glucose storage temperature	Assay method	Median follow-up (yrs) (5th & 95th percentiles)	CVD events	CHD events	Stroke events
ARIC	5784	62.7 (5.6)	2396 (41.4%)	7.30 (2.31)	421 (7.3%)	NS	NS	NS	Hex	5.4 (4.1, 6.7)	164	88	76
AUSDIAB*	8208	52.8 (11.9)	3586 (43.7%)	6.24 (2.21)	275 (3.4%)	75	2	Fresh	GO	5 (2.1, 8.5)	92	59	33
BHS*	474	57.8 (10.7)	191 (40.3%)	8.06 (2.67)	60 (12.7%)	50	1	NS	Enzymatic methods†	24.1 (6, 24.2)	67	47	20
BRUN	764	57.1 (11.0)	377 (49.3%)	5.58 (2.38)	25 (3.3%)	75	2	Fresh	Enzymatic methods†	20.2 (4.9, 20.5)	111	56	55
CHS1*	3396	72.2 (5.2)	1288 (37.9%)	7.98 (3.02)	433 (12.8%)	75	2	Frozen, -70°C	Enzymatic methods†	12.2 (2.3, 12.9)	870	492	378
EAS*	956	64.2 (5.6)	474 (49.6%)	5.74 (1.73)	0 (0.0%)	75	2	4°C	Enzymatic methods†	20.3 (2.8, 21.3)	172	88	84
FINE_FIN	224	76.0 (4.6)	224 (100.0%)	7.57 (2.88)	21 (9.4%)	75	2	NS	GO	7.3 (1.6, 10)	79	56	23
FRAMOFF	908	60.9 (9.4)	391 (43.1%)	6.81 (2.24)	51 (5.6%)	75	2	NS	NS	5.2 (3.4, 7)	18	10	8
FUNAGATA	1099	53.2 (12.4)	489 (44.5%)	6.00 (2.07)	34 (3.1%)	75	2	Fresh	GO	7.3 (5.3, 10.2)	41	10	31
GOH*	884	54.7 (10.6)	449 (50.8%)	8.37 (2.99)	150 (17.0%)	100	2	Fresh	Enzymatic methods†	25.2 (.8, 28.6)	18	14	4
HISAYAMA*	2249	58.0 (10.8)	936 (41.6%)	6.95 (2.44)	119 (5.3%)	75	2	0-4°C	GO	14 (4.3, 14)	223	56	167
HOORN	2013	61.0 (7.3)	892 (44.3%)	5.50 (1.64)	0 (0.0%)	75	2	NS	GDH	8.8 (3.5, 9.9)	107	62	45
KIHD	520	55.4 (6.9)	520 (100.0%)	6.47 (1.80)	8 (1.5%)	NS	NS	NS	NS	16.7 (3.5, 18.6)	103	78	25
NHANESIII*	2889	55.7 (10.4)	1390 (48.1%)	7.63 (3.30)	350 (12.1%)	75	2	NS	Hex	14.6 (5.7, 17.6)	140	107	33
RANCHO*	1653	68.3 (11.1)	669 (40.5%)	7.23 (2.64)	130 (7.9%)	75	2	NS	Hex	14.4 (2, 18.1)	367	198	169
REYK*	14313	52.6 (8.0)	6676 (46.6%)	7.80 (1.88)	732 (5.1%)	50	1.5	NS	Enzymatic methods†	24.8 (6.5, 36.5)	3345	2701	644
ROTT	3527	67.3 (7.9)	1392 (39.5%)	6.47 (1.64)	18 (0.5%)	75	2	NS	Hex	12 (3.3, 14.2)	259	165	94
SHS	2003	55.5 (8.1)	870 (43.4%)	6.78 (1.93)	0 (0.0%)	NS	NS	NS	NS	12.6 (2.9, 14.3)	231	170	61
ULSAM	814	71.0 (0.6)	814 (100.0%)	7.24 (2.29)	52 (6.4%)	NS	NS	NS	NS	13.9 (2.2, 16.8)	205	117	88
WHITEII	7365	49.5 (6.0)	5107 (69.3%)	5.60 (1.92)	109 (1.5%)	75	2	NS	Enzymatic methods†	12.3 (5.1, 13)	265	260	5
ZUTE	322	75.3 (4.4)	322 (100.0%)	6.31 (2.64)	20 (6.2%)	75	2	NS	Hex	9.1 (1.1, 10.1)	78	47	31
FIA*&	359	53.3 (8.6)	276 (76.9%)	6.14 (1.84)	5 (1.4%)	NS	NS	NS	Hex	5.9 (1.7, 10.8)	106	106	0
MRFIT*	3510	46.5 (6.1)	3510 (100.0%)	9.42 (2.78)	862 (24.6%)	75	2	NS	NS	7.4 (5, 8)	225	202	23
TOTAL (23 studies)	64234	60.0 (8.4)	33239 (51.7%)	6.92 (2.25)	3875 (6.0%)					11.8 (3.8, 33.2)	7286	5189	2097

* Studies with diabetes definition based on self-report information, medical records and diabetes medication use.

&Nested case-control studies were excluded from the risk prediction analyses.

Hex: Hexokinase; GO: Glucose oxidase; GDH: Glucose dehydrogenase; NS: Not stated; † Enzymatic methods used to assess glucose in Auto-analyser based assessments

All glucose values have been harmonized to plasma levels according to EASD/ESC guidelines.

Plasma glucose (mmol/L) = 0.558 + 1.119* whole blood glucose (mmol/L); Plasma glucose (mmol/L) = 0.102 + 1.066* capillary blood glucose (mmol/L)

Plasma glucose (mmol/L) = -0.137 + 1.047*serum glucose (mmol/L).

eTable 7. Hazard Ratios for CVD by Clinical Categories of Dysglycemia, Adjusted For Baseline Levels of Other Factors

	HbA _{1c} (%)			Fasting glucose (mg/dl)			Random glucose (mg/dl)		Post-load glucose (mg/dl)		
	<5.7	5.7-6.4	≥6.5	<101	101 - <126	≥126	<200	≥200	<141	141 - <200	≥200
	24 studies, 101280 participants			50 studies, 150617 participants			28 studies, 107364 participants		23 studies, 64234 participants		
	4267 CVD cases			13511 CVD cases			5855 CVD cases		7286 CVD cases		
	2903 cases	1036 cases	328 cases	9173 cases	3802 cases	536 cases	5783 cases	72 cases	4158 cases	2531 cases	597 cases
Age, sex, smoking status, and systolic blood pressure	1	1.3	1.56	1	1.07	1.55	1	2.15	1	1.07	1.23
	[Reference]	(1.15, 1.47)	(1.17, 2.07)	[Reference]	(1.02, 1.13)	(1.38, 1.74)	[Reference]	(1.70, 2.73)	[Reference]	(1.02, 1.13)	(1.13, 1.35)
plus total cholesterol	1	1.29	1.55	1	1.06	1.53	1	2.1	1	1.07	1.23
	[Reference]	(1.15, 1.46)	(1.16, 2.07)	[Reference]	(1.01, 1.11)	(1.37, 1.72)	[Reference]	(1.66, 2.66)	[Reference]	(1.02, 1.13)	(1.13, 1.35)
plus HDL cholesterol	1	1.25	1.43	1	1.04	1.47	1	1.96	1	1.05	1.19
	[Reference]	(1.12, 1.41)	(1.07, 1.91)	[Reference]	(0.99, 1.10)	(1.32, 1.64)	[Reference]	(1.54, 2.48)	[Reference]	(0.99, 1.11)	(1.09, 1.31)
	24 studies, 101246 participants			50 studies, 150102 participants			25 studies, 81275 participants		21 studies, 59733 participants		
	4263 CVD cases			13405 CVD cases			4544 CVD cases		6826 CVD cases		
	2900 cases	1035 cases	328 cases	9085 cases	3789 cases	531 cases	4481 cases	63 cases	3823 cases	2416 cases	587 cases
Basic model*	1	1.25	1.43	1	1.04	1.47	1	1.89	1	1.05	1.19
	[Reference]	(1.12, 1.41)	(1.07, 1.90)	[Reference]	(0.99, 1.10)	(1.32, 1.64)	[Reference]	(1.47, 2.44)	[Reference]	(0.99, 1.10)	(1.09, 1.30)
plus triglycerides‡	1	1.26	1.45	1	1.04	1.46	1	1.92	1	1.04	1.18
	[Reference]	(1.12, 1.41)	(1.11, 1.89)	[Reference]	(0.99, 1.10)	(1.31, 1.62)	[Reference]	(1.48, 2.48)	[Reference]	(0.99, 1.10)	(1.08, 1.30)
	17 studies, 78377 participants			34 studies, 121109 participants			17 studies, 48315 participants		14 studies, 49182 participants		
	3027 CVD cases			10823 CVD cases			4332 CVD cases		6206 CVD cases		
	2173 cases	639 cases	215 cases	7328 cases	3046 cases	449 cases	4270 cases	62 cases	3319 cases	2326 cases	561 cases
Basic model*	1	1.28	1.65	1	1.02	1.4	1	1.85	1	1.04	1.2
	[Reference]	(1.09, 1.51)	(1.30, 2.09)	[Reference]	(0.97, 1.08)	(1.22, 1.60)	[Reference]	(1.43, 2.39)	[Reference]	(0.99, 1.10)	(1.10, 1.32)
plus eGFR	1	1.28	1.65	1	1.02	1.4	1	1.83	1	1.05	1.21
	[Reference]	(1.08, 1.51)	(1.29, 2.11)	[Reference]	(0.97, 1.08)	(1.22, 1.60)	[Reference]	(1.42, 2.37)	[Reference]	(0.99, 1.11)	(1.10, 1.32)
	14 studies, 48753 participants			24 studies, 66727 participants			10 studies, 14727 participants		16 studies, 42392 participants		
	2283 CVD cases			8014 CVD cases			2059 CVD cases		5989 CVD cases		
	1465 cases	602 cases	216 cases	6001 cases	1781 cases	232 cases	2029 cases	30 cases	3350 cases	2165 cases	474 cases
Basic model*	1	1.17	1.24	1	1.03	1.4	1	1.75	1	1.06	1.23
	[Reference]	(1.04, 1.32)	(0.89, 1.73)	[Reference]	(0.96, 1.10)	(1.22, 1.61)	[Reference]	(1.21, 2.53)	[Reference]	(0.98, 1.14)	(1.11, 1.36)
plus CRP‡	1	1.14	1.17	1	1.01	1.33	1	1.54	1	1.04	1.17
	[Reference]	(1.01, 1.29)	(0.85, 1.61)	[Reference]	(0.95, 1.08)	(1.16, 1.52)	[Reference]	(1.06, 2.22)	[Reference]	(0.96, 1.12)	(1.05, 1.30)

*Basic model includes age, sex, smoking status, systolic blood pressure, total-cholesterol and HDL cholesterol. CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke. eGFR, estimated glomerular filtration rate calculated using EPI-CKD equation. CRP: C-reactive protein. §To convert HbA_{1c} to IFCC units in mmol/mol = [HbA_{1c} % - 2.15] x 10.929. ‡ Triglycerides and CRP values were log transformed to achieve a normal distribution.

eTable 8. Hazard Ratio for CVD by Clinical Categories of Random Glucose, Adjusted for Baseline Levels of Other Factors in People Without Known History Of Diabetes

	Random glucose (mg/dl)		
	<101	101 -<126	≥126
	28 studies, 107364 participants and 5855 CVD cases		
Age, sex, smoking status, and systolic blood pressure	[Reference]	1.08 (1.01, 1.14)	1.36 (1.16, 1.59)
plus total-cholesterol	[Reference]	1.07 (1.01, 1.14)	1.36 (1.17, 1.58)
plus HDL-C	[Reference]	1.06 (1.00, 1.13)	1.31 (1.13, 1.53)
	26 studies, 84366 participants and 4634 CVD cases		
Basic model*	[Reference]	1.07 (1.00, 1.15)	1.36 (1.17, 1.57)
plus log-triglycerides	[Reference]	1.07 (1.00, 1.14)	1.34 (1.18, 1.52)
	18 studies, 51400 participants and 4421 CVD cases		
Basic model*	[Reference]	1.03 (0.97, 1.11)	1.26 (1.09, 1.45)
plus eGFR	[Reference]	1.03 (0.97, 1.10)	1.24 (1.08, 1.43)
	11 studies, 17605 participants and 2144 CVD cases		
Basic model*	[Reference]	1.12 (1.01, 1.24)	1.41 (1.00, 1.99)
plus log-CRP	[Reference]	1.11 (1.01, 1.23)	1.36 (0.97, 1.91)

*Basic model includes age, sex, smoking status, systolic blood pressure, total-cholesterol and HDL-C. People with known history of diabetes were excluded. Study-specific definition of known history of diabetes is reported in eTable 1. eGFR, estimated glomerular filtration rate calculated using EPI-CKD equation. CRP: C-reactive protein.

CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke.

eTable 9. Changes in Cardiovascular Disease Reclassification After the Addition of Information on Glycemia Measures to Conventional Risk Factors

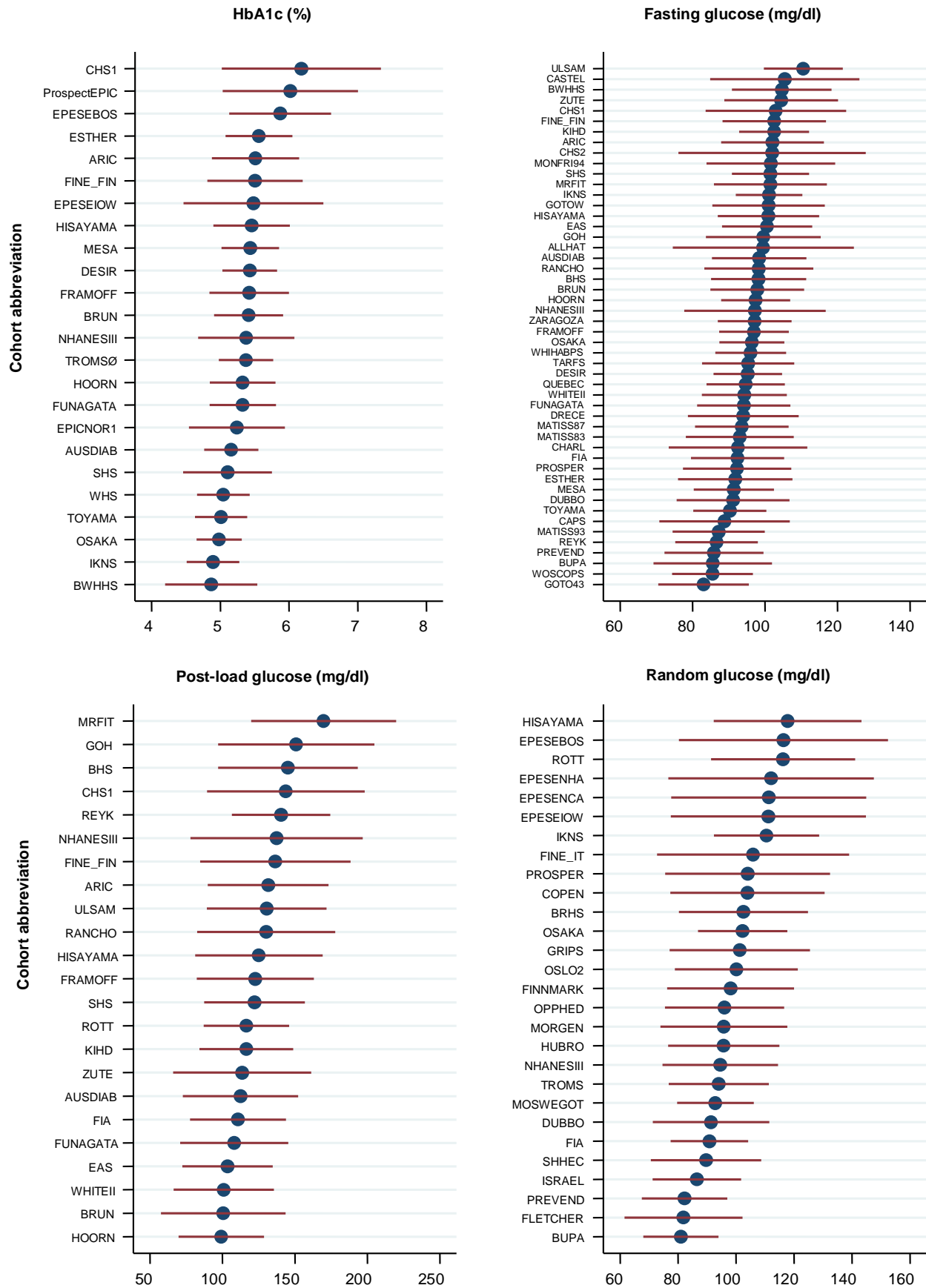
Addition of glycemia measures	No. of studies	No. of participants	No. of cases*	NRI %, Non-cases (95% CI)	NRI %, Cases (95% CI)	NRI (95% CI)	IDI (95% CI)	Relative IDI (95% CI)
HbA _{1c}	8	35808	2351	0.13(-0.09, 0.34)	0.30(-0.73, 1.33)	0.42(-0.63, 1.48)	0.0013(0.0006, 0.0020) ^b	1.70%(0.78%, 2.61%) ^b
Fasting glucose	16	60192	3660	0.14(0.02, 0.26) ^a	0.11(-0.42, 0.63)	0.25(-0.29, 0.79)	0.0013(0.0007, 0.0020) ^b	1.13%(0.58%, 1.68%) ^b
Random glucose	12	39508	2236	0.13(-0.01, 0.26)	-0.04(-0.72, 0.63)	0.08(-0.61, 0.77)	0.0009(0.0003, 0.0016) ^a	0.80%(0.24%, 1.37%) ^a
Post-load glucose	8	24588	1923	0.00(-0.16, 0.16)	0.10(-0.42, 0.62)	0.10(-0.44, 0.65)	0.0004(-0.0002, 0.0009)	0.28%(-0.10%, 0.67%)

CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke. Risk categories were defined as 0-<5%, 5-<7.5%, ≥7.5%

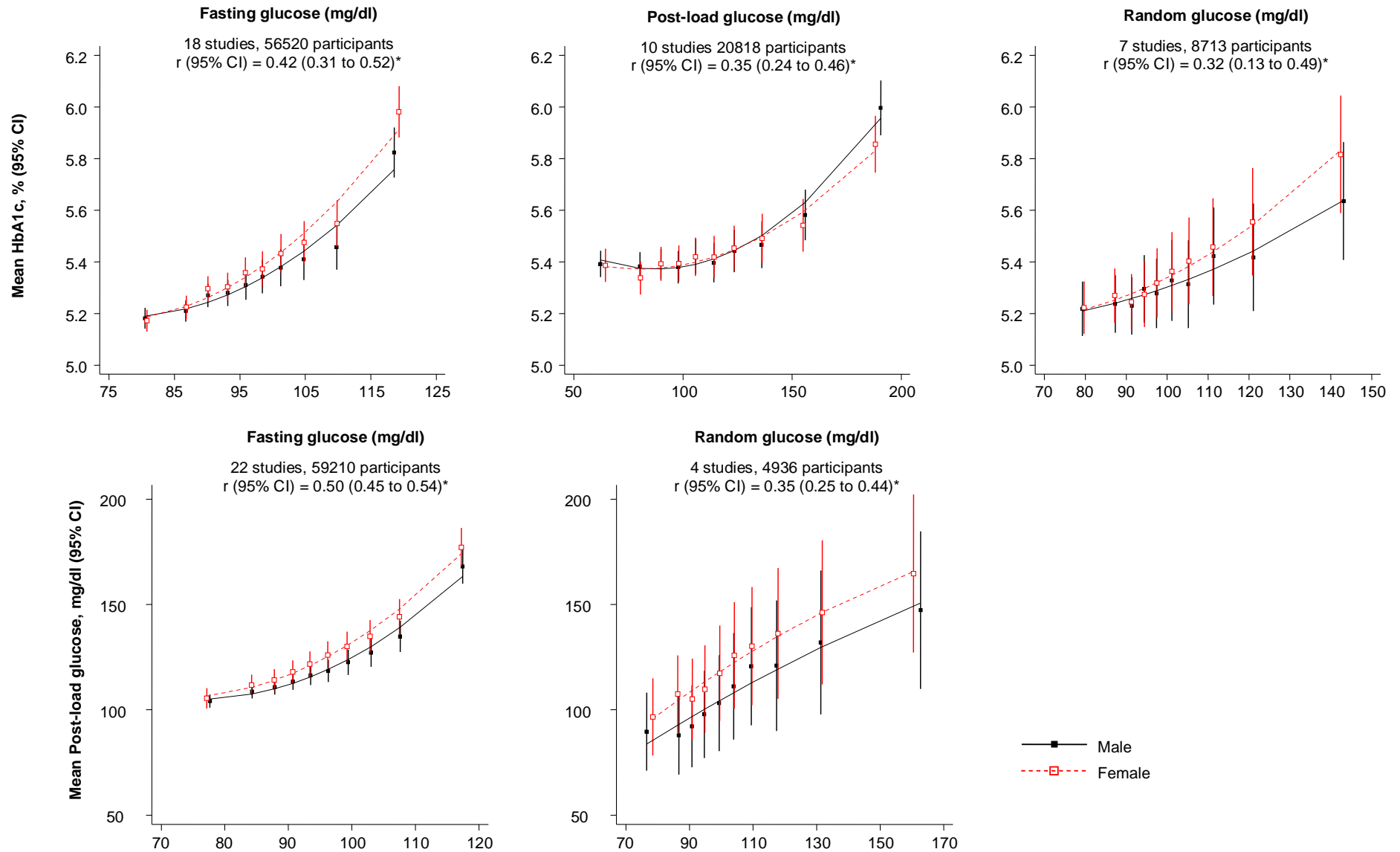
* No. of cases within 10 years of follow-up.

^a P<0.05; ^b P<0.001.

eFigure 1. Mean(SD) of Baseline HbA_{1c}, Fasting Glucose, Random Glucose and Postload Glucose in Individual Studies



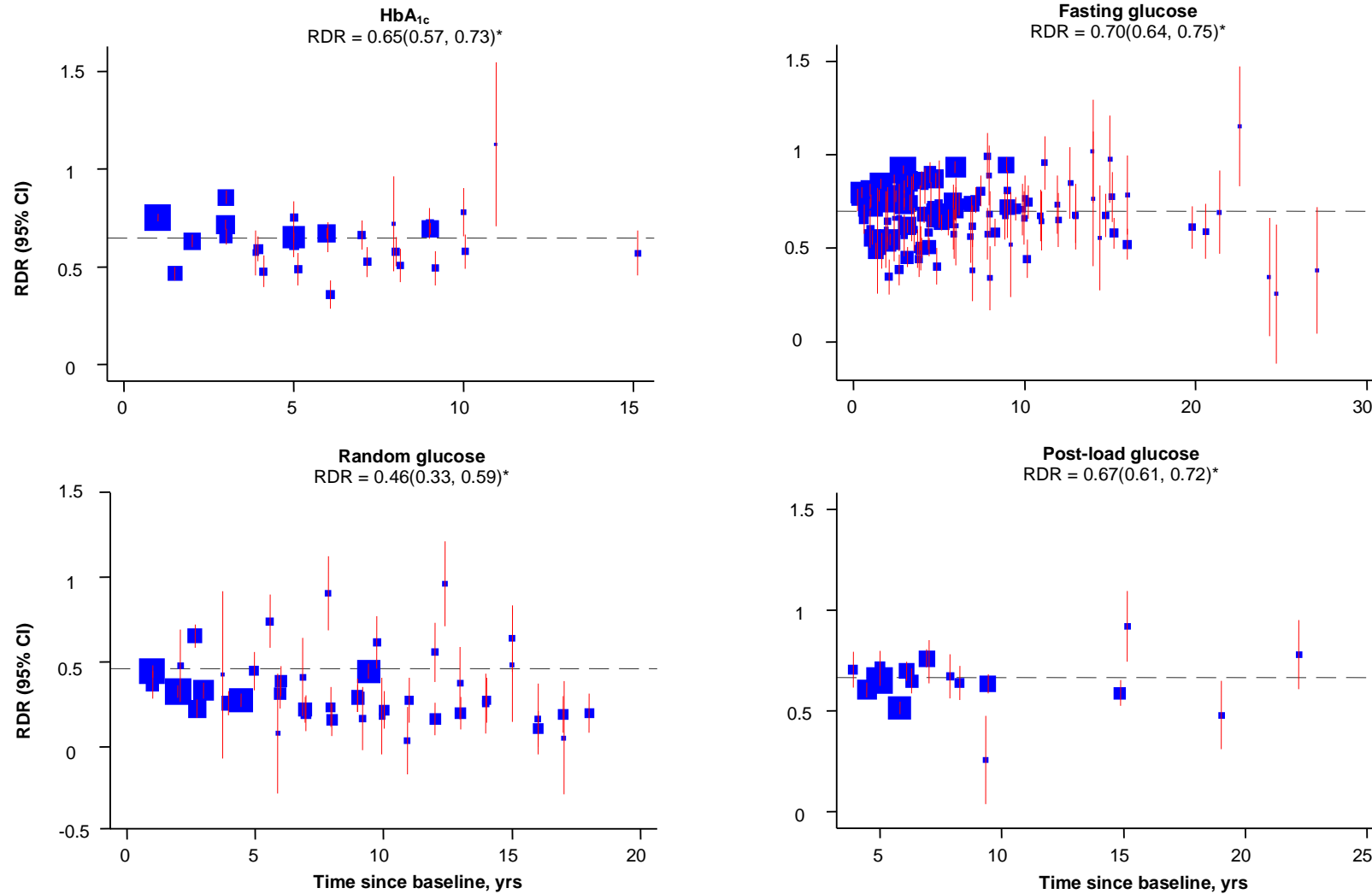
eFigure 2.Correlations Between Different Glycemia Markers



Response means are adjusted to age 65* r is partial correlation adjusted for age and sex.

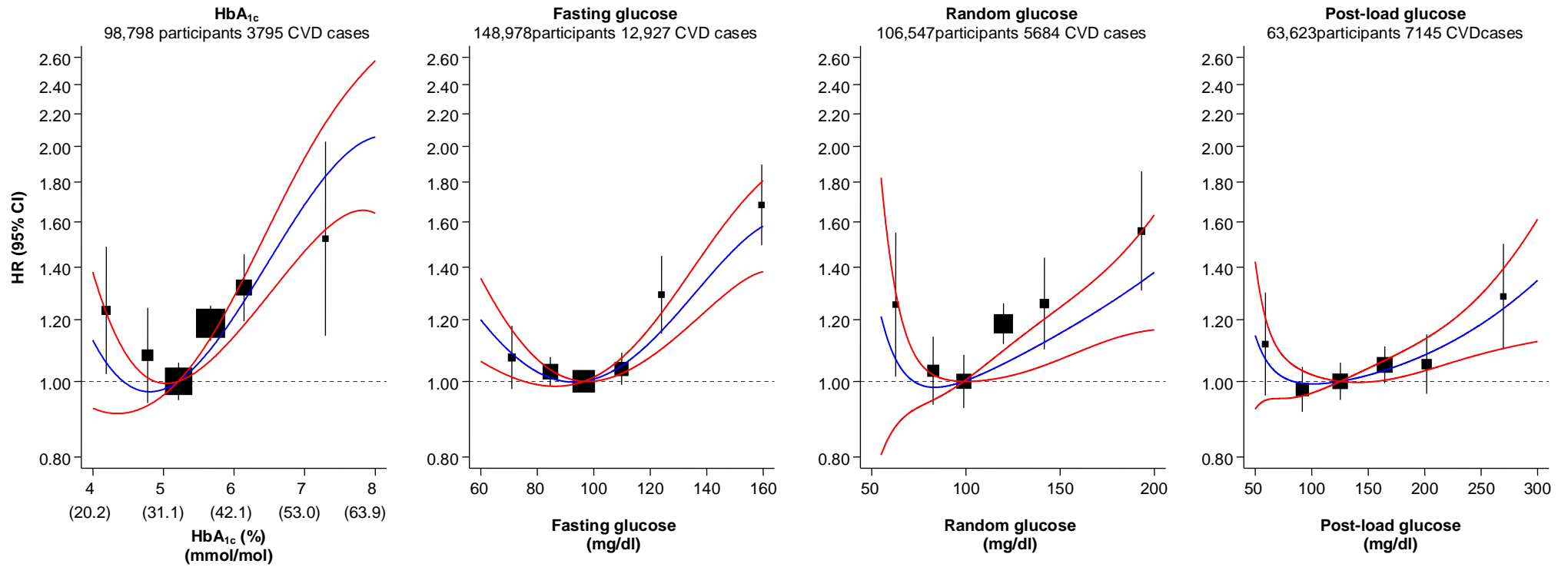
Shape of the association was assessed using linear mixed model with random effects at the study level. The mean values and 95% confidence intervals for HbA_{1c} (top panel) and post-load glucose (bottom panel) were estimated by sex within tenths ("deciles") of other glycaemia markers, and then plotted against the mean values within tenths of other glycaemia markers. An inverse-variance weighted polynomial was superimposed on the means of glycaemia markers to aid interpretation of the shapes.

eFigure 3. Comparison of Within-Person Variability in Various Glycemia Measures in People Without Known History of Diabetes



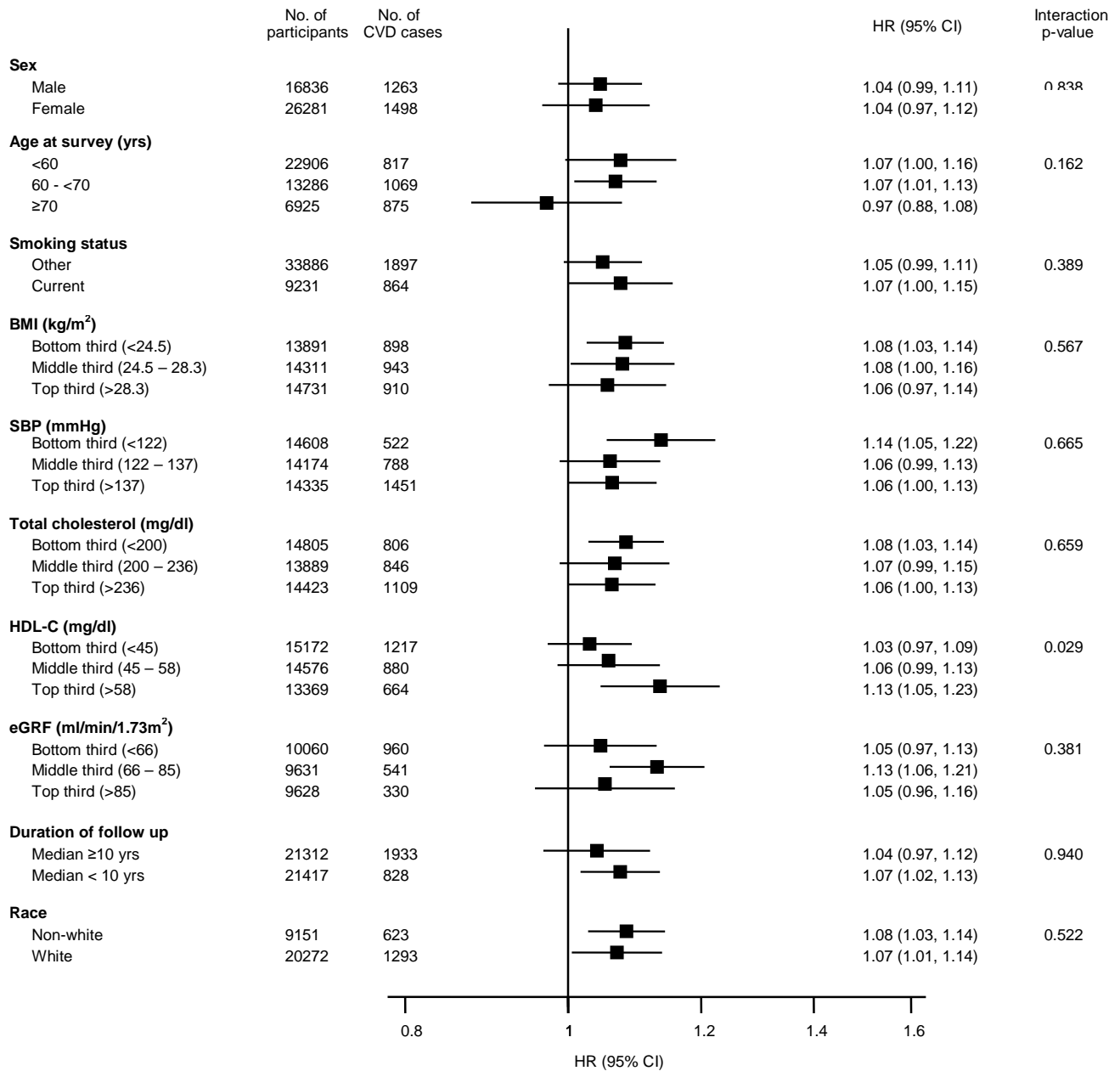
* Estimated pooled Regression Dilution Ratio (RDR) shown as the horizontal dashed lines. Analyses were based on (a) for HbA_{1c} 42,833 repeat (re-survey) measurements from 17,511 participants. (b) for fasting glucose, 195,148 repeat (re-survey) measurements from 72,314 participants. (c) for random glucose, 39,024 repeat (re-survey) measurements from 13,829 participants. (d) for post-load glucose, 24,361 repeat (re-survey) measurements from 20,180 participants. For each re-survey, studies with fewer than 50 participants were excluded. Similar estimates were obtained after excluding observations with known diabetes at repeat measurements.

eFigure 4. Hazard Ratios for Incident Cardiovascular Disease by Baseline Levels of Glycemia Measures Using Fractional Polynomials Model



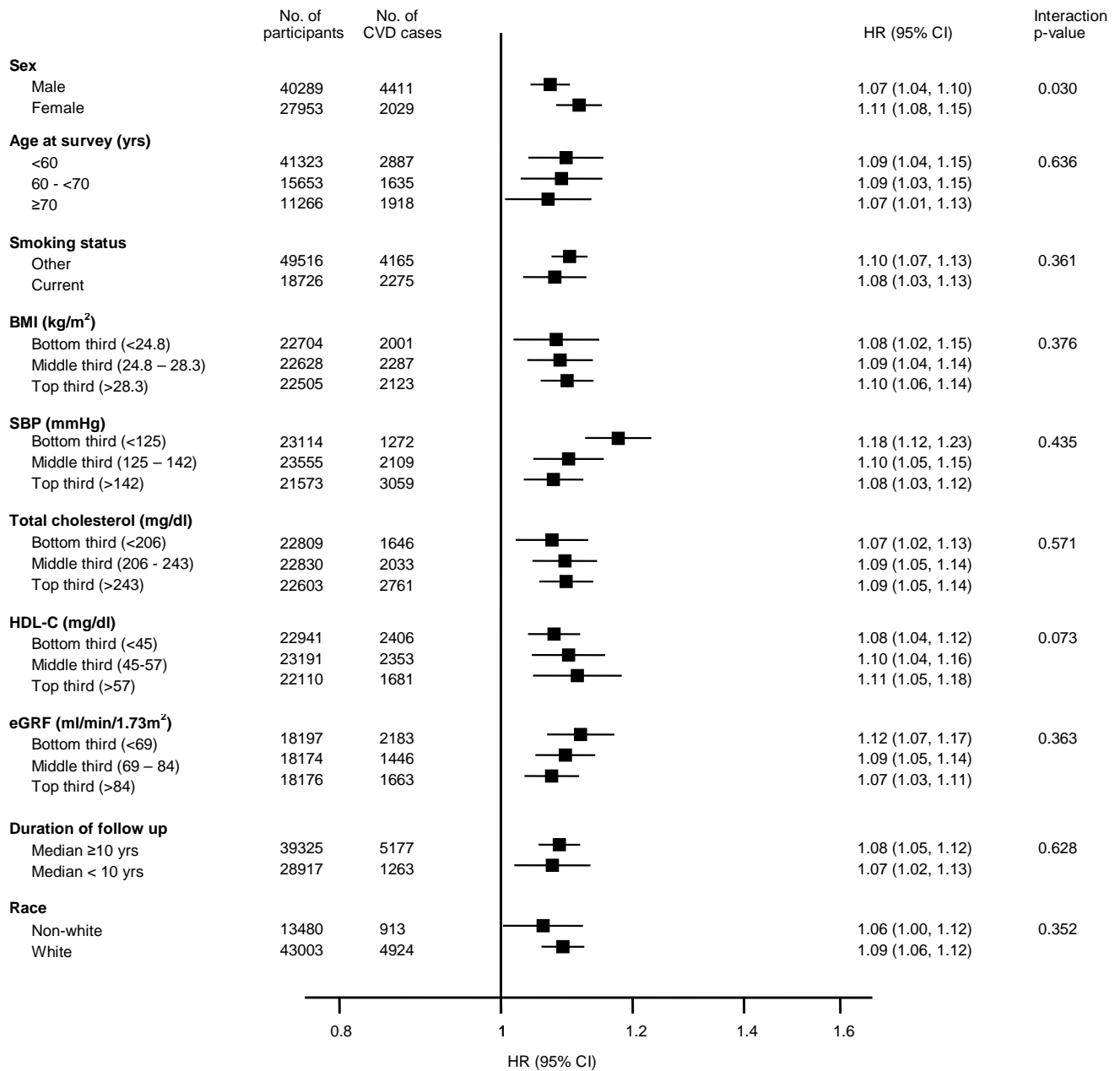
Analyses were adjusted for age, smoking status, systolic blood pressure, total cholesterol, HDL-C and stratified by sex and trial arm where appropriate. Participants were classified into groups as Figure 1. The HR (95% CI) using fractional polynomial models were plotted by solid lines. Participants with glycemia markers values in the top and bottom 0.2% of the distribution were excluded from this analysis. CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke.

eFigure 5. Hazard Ratios for CVD for HbA_{1c} by Study-Level and Individual Characteristics



Participants below the mean level of HbA_{1c} were excluded. Baseline SD was used to calculate per-SD HR. SD of HbA_{1c} was 0.54. P-values for interaction were calculated from analyses using continuous variables where appropriate. Analyses were conducted using studies with information across all levels of each subgroup variable. CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke. eGFR: estimated glomerular filtration rate.

eFigure 6. Hazard Ratios for CVD for Fasting Glucose by Study-Level and Individual Characteristics



Participants below the mean level of fasting glucose were excluded. Baseline SD was used to calculate per-SD HR. SD of fasting glucose was 0.8.

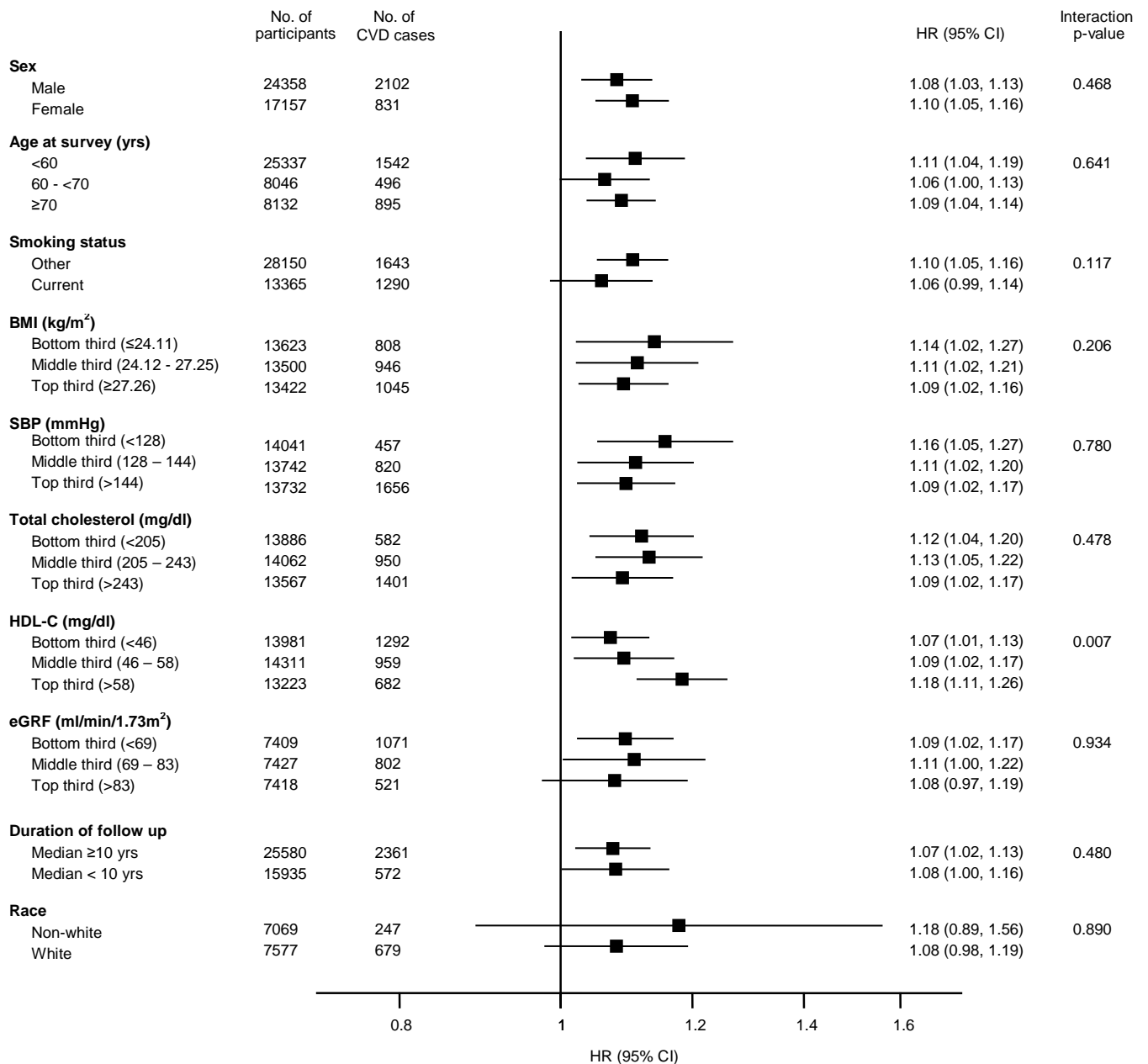
P-values for interaction were calculated from analyses using continuous variables where appropriate.

Analyses were conducted using studies with information across all levels of each subgroup variable.

CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke

eGFR: estimated glomerular filtration rate.

eFigure 7. Hazard Ratios for CVD for Random Glucose by Study-Level and Individual Characteristics



Participants below the mean level of random glucose were excluded. Baseline SD was used to calculate per-SD HR. SD of random glucose was 1.18.

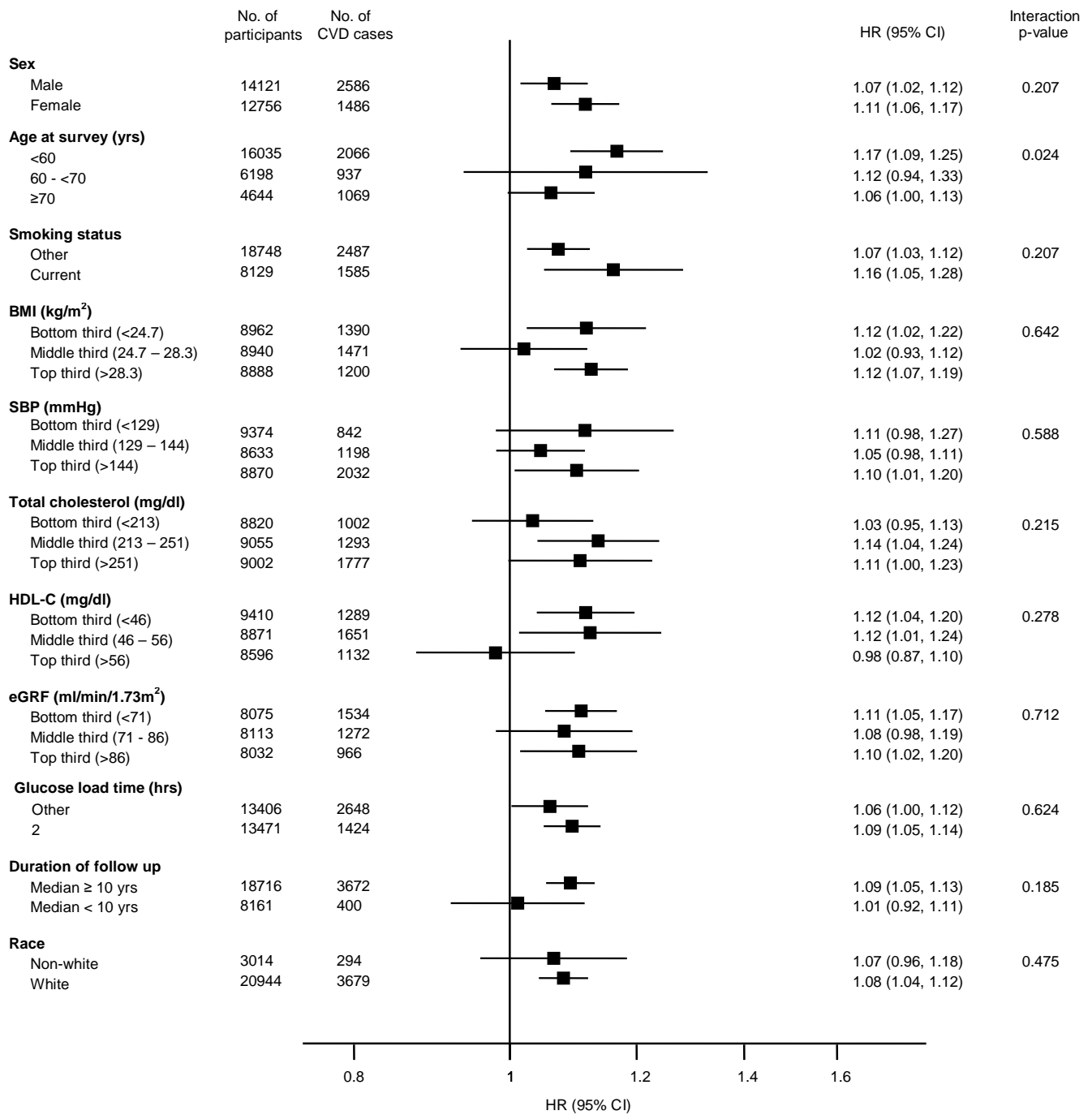
P-values for interaction were calculated from analyses using continuous variables where appropriate.

Analyses were conducted using studies with information across all levels of each subgroup variable.

CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke

eGFR: estimated glomerular filtration rate.

eFigure 8. Hazard Ratios for CVD for Postload Glucose by Study-Level and Individual Characteristics



Participants below the mean level of post-load glucose were excluded. Baseline SD was used to calculate per-SD HR. SD of post-load glucose was 2.25.

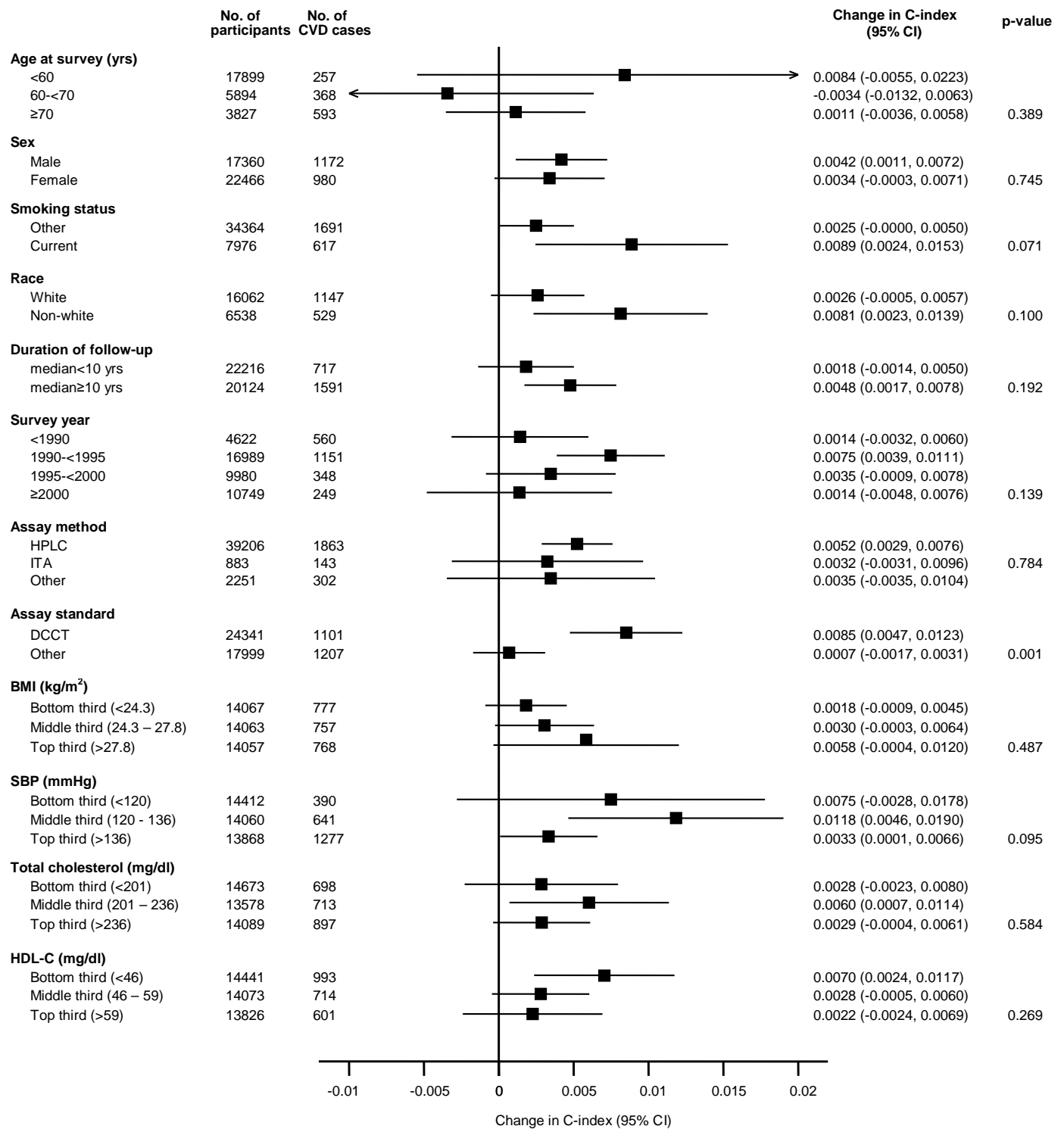
P-values for interaction were calculated from analyses using continuous variables where appropriate.

Analyses were conducted using studies with information across all levels of each subgroup variable.

CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke

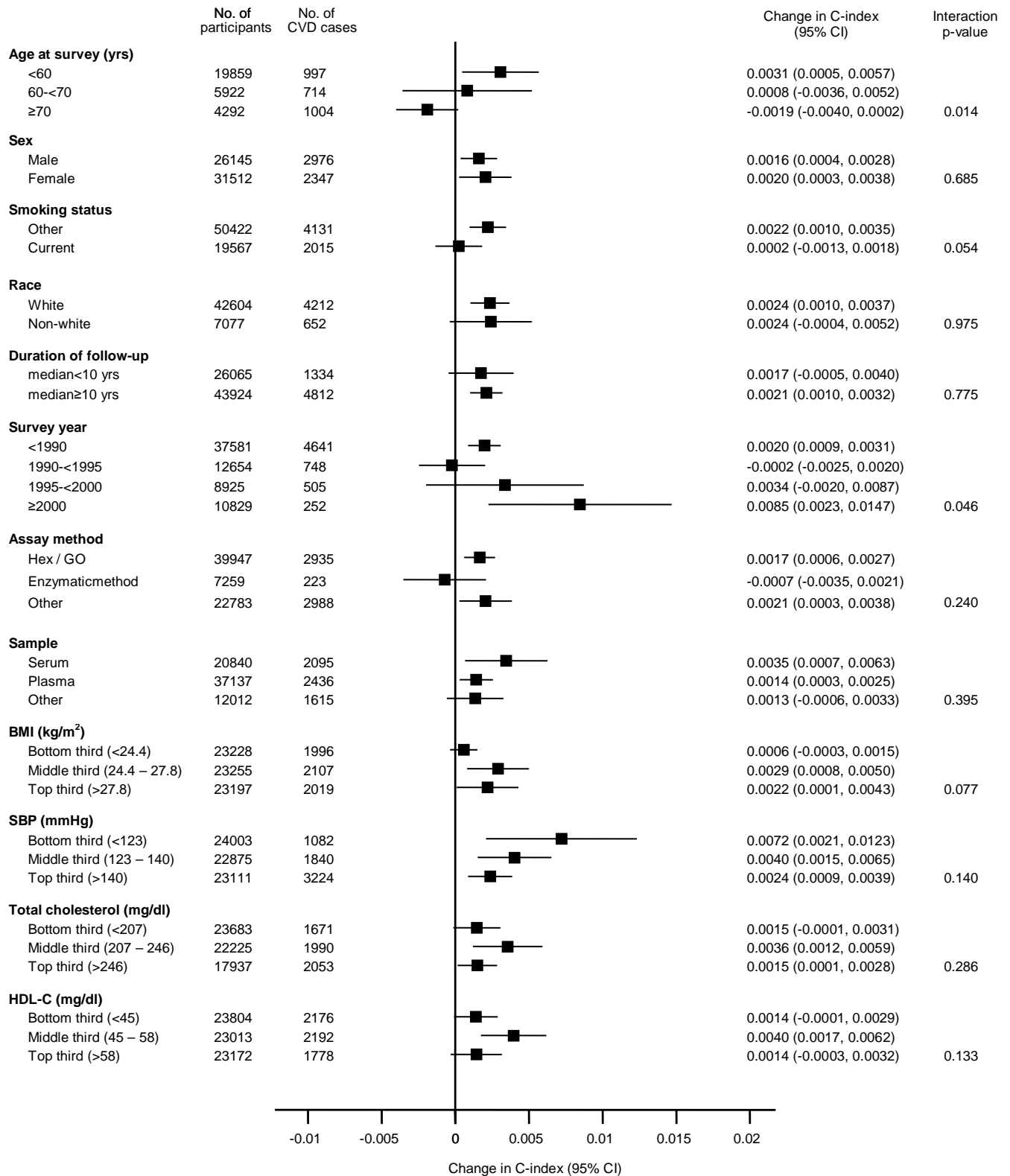
eGFR: estimated glomerular filtration rate.

eFigure 9. Change in C-Index Upon Addition of HbA_{1c} to Conventional Risk Factors by Study-Level and Individual Characteristics



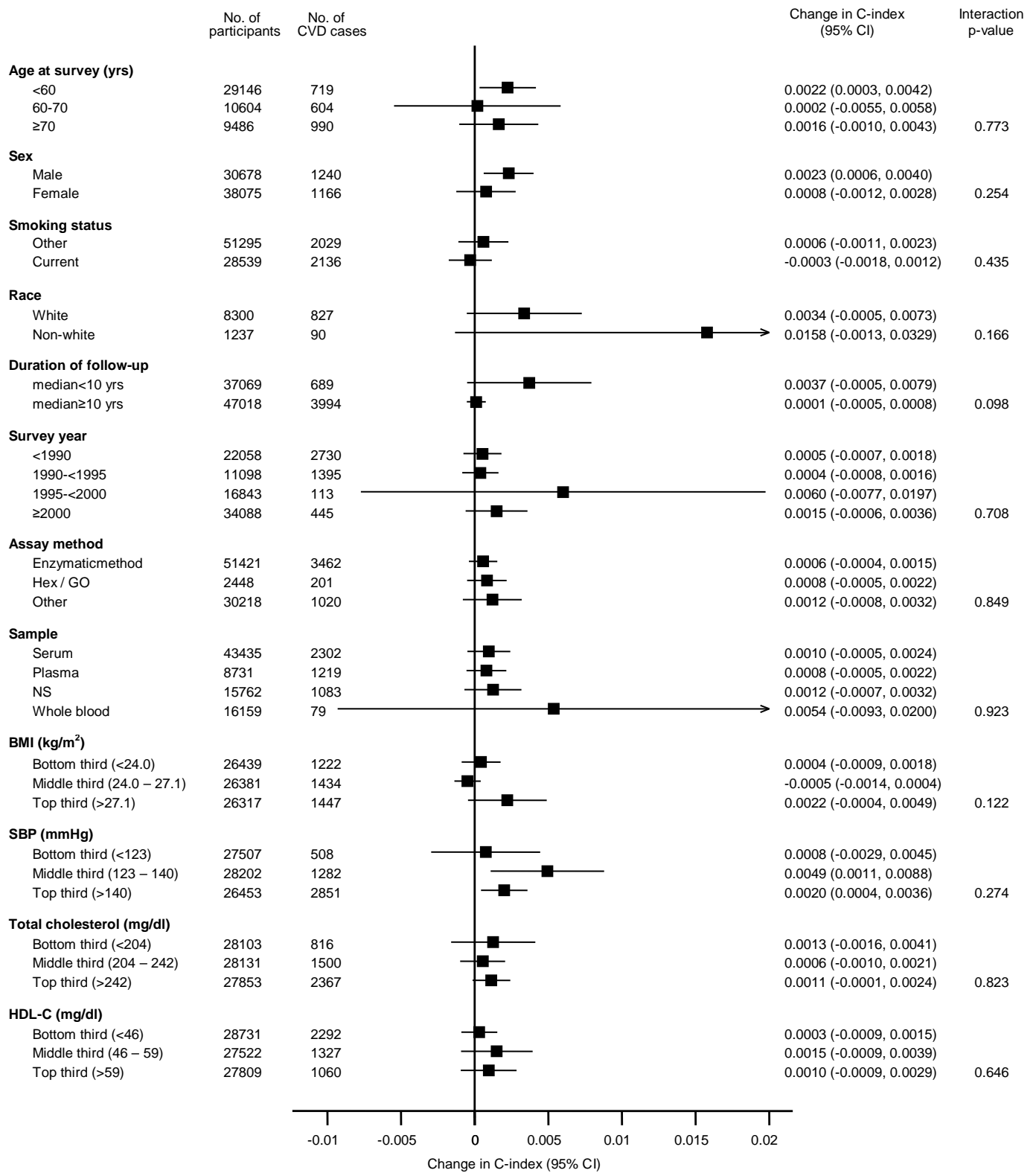
Analyses were conducted using studies with information across all levels of each subgroup variable. CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke

eFigure 10. Change in C-Index Upon Addition of Fasting Glucose to Conventional Risk Factors by Study-Level and Individual Characteristics



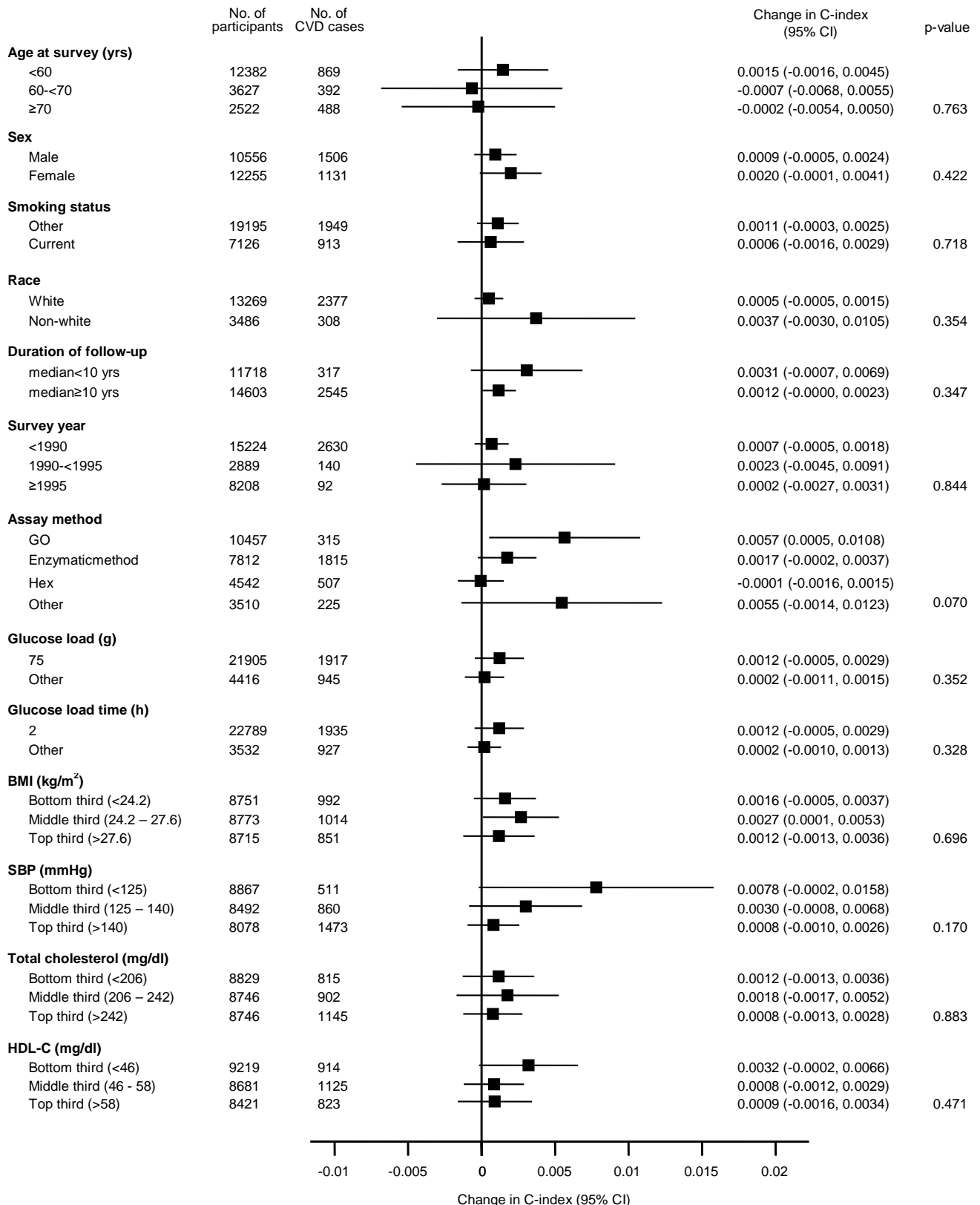
Analyses were conducted using studies with information across all levels of each subgroup variable.
CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke

eFigure 11. Change in C-Index Upon Addition of Random Glucose to Conventional Risk Factors by Study-Level and Individual Characteristics



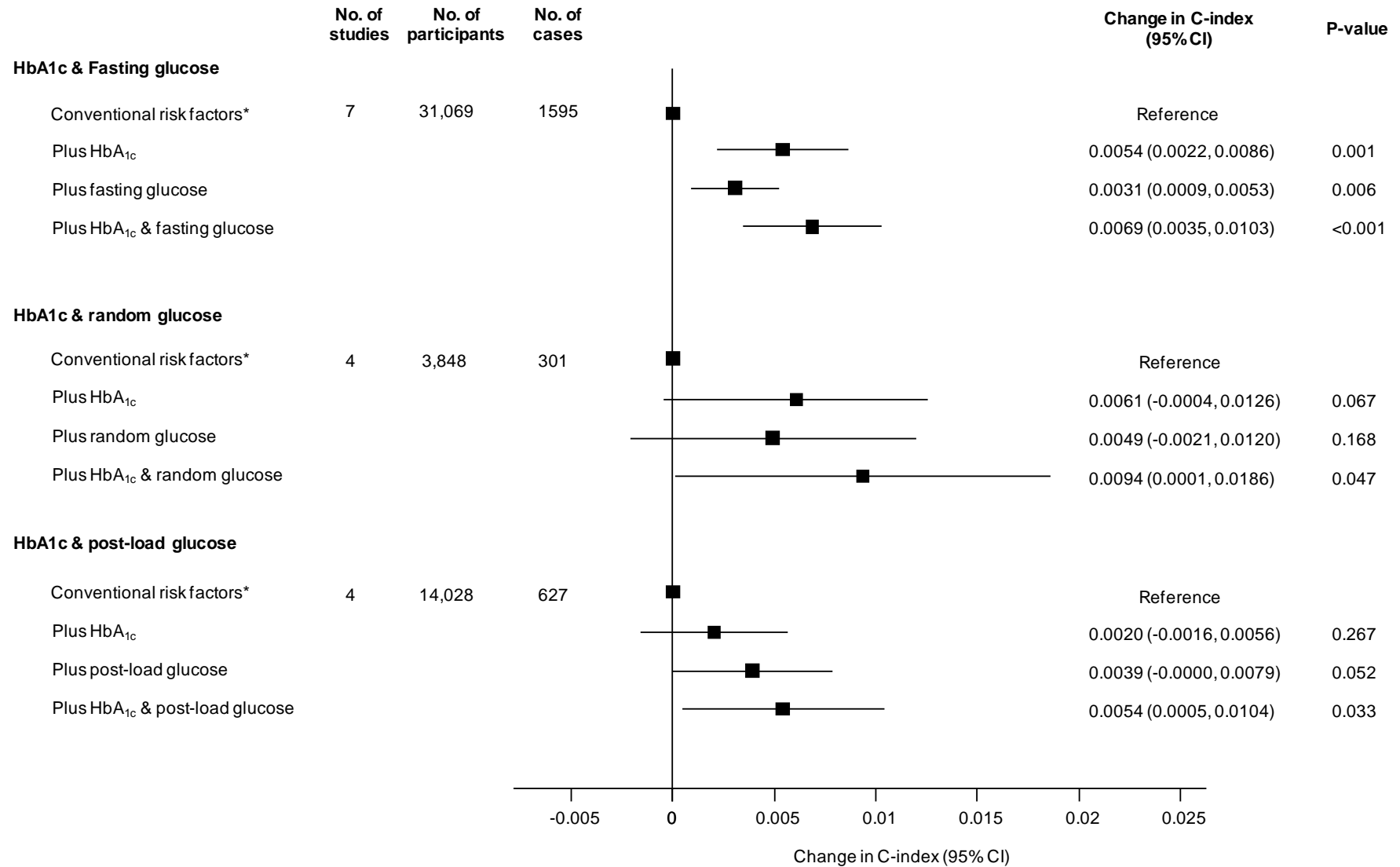
Analyses were conducted using studies with information across all levels of each subgroup variable.
 CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke

eFigure 12. Change in C-Index Upon Addition of Postload Glucose to Conventional Risk Factors by Study-Level and Individual Characteristics



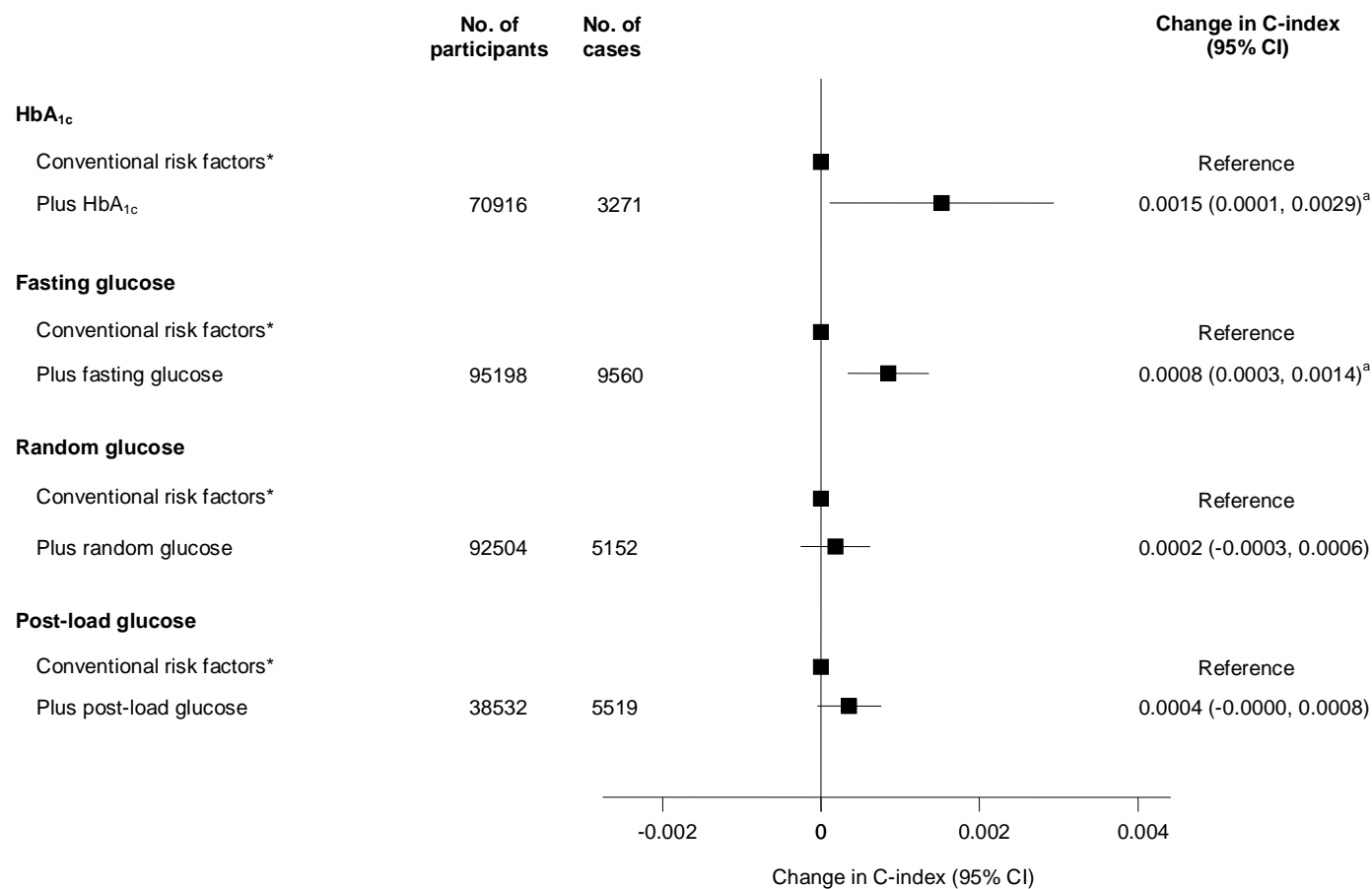
Analyses were conducted using studies with information across all levels of each subgroup variable. CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke.

eFigure 13. Change in C-Index After the Addition of HbA_{1c} to Conventional Risk Factors and Glucose Measurements



* Conventional risk factors include age, sex(stratified), smoking status, systolic blood pressure, total-cholesterol and HDL-C.
 CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke

eFigure 14. Change in C-Index Upon Addition of Glycaemia Markers to Conventional Risk Factors Using Clinically Defined Categories

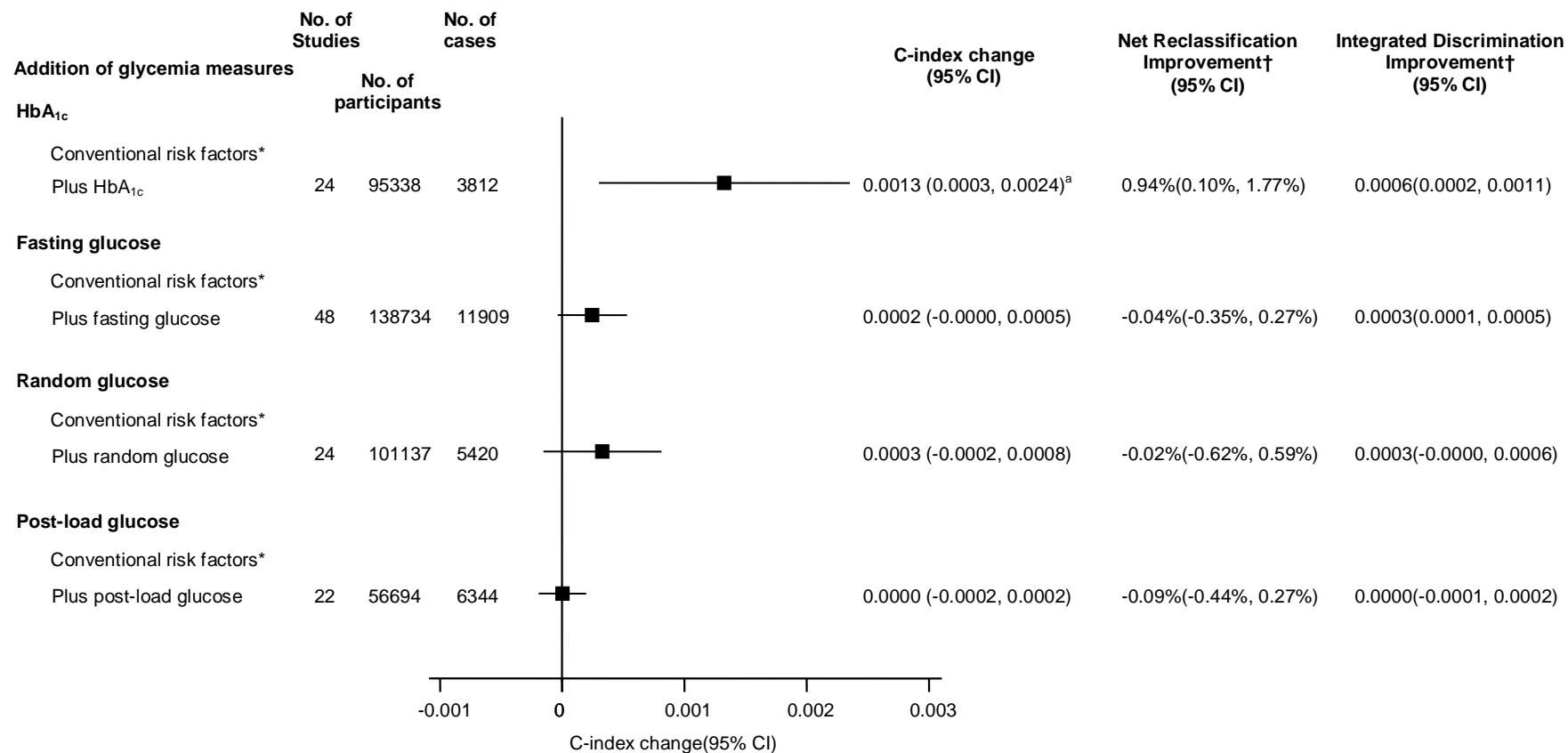


* Conventional risk factors include age, sex(stratified), smoking status, systolic blood pressure, total-cholesterol and HDL-C. Glycaemia markers were defined using clinical categories: HbA_{1c} <5.7, 5.7-6.4, ≥6.5%; fasting glucose <5.6, 5.6-7, ≥7 mmol/l; random glucose <11.1 and ≥11.1 mmol/l; post-load glucose <7.8, 7.8-11.1, ≥11.1 mmol/l.

Excluding people with very low measurements of glycaemia markers (ie. bottom 5%) and using the categories defined as in Figure 1, the change in C-index (95% CI) was 0.0019 (0.0004, 0.0033) for HbA_{1c}, 0.0013 (0.0007, 0.0019) for fasting glucose, 0.0006 (-0.0001, 0.0014) for random glucose and 0.0004 (-0.0001, 0.0009) for post-load glucose.

CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke

eFigure 15. Changes in Cardiovascular Disease Risk Discrimination and Reclassification After the Addition of Information on Glycaemia Measures to Conventional Risk Factors Excluding People With Diabetes



Diabetes status was defined by self-report, anti-diabetic treatment history or biochemical measurements.

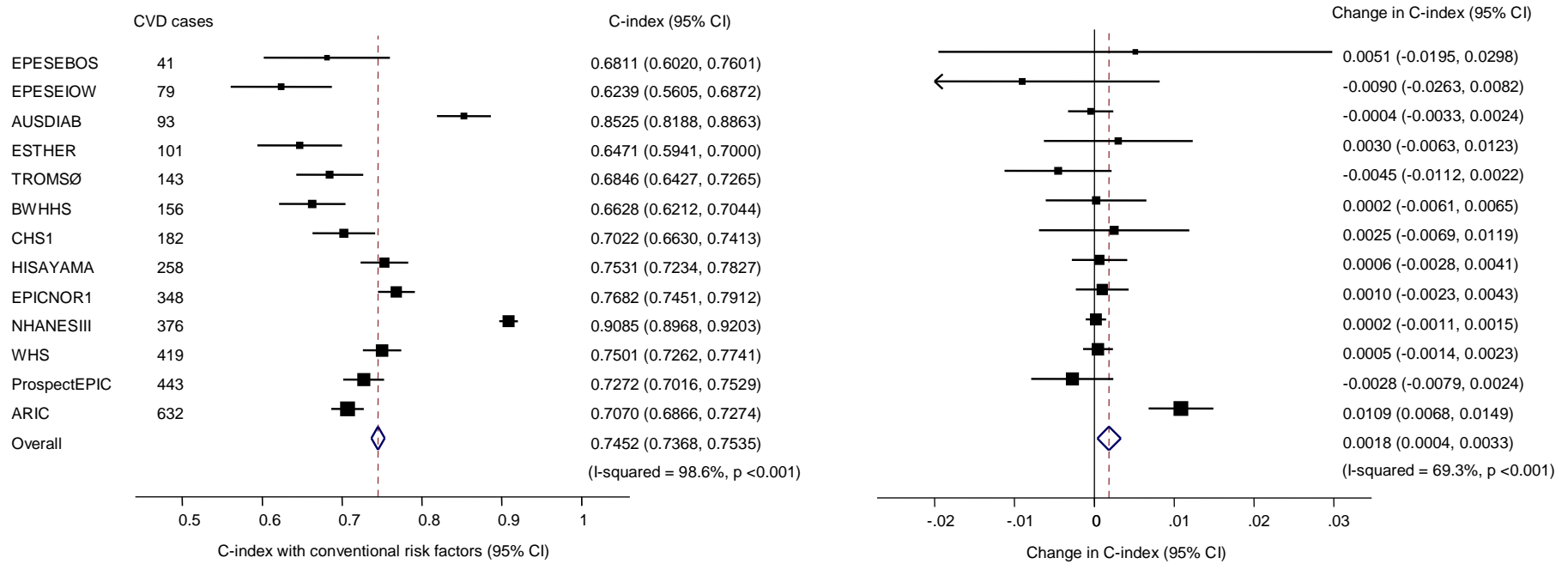
†Net reclassification improvement and integrated discrimination improvement were calculated only for participants in studies with at least 10 years of follow-up. Net reclassification improvement was assessed for correct movement of participants between three predicted 10-year CVD risk categories (<5%, 5% to <7.5% and ≥7.5%)

* Conventional risk factors include age, sex(stratified), smoking status, systolic blood pressure, total-cholesterol and HDL-C.

^a P<0.05; ^b P<0.001.

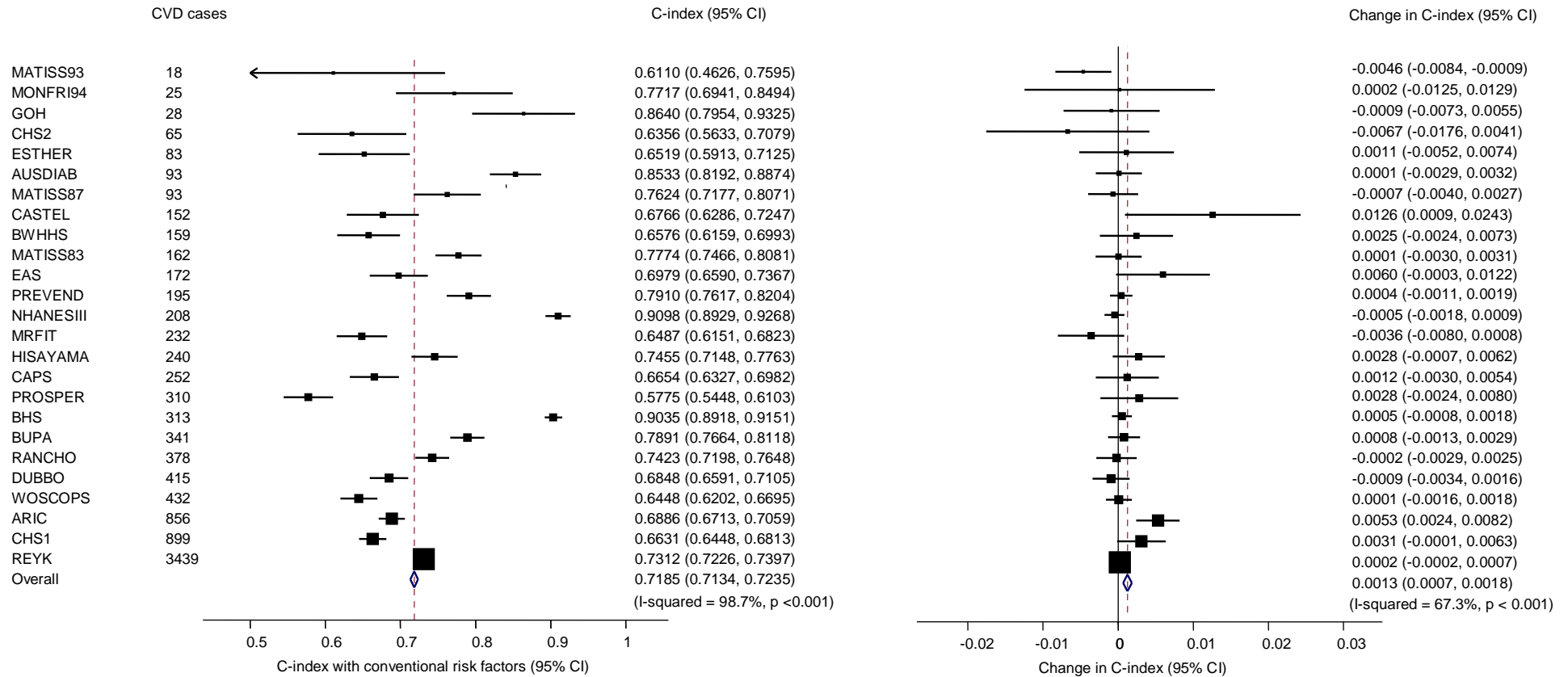
CVD: cardiovascular disease, defined as fatal or nonfatal CHD event or any stroke

eFigure 16. Study-Specific C-Index and Change in C-Index Upon Addition of HbA_{1c} to Conventional Risk Factors



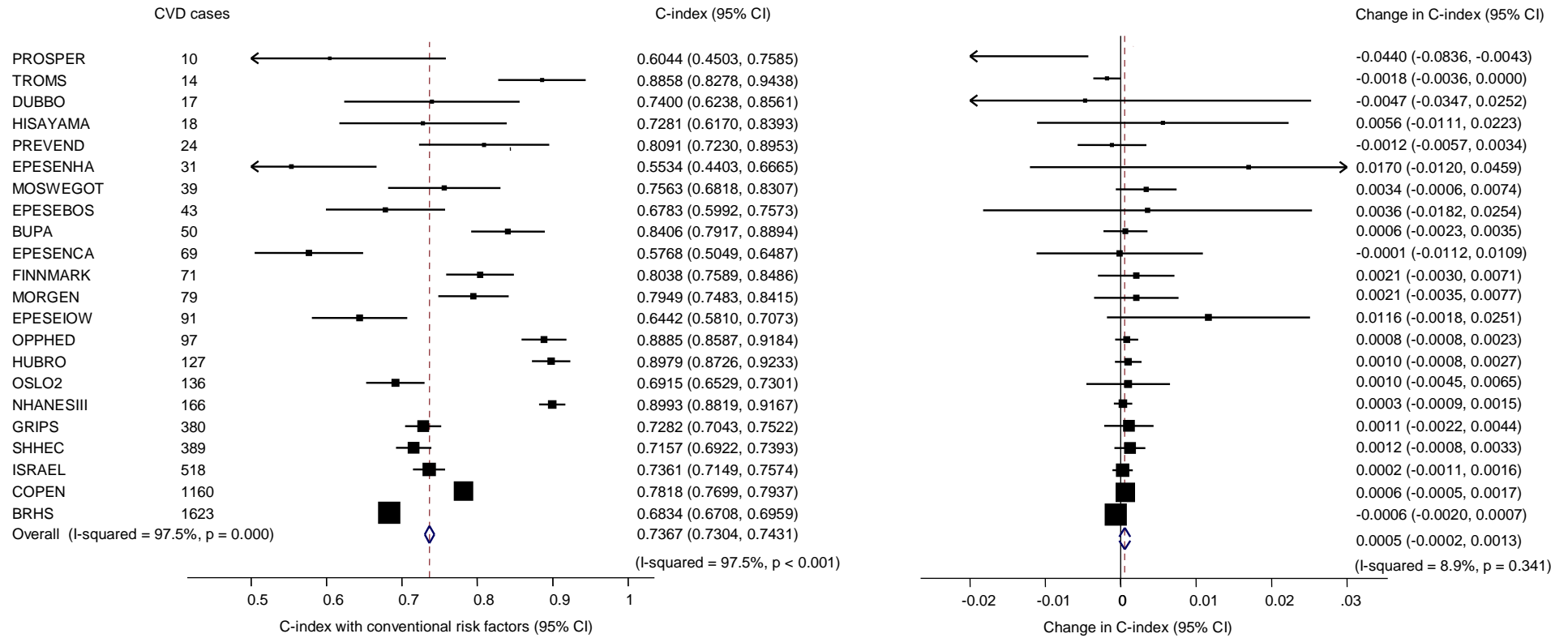
There was no evidence of statistically significant difference between studies with less than 250 CVD cases versus those with 250 or more CVD cases, P value (0.385).

eFigure 17. Study-Specific C-Index and Change in C-Index Upon Addition of Fasting Glucose to Conventional Risk Factors



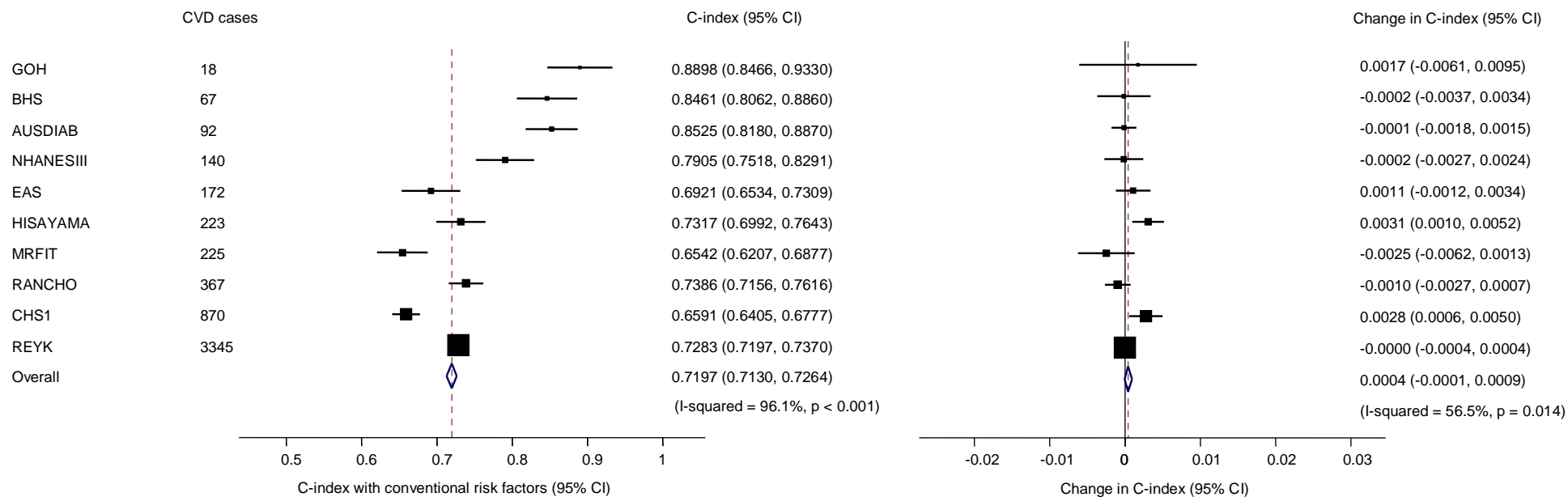
There was no evidence of statistically significant difference between studies with less than 250 CVD cases versus those with 250 or more CVD cases, P value (0.317).

eFigure 18. Study-Specific C-Index and Change in C-Index Upon Addition of Random Glucose to Conventional Risk Factors



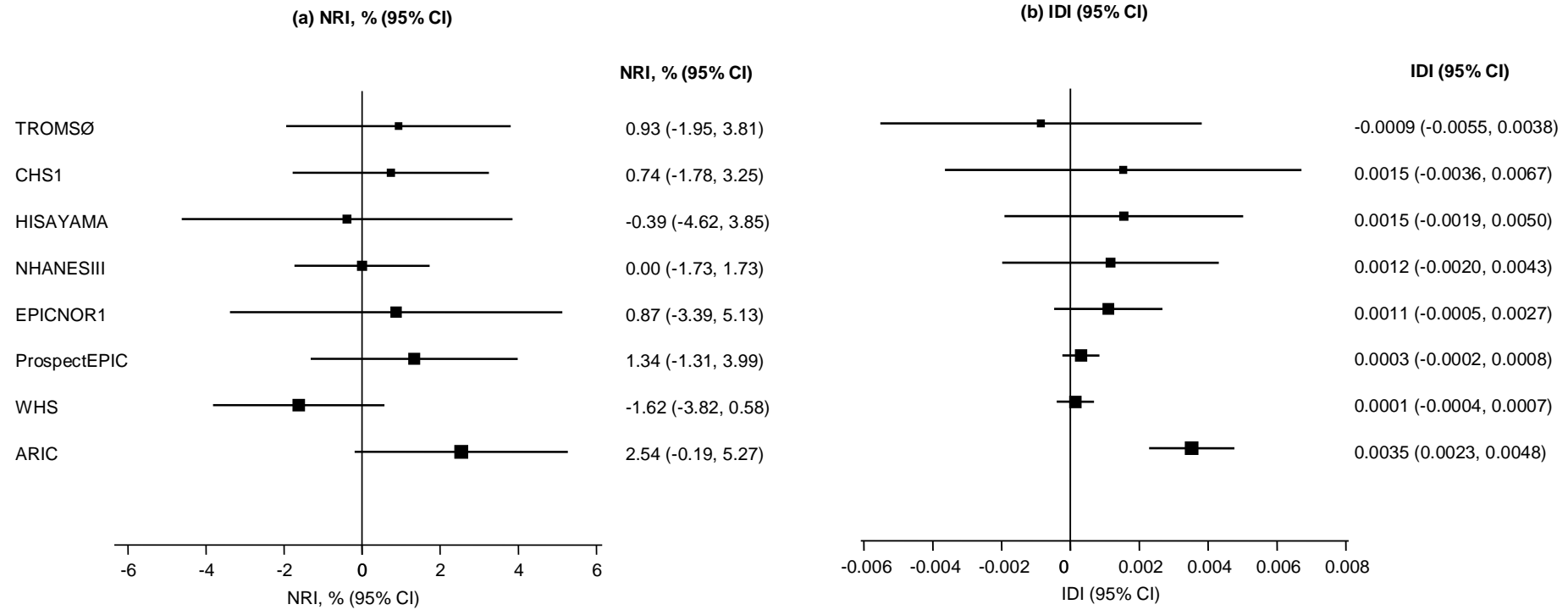
There was no evidence of statistically significant difference between studies with less than 250 CVD cases versus those with 250 or more CVD cases, P value (0.877).

eFigure 19. Study-Specific C-Index and Change in C-Index Upon Addition of Postload Glucose to Conventional Risk Factors

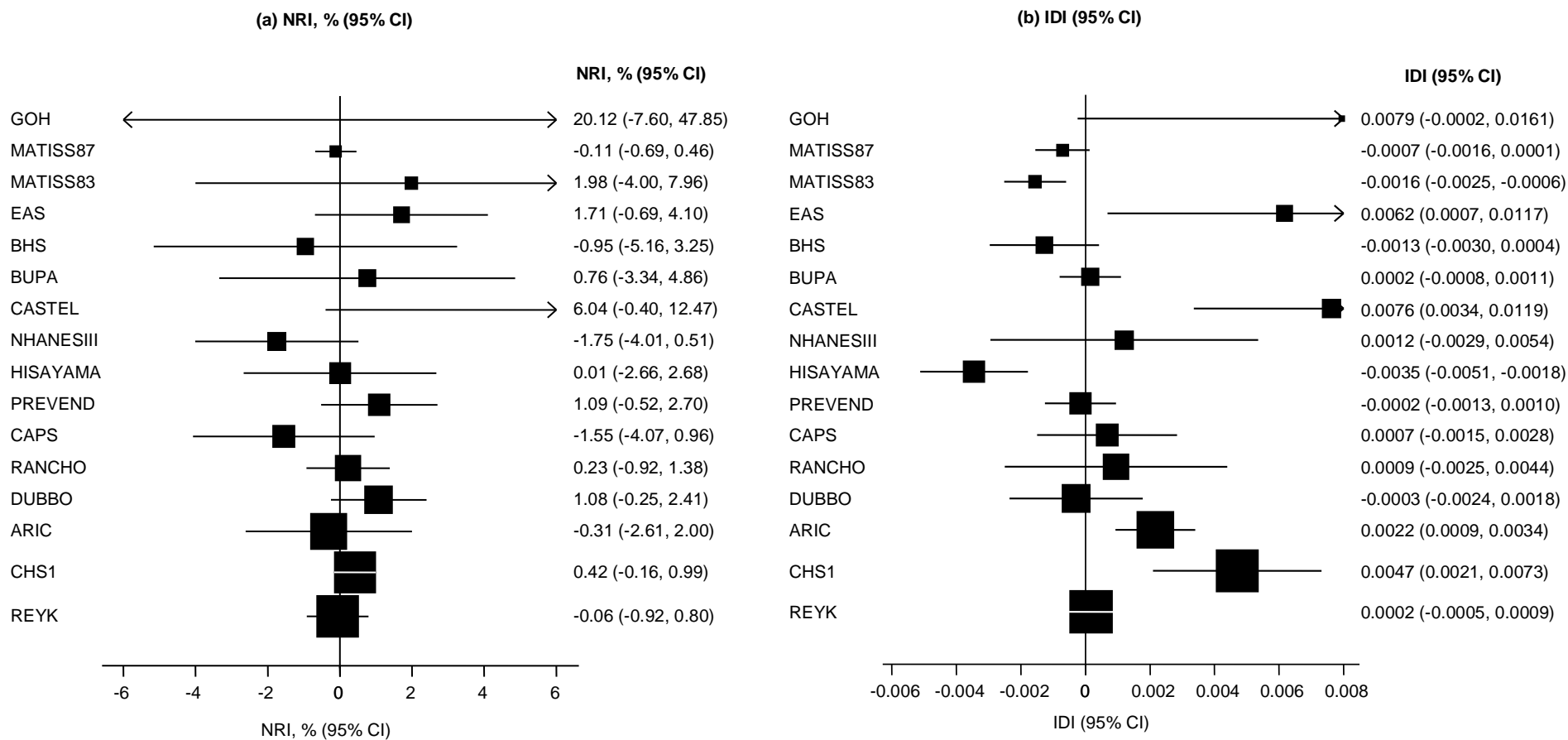


There was no evidence of statistically significant difference between studies with less than 250 CVD cases versus those with 250 or more CVD cases, P value (0.922).

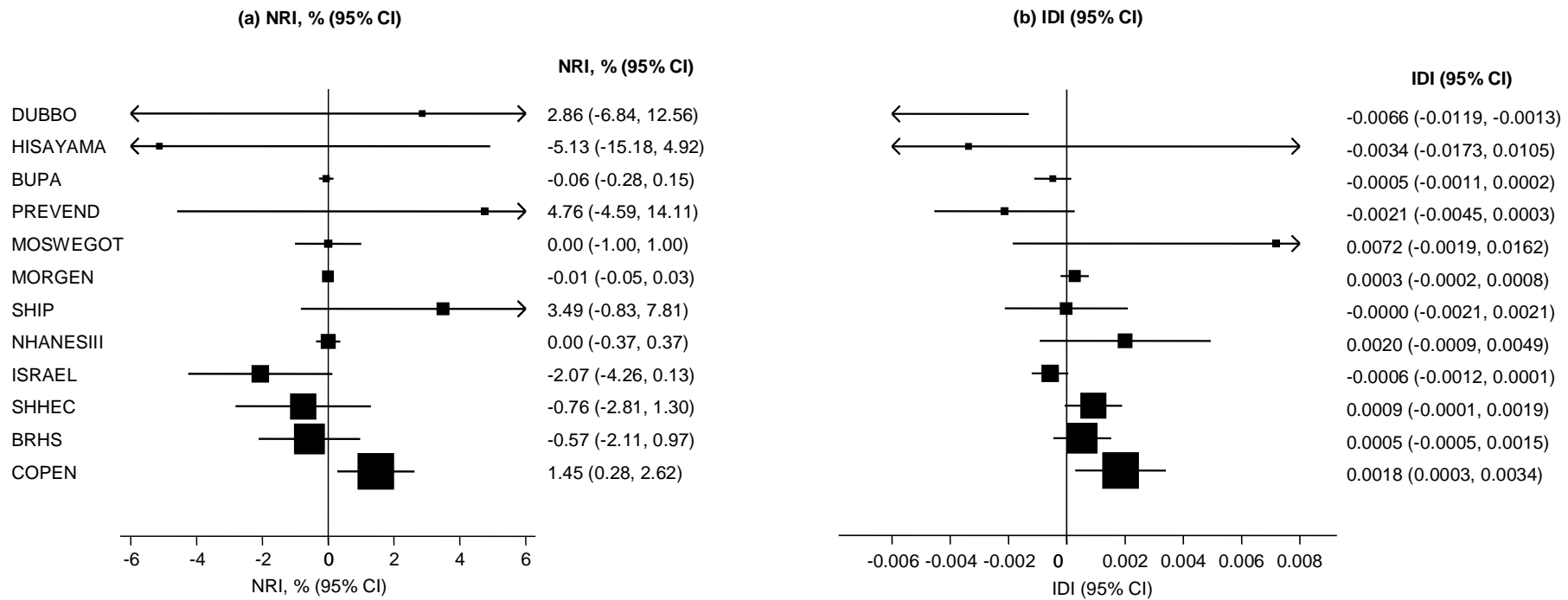
eFigure 20. Study-Specific NRI and IDI Upon Addition of HbA_{1c} to Conventional Risk Factors



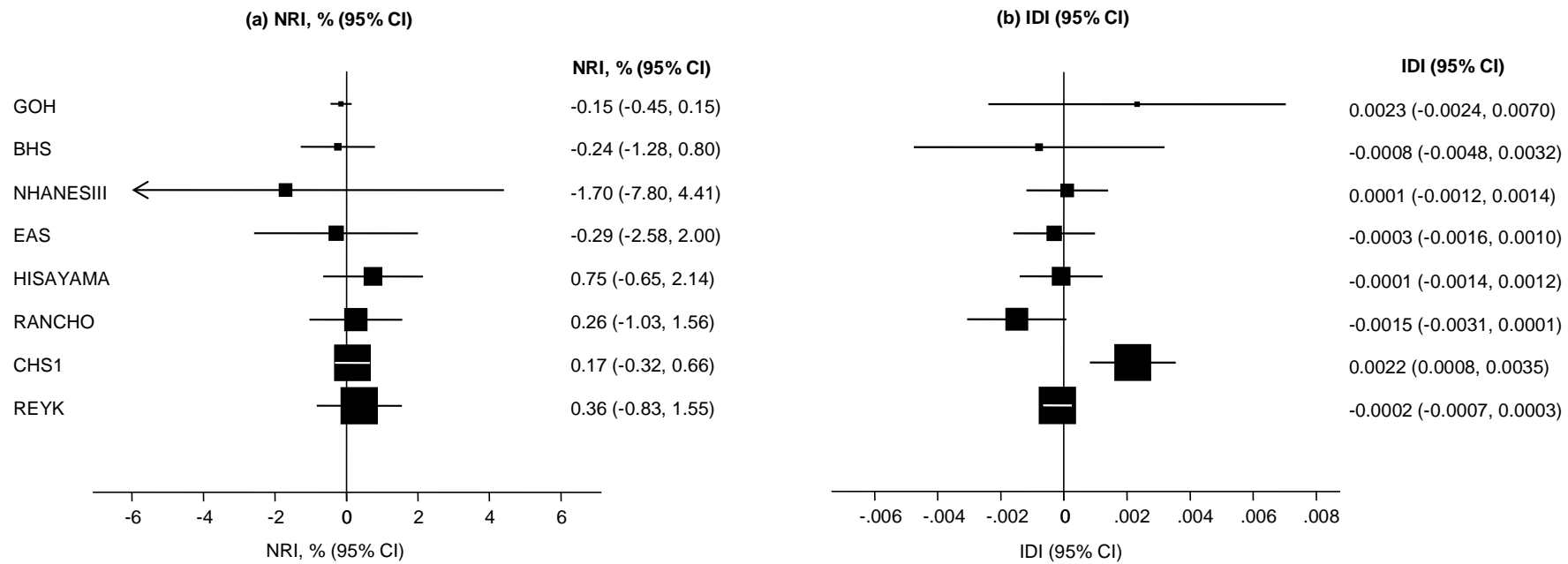
eFigure 21. Study-Specific NRI and IDI Upon Addition of Fasting Glucose to Conventional Risk Factors



eFigure 22. Study-Specific NRI and IDI Upon Addition of Random Glucose to Conventional Risk Factors



eFigure 23. Study-Specific NRI and IDI Upon Addition of Postload Glucose to Conventional Risk Factors



eAppendix 1. List of Study Acronyms and Study References

ALLHAT, Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial¹
ARIC, Atherosclerosis Risk in Communities Study^{2,3}
AUSDIAB, Australian Diabetes, Obesity and Lifestyle Study^{4,5,6}
BHS, Busselton Health Study⁷
BRHS, British Regional Heart Study⁸
BUPA, British Union Provident Association⁹
BRUN, Bruneck Study^{10,11,12}
BWHHS, British Women's Heart and Health Study¹³
CAPS, Caerphilly Prospective Study¹⁴
CASTLE, Cardiovascular Study in the Elderly¹⁵
CHARL, Charleston Heart Study⁷⁷
CHS-1, original cohort of the Cardiovascular Health Study^{16,17,18}
CHS-2, supplemental African American cohort of the Cardiovascular Health Study¹⁸
COPEN, Copenhagen City Heart Study¹⁹
D.E.S.I.R., Data from an Epidemiological Study on the Insulin Resistance Syndrome^{20,21}
DRECE, Diet and Risk of Cardiovascular Disease in Spain²²
DUBBO, Dubbo Study of the Elderly²³
EAS, Edinburgh Artery Study²⁴
EMOFRI, cohort of Progetto CUORE²⁵
EPESEBOS, Established Populations for the Epidemiologic Study of the Elderly Studies, East Boston^{26,27}
EPESEIOW, Established Populations for the Epidemiologic Study of the Elderly Studies, Iowa²⁶
EPESENCA, The Established Populations for the Epidemiologic Study of the Elderly Studies, North Carolina^{26,28}
EPESENHA, Established Populations for the Epidemiologic Study of the Elderly Studies, New Haven²⁶
EPICNOR1, EPIC Norfolk Study²⁹
ESTHER, Epidemiological study on chances of prevention, early detection, and treatment optimization of chronic diseases in the elderly³⁰
FIA, First Myocardial Infarction in Northern Sweden³¹
FINE_FIN, Finland, Italy and Netherlands Elderly Study - Finland cohort³²
FINE_IT, Finland, Italy and Netherlands Elderly Study³²
FINNMARK, Finnmark Health Study³⁶, cohort of CONOR, <http://www.fhi.no/artikler/?id=105583>
FLETCHER, Fletcher Challenge Blood Study³³
FRAMOFF, Framingham Offspring Cohort^{34,35,36}
FUNAGATA, The Funagata Study^{37,38}
GOH, Glucose Intolerance, Obesity and Hypertension Study^{39,40}
GOTO43, Göteborg 1943 Study⁴¹
GOTOW, Population Study of Women in Gothenburg, Sweden^{42,43}
GRIPS, Göttingen Risk Incidence and Prevalence Study⁴⁴
HISAYAMA, Hisayama Study⁴⁵
HOORN, Hoorn Study⁴⁶
HUBRO, The Oslo Health Study^{36,47}, cohort of CONOR
IKNS, Ikawa, Kyowa, and Noichi Study^{48,49}
ISRAEL, Israeli Ischaemic Heart Disease Study⁵⁰
KIHD, Kuopio Ischaemic Heart Disease Study^{51,52}
MATISS83, cohort of Progetto CUORE²⁵
MATISS87, cohort of Progetto CUORE²⁵
MATISS93, cohort of Progetto CUORE²⁵
MESA, Multi-Ethnic Study of Atherosclerosis^{53, 54}
MONFRI94, cohort of Progetto CUORE²⁵
MORGEN, Monitoring Project on Chronic Disease Risk Factors⁸⁰
MOSWEGOT, MONICA Göteborg Study⁵⁵

MRFIT, Multiple Risk Factor Intervention Trial 1⁵⁶
NHANESIII, Third National Health and Nutrition Examination Survey⁵⁷
OPPHED, The Oppland and Hedmark Health Study³⁶, cohort of CONOR,<http://www.fhi.no/artikler/?id=105583>
OSAKA, Osaka Study⁵⁸
OSLO II, Oslo Health Study II^{36,59}, cohort of CONOR, <http://www.fhi.no/artikler/?id=105583>
PREVEND, Prevention of Renal and Vascular End Stage Disease Study⁶⁰
Prospect EPIC,Prospect-EPIC Utrecht⁶¹
PROSPER, Prospective Study of Pravastatin in the Elderly at Risk⁶²
QUEBEC, Quebec Cardiovascular Study⁷⁸
RANCHO, Rancho Bernardo Study⁶³
REYK, Reykjavik Study⁶⁴
ROTT, The Rotterdam Study⁶⁵
SHHEC, Scottish Heart Health Extended Cohort⁶⁶
SHS, Strong Heart Study⁶⁷
TARFS, Turkish Adult Risk Factor Study⁶⁸
TOYAMA, Toyama⁶⁹
TROMS, The Troms Health Study, cohort of CONOR³⁶,<http://www.fhi.no/artikler/?id=105583>
TROMSØ, Tromsø Study⁷⁰
ULSAM, Uppsala Longitudinal Study of Adult Men⁷¹
WHITEII, Whitehall II Study,⁷²
WHIHABPS, Women's Health Initiative Hormones and Biomarkers Predicting Stroke Study⁷³
WHS, Women's Health Study⁷⁹
WOSCOPS, West of Scotland Coronary Prevention Study⁷⁴
ZARAGOZA, Zaragoza study⁷⁵
ZUTE, Zutphen Elderly Study⁷⁶

Study References

1. Whelton PK, Barzilay J, Cushman WC, et al. Clinical outcomes in antihypertensive treatment of type 2 diabetes, impaired fasting glucose concentration, and normoglycemia: Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). *Arch Intern Med*. 2005;165(12):1401–1409. doi:10.1001/archinte.165.12.1401.
2. Boland LL, Folsom AR, Rosamond WD. Hyperinsulinemia, dyslipidemia, and obesity as risk factors for hospitalized gallbladder disease. A prospective study. *Ann Epidemiol*. 2002;12(2):131–140.
3. Selvin E, Steffes MW, Zhu H, et al. Glycated hemoglobin, diabetes, and cardiovascular risk in nondiabetic adults. *NEnglJMed*. 2010;362(9):800–811.
4. Barr ELM, Cameron AJ, Balkau B, et al. HOMA insulin sensitivity index and the risk of all-cause mortality and cardiovascular disease events in the general population: the Australian Diabetes, Obesity and Lifestyle Study (AusDiab) study. *Diabetologia*. 2010;53(1):79–88. doi:10.1007/s00125-009-1588-0.
5. Barr ELM, Boyko EJ, Zimmet PZ, Wolfe R, Tonkin AM, Shaw JE. Continuous relationships between non-diabetic hyperglycaemia and both cardiovascular disease and all-cause mortality: the Australian Diabetes, Obesity, and Lifestyle (AusDiab) study. *Diabetologia*. 2009;52(3):415–424. doi:10.1007/s00125-008-1246-y.
6. Dunstan DW, Zimmet PZ, Welborn TA, et al. The rising prevalence of diabetes and impaired glucose tolerance: the Australian Diabetes, Obesity and Lifestyle Study. *Diabetes Care*. 2002;25(5):829–834.
7. Glatthaar C, Welborn TA, Stenhouse NS, Garcia-Webb P. Diabetes and impaired glucose tolerance. A prevalence estimate based on the Busselton 1981 survey. *Med J Aust*. 1985;143(10):436–440.
8. Wannamethee SG, Shaper AG, Durrington PN, Perry IJ. Hypertension, serum insulin, obesity and the metabolic syndrome. *J Hum Hypertens*. 1998;12(11):735–741.
9. Law MR, Wald NJ, Wu T, Hackshaw A, Bailey A. Systematic underestimation of association between serum cholesterol concentration and ischaemic heart disease in observational studies: data from the BUPA study. *BMJ*. 1994;308(6925):363–366.
10. Bonora E, Kiechl S, Willeit J, et al. Insulin resistance as estimated by homeostasis model assessment predicts incident symptomatic cardiovascular disease in caucasian subjects from the general population: the Bruneck study. *Diabetes Care*. 2007;30(2):318–324. doi:10.2337/dc06-0919.
11. Bonora E, Willeit J, Kiechl S, et al. Relationship between insulin and carotid atherosclerosis in the general population. The Bruneck Study. *Stroke*. 1997;28(6):1147–1152.
12. Bonora E, Willeit J, Kiechl S, et al. U-shaped and J-shaped relationships between serum insulin and coronary heart disease in the general population. The Bruneck Study. *Diabetes Care*. 1998;21(2):221–230.
13. Lawlor DA, Fraser A, Ebrahim S, Smith GD. Independent associations of fasting insulin, glucose, and glycated haemoglobin with stroke and coronary heart disease in older women. *PLoS Med*. 2007;4(8):e263. doi:10.1371/journal.pmed.0040263.
14. Yarnell JW, Sweetnam PM, Marks V, Teale JD, Bolton CH. Insulin in ischaemic heart disease: are associations explained by triglyceride concentrations? The Caerphilly prospective study. *Br Heart J*. 1994;71(3):293–296.
15. Casiglia E, Pauletto P, Mazza A, et al. Impaired glucose tolerance and its co-variates among 2079 non-diabetic elderly subjects. Ten-year mortality and morbidity in the CASTEL study. CArdiovascular STudy in the ELderly. *Acta Diabetol*. 1996;33(4):284–290.
16. Cushman M, Cornell ES, Howard PR, Bovill EG, Tracy RP. Laboratory methods and quality assurance in the Cardiovascular Health Study. *Clin Chem*. 1995;41(2):264–270.
17. Chonchol M, Katz R, Fried LF, et al. Glycosylated hemoglobin and the risk of death and cardiovascular mortality in the elderly. *Nutr Metab Cardiovasc Dis*. 2010;20(1):15–21. doi:10.1016/j.numecd.2009.02.007.
18. Thacker EL, Psaty BM, McKnight B, et al. Fasting and post-glucose load measures of insulin resistance and risk of ischemic stroke in older adults. *Stroke*. 2011;42(12):3347–3351. doi:10.1161/STROKEAHA.111.620773.
19. Klausen K, Borch-Johnsen K, Feldt-Rasmussen B, et al. Very low levels of microalbuminuria are associated with increased risk of coronary heart disease and death independently of renal function, hypertension, and diabetes. *Circulation*. 2004;110(1):32–35. doi:10.1161/01.CIR.0000133312.96477.48.

20. Hillier TA, Rousseau A, Lange C, et al. Practical way to assess metabolic syndrome using a continuous score obtained from principal components analysis. *Diabetologia*. 2006;49(7):1528–1535. doi: 10.1007/s00125-006-0266-8.
21. Empana JP, Tafflet M, Escolano S, et al. Predicting CHD risk in France: a pooled analysis of the D.E.S.I.R., Three City, PRIME, and SU.VI.MAX studies. *Eur J Cardiovasc Prev Rehabil*. 2011;18(2):175–185. doi:10.1177/1741826710389354.
22. Ballesteros-Pomar MD, Rubio-Herrera MA, Gutiérrez-Fuentes JA, et al. Dietary habits and cardiovascular risk in the Spanish population: the DRECE study (I). Diet and Cardiovascular Events Risk in Spain. *Ann Nutr Metab*. 2000;44(3):108–114.
23. Simons LA, Friedlander Y, McCallum J, Simons J. Fasting plasma glucose in non-diabetic elderly women predicts increased all-causes mortality and coronary heart disease risk. *Aust N Z J Med*. 2000;30(1):41–47.
24. Tzoulaki I, Murray GD, Lee AJ, Rumley A, Lowe GDO, Fowkes FGR. C-reactive protein, interleukin-6, and soluble adhesion molecules as predictors of progressive peripheral atherosclerosis in the general population: Edinburgh Artery Study. *Circulation*. 2005;112(7):976–983. doi:10.1161/CIRCULATIONAHA.104.513085.
25. Palmieri L, Donfrancesco C, Giampaoli S, et al. Favorable cardiovascular risk profile and 10-year coronary heart disease incidence in women and men: results from the Progetto CUORE. *Eur J Cardiovasc Prev Rehabil*. 2006;13(4):562–570. doi:10.1097/01.hjr.0000221866.27039.4b.
26. Cornoni-Huntley J, Ostfeld AM, Taylor JO, et al. Established populations for epidemiologic studies of the elderly: study design and methodology. *Aging (Milano)*. 1993;5(1):27–37.
27. Gurwitz JH, Field TS, Glynn RJ, et al. Risk factors for non-insulin-dependent diabetes mellitus requiring treatment in the elderly. *J Am Geriatr Soc*. 1994;42(12):1235–1240.
28. Stookey JD, Pieper CF, Cohen HJ. Is the prevalence of dehydration among community-dwelling older adults really low? Informing current debate over the fluid recommendation for adults aged 70+ years. *Public Health Nutr*. 2005;8(8):1275–1285.
29. Sargeant LA, Wareham NJ, Bingham S, et al. Vitamin C and hyperglycemia in the European Prospective Investigation into Cancer--Norfolk (EPIC-Norfolk) study: a population-based study. *Diabetes Care*. 2000;23(6):726–732.
30. Müller H, Raum E, Rothenbacher D, Stegmaier C, Brenner H. Association of diabetes and body mass index with levels of prostate-specific antigen: implications for correction of prostate-specific antigen cutoff values? *Cancer Epidemiol Biomarkers Prev*. 2009;18(5):1350–1356. doi:10.1158/1055-9965.EPI-08-0794.
31. Eliasson M, Lindahl B, Lundberg V, Stegmayr B. No increase in the prevalence of known diabetes between 1986 and 1999 in subjects 25-64 years of age in northern Sweden. *Diabet Med*. 2002;19(10):874–880.
32. Virtanen SM, Feskens EJ, Räsänen L, et al. Comparison of diets of diabetic and non-diabetic elderly men in Finland, The Netherlands and Italy. *Eur J Clin Nutr*. 2000;54(3):181–186.
33. MacMahon S, Norton R, Jackson R, et al. Fletcher Challenge-University of Auckland Heart & Health Study: design and baseline findings. *N Z Med J*. 1995;108(1013):499–502.
34. Meigs JB, Mittleman MA, Nathan DM, et al. Hyperinsulinemia, hyperglycemia, and impaired hemostasis: the Framingham Offspring Study. *JAMA*. 2000;283(2):221–228.
35. Meigs JB, Nathan DM, D'Agostino RB Sr, Wilson PWF. Fasting and postchallenge glycemia and cardiovascular disease risk: the Framingham Offspring Study. *Diabetes Care*. 2002;25(10):1845–1850.
36. Naess O, Sogaard AJ, Arnesen E, et al. Cohort profile: cohort of Norway (CONOR). *Int J Epidemiol*. 2008;37(3):481–485. doi:10.1093/ije/dym217.
37. Nakagami T, Tajima N, Oizumi T, et al. Hemoglobin A1c in predicting progression to diabetes. *Diabetes Res Clin Pract*. 2010;87(1):126–131. doi:10.1016/j.diabres.2009.11.001.
38. Sekikawa A, Eguchi H, Tominaga M, et al. Prevalence of type 2 diabetes mellitus and impaired glucose tolerance in a rural area of Japan. The Funagata diabetes study. *J Diabetes Complicat*. 2000;14(2):78–83.
39. Modan M, Halkin H, Lusky A, Segal P, Fuchs Z, Chetrit A. Hyperinsulinemia is characterized by jointly disturbed plasma VLDL, LDL, and HDL levels. A population-based study. *Arteriosclerosis*. 1988;8(3):227–236.
40. Modan M, Halkin H, Karasik A, Lusky A. Effectiveness of glycosylated hemoglobin, fasting plasma glucose, and a single post load plasma glucose level in population screening for glucose intolerance. *Am J Epidemiol*. 1984;119(3):431–444.

41. Rosengren A, Eriksson H, Larsson B, et al. Secular changes in cardiovascular risk factors over 30 years in Swedish men aged 50: the study of men born in 1913, 1923, 1933 and 1943. *J Intern Med*. 2000;247(1):111–118.
42. Bengtsson C, Ahlqvist M, Andersson K, Björkelund C, Lissner L, Söderström M. The Prospective Population Study of Women in Gothenburg, Sweden, 1968-69 to 1992-93. A 24-year follow-up study with special reference to participation, representativeness, and mortality. *Scand J Prim Health Care*. 1997;15(4):214–219.
43. Lissner L, Bengtsson C, Lapidus L, Kristjansson K, Wedel H. Fasting insulin in relation to subsequent blood pressure changes and hypertension in women. *Hypertension*. 1992;20(6):797–801.
44. Cremer P, Nagel D, Mann H, et al. Ten-year follow-up results from the Goettingen Risk, Incidence and Prevalence Study (GRIPS). I. Risk factors for myocardial infarction in a cohort of 5790 men. *Atherosclerosis*. 1997;129(2):221–230.
45. Mukai N, Doi Y, Ninomiya T, et al. Cut-off values of fasting and post-load plasma glucose and HbA1c for predicting Type 2 diabetes in community-dwelling Japanese subjects: the Hisayama Study. *Diabet Med*. 2012;29(1):99–106. doi:10.1111/j.1464-5491.2011.03378.x.
46. De Vegt F, Dekker JM, Ruhé HG, et al. Hyperglycaemia is associated with all-cause and cardiovascular mortality in the Hoorn population: the Hoorn Study. *Diabetologia*. 1999;42(8):926–931. doi:10.1007/s001250051249.
47. Søgaard AJ, Selmer R, Bjertness E, Thelle D. The Oslo Health Study: The impact of self-selection in a large, population-based survey. *Int J Equity Health*. 2004;3(1):3. doi:10.1186/1475-9276-3-3.
48. Ohira T, Tanigawa T, Tabata M, et al. Effects of habitual alcohol intake on ambulatory blood pressure, heart rate, and its variability among Japanese men. *Hypertension*. 2009;53(1):13–19. doi:10.1161/HYPERTENSIONAHA.108.114835.
49. Iso H, Imano H, Kitamura A, et al. Type 2 diabetes and risk of non-embolic ischaemic stroke in Japanese men and women. *Diabetologia*. 2004;47(12):2137–2144. doi:10.1007/s00125-004-1587-0.
50. Goldbourt U, Holtzman E, Neufeld HN. Total and high density lipoprotein cholesterol in the serum and risk of mortality: evidence of a threshold effect. *Br Med J (Clin Res Ed)*. 1985;290(6477):1239–1243.
51. Lakka HM, Lakka TA, Tuomilehto J, Sivenius J, Salonen JT. Hyperinsulinemia and the risk of cardiovascular death and acute coronary and cerebrovascular events in men: the Kuopio Ischaemic Heart Disease Risk Factor Study. *Arch Intern Med*. 2000;160(8):1160–1168.
52. Mursu J, Virtanen JK, Rissanen TH, et al. Glycemic index, glycemic load, and the risk of acute myocardial infarction in Finnish men: the Kuopio Ischaemic Heart Disease Risk Factor Study. *Nutr Metab Cardiovasc Dis*. 2011;21(2):144–149. doi:10.1016/j.numecd.2009.08.001.
53. Bild DE, Bluemke DA, Burke GL, et al. Multi-ethnic study of atherosclerosis: objectives and design. *Am J Epidemiol*. 2002;156(9):871–881.
54. McNeely MJ, McClelland RL, Bild DE, et al. The association between A1C and subclinical cardiovascular disease: the multi-ethnic study of atherosclerosis. *Diabetes Care*. 2009;32(9):1727–1733. doi:10.2337/dc09-0074.
55. Wilhelmsen L, Johansson S, Rosengren A, Wallin I, Dotevall A, Lappas G. Risk factors for cardiovascular disease during the period 1985-1995 in Göteborg, Sweden. The GOT-MONICA Project. *J Intern Med*. 1997;242(3):199–211.
56. Eberly LE, Cohen JD, Prineas R, Yang L. Impact of incident diabetes and incident nonfatal cardiovascular disease on 18-year mortality: the multiple risk factor intervention trial experience. *Diabetes Care*. 2003;26(3):848–854.
57. Muntner P, He J, Chen J, Fonseca V, Whelton PK. Prevalence of non-traditional cardiovascular disease risk factors among persons with impaired fasting glucose, impaired glucose tolerance, diabetes, and the metabolic syndrome: analysis of the Third National Health and Nutrition Examination Survey (NHANES III). *Ann Epidemiol*. 2004;14(9):686–695. doi:10.1016/j.annepidem.2004.01.002.
58. Iso H, Kiyama M, Naito Y, et al. The relation of body fat distribution and body mass with haemoglobin A1c, blood pressure and blood lipids in urban Japanese men. *Int J Epidemiol*. 1991;20(1):88–94.
59. Håheim LL, Holme I, Hjermann I, Leren P, Tonstad S. Trends in the incidence of acute myocardial infarction and stroke: a 21-year follow-up of the Oslo study. *Scand Cardiovasc J*. 2004;38(4):216–221.
60. Geluk CA, Tio RA, Tijssen JGP, et al. Clinical characteristics, cardiac events and coronary angiographic findings in the prospective PREVEND cohort: an observational study. *Neth Heart J*. 2007;15(4):133–141.
61. Van Dieren S, Nöthlings U, van der Schouw YT, et al. Non-fasting lipids and risk of cardiovascular disease in patients with diabetes mellitus. *Diabetologia*. 2011;54(1):73–77. doi:10.1007/s00125-010-1945-z.

62. Shepherd J, Blauw GJ, Murphy MB, et al. The design of a prospective study of Pravastatin in the Elderly at Risk (PROSPER). PROSPER Study Group. PROspective Study of Pravastatin in the Elderly at Risk. *Am J Cardiol.* 1999;84(10):1192–1197.
63. Park S, Barrett-Connor E, Wingard DL, Shan J, Edelstein S. GHb is a better predictor of cardiovascular disease than fasting or postchallenge plasma glucose in women without diabetes. The Rancho Bernardo Study. *Diabetes Care.* 1996;19(5):450–456.
64. Jónsdóttir LS, Sigfússon N, Gudnason V, Sigvaldason H, Thorgeirsson G. Do lipids, blood pressure, diabetes, and smoking confer equal risk of myocardial infarction in women as in men? The Reykjavik Study. *J Cardiovasc Risk.* 2002;9(2):67–76.
65. Hofman A, van Duijn CM, Franco OH, et al. The Rotterdam Study: 2012 objectives and design update. *Eur J Epidemiol.* 2011;26(8):657–686. doi:10.1007/s10654-011-9610-5.
66. Woodward M, Brindle P, Tunstall-Pedoe H. Adding social deprivation and family history to cardiovascular risk assessment: the ASSIGN score from the Scottish Heart Health Extended Cohort (SHHEC). *Heart.* 2007;93(2):172–176. doi:10.1136/hrt.2006.108167.
67. Wang W, Lee ET, Fabsitz R, Welty TK, Howard BV. Using HbA(1c) to improve efficacy of the american diabetes association fasting plasma glucose criterion in screening for new type 2 diabetes in American Indians: the strong heart study. *Diabetes Care.* 2002;25(8):1365–1370.
68. Onat A. Risk factors and cardiovascular disease in Turkey. *Atherosclerosis.* 2001;156(1):1–10.
69. Nakamura K, Sakurai M, Miura K, et al. Homeostasis model assessment of insulin resistance and the risk of cardiovascular events in middle-aged non-diabetic Japanese men. *Diabetologia.* 2010;53(9):1894–1902. doi:10.1007/s00125-010-1803-z.
70. Svartberg J, Jenssen T, Sundsfjord J, Jorde R. The associations of endogenous testosterone and sex hormone-binding globulin with glycosylated hemoglobin levels, in community dwelling men. The Tromsø Study. *Diabetes Metab.* 2004;30(1):29–34.
71. Lind L, Vessby B, Sundström J. The apolipoprotein B/AI ratio and the metabolic syndrome independently predict risk for myocardial infarction in middle-aged men. *Arterioscler Thromb Vasc Biol.* 2006;26(2):406–410. doi:10.1161/01.ATV.0000197827.12431.d0.
72. Singh-Manoux A, Gimeno D, Kivimaki M, Brunner E, Marmot MG. Low HDL cholesterol is a risk factor for deficit and decline in memory in midlife: the Whitehall II study. *Arterioscler Thromb Vasc Biol.* 2008;28(8):1556–1562. doi:10.1161/ATVBAHA.108.163998.
73. Wassertheil-Smoller S, Kooperberg C, McGinn AP, et al. Lipoprotein-associated phospholipase A2, hormone use, and the risk of ischemic stroke in postmenopausal women. *Hypertension.* 2008;51(4):1115–1122. doi:10.1161/HYPERTENSIONAHA.107.103721.
74. Influence of pravastatin and plasma lipids on clinical events in the West of Scotland Coronary Prevention Study (WOSCOPS). *Circulation.* 1998;97(15):1440–1445.
75. Marin A, Medrano MJ, González J, et al. Risk of ischaemic heart disease and acute myocardial infarction in a Spanish population: observational prospective study in a primary-care setting. *BMC Public Health.* 2006;6:38. doi:10.1186/1471-2458-6-38.
76. Weijenberg MP, Feskens EJ, Kromhout D. Total and high density lipoprotein cholesterol as risk factors for coronary heart disease in elderly men during 5 years of follow-up. The Zutphen Elderly Study. *Am J Epidemiol.* 1996;143(2):151–158.
77. Nietert, PJ, SutherlandSE, BachmanDL, KeilJE, GazesP, and Boyle E. Charleston Heart Study, 1960-2000. Ann Arbor, MI: Inter-university Consortium for Political and Social Research, 2010-06-07. doi:10.3886/ICPSR04050.v3
78. Lamarche B, Tchernof A, Mauriège P, et al. Fasting Insulin and Apolipoprotein B Levels and Low-Density Lipoprotein Particle Size as Risk Factors for Ischemic Heart Disease. *JAMA.* 1998;279(24):1955-1961.
79. Blake GJ, Pradhan AD, Manson JE, Williams GR, Buring J, Ridker PM, Glynn RJ, Hemoglobin A1c level and future cardiovascular events among women. 2004 Apr 12;164(7):757-61.
80. Smit HA, Verschuren W, Bueno-de-Mesquita HB, eidell JC. Monitoring van Risicofactoren en Gezondheid in Nederland (MORGEN-project). Doelstellingen en werkwijze. Bilthoven: RIVM; 1994. Report No.: 263200001.

eAppendix 2. List of Investigators in the Emerging Risk Factors Collaboration

Investigators: **ALLHAT:** LM Simpson; **ARIC:** E Selvin, A R Folsom, J Coresh, L Wagenknecht; **AUSDIAB:** E L M Barr, J E Shaw, P Z Zimmet, D Magliano; **BHS:** M W Knuiman; **BRHS:** P H Whincup, S G Wannamethee, R W Morris; **BRUN:** J Willeit, S Kiechl, P Santer, E Bonora, P Willeit; **BUPA:** N Wald; **BWHHS:** D A Lawlor, JP Casas, S Ebrahim; **CaPs:** J Gallacher, Y Ben-Shlomo, J W G Yarnell, P Elwood; **CASTEL:** E Casiglia; **CHARL:** D L Bachman, S E Sutherland, P J Nietert; **CHS:** M Cushman, (see <http://www.chs-nhlbi.org> for acknowledgements); **CONOR:** R Selmer, L L Håheim, A J Sjøgaard; **COPEN:** B G Nordestgaard, A Tybjaerg-Hansen, R Frikke-Schmidt, M Benn; **CUORE:** S Giampaoli, L Palmieri, D Vanuzzo, S Panico; **D.E.S.I.R.:** B Balkau, F Bonnet, N Copin, R Roussel; **DRECE:** A Gómez-de-la-Cámara, J A Gómez-Gerique, M A Rubio-Herrera, J A Gutiérrez-Fuentes; **DUBBO:** L A Simons, Y Friedlander, J McCallum, J Simons; **EAS:** J F Price, A J Lee, S McLachlan; **EPESEBOS:** J O Taylor, J M Guralnik, C L Phillips, D A Evans; **EPESEIOW:** R B Wallace, F Kohout; **EPESENCA:** D G Blazer, H Cohen, L George, G Fillenbaum; **EPESENHA:** C L Phillips, J M Guralnik, J M McGloin; **EPICNOR:** K-T Khaw, N J Wareham; **ESTHER:** H Brenner, B Schöttker, H Müller, D Rothenbacher; **FIA:** P Wennberg, J-H Jansson, G Hallmans; **FINE_FIN:** A Nissinen, J Tuomilehto; **FINE_IT:** S Giampaoli, C Donfrancesco; **FLETCHER:** M Woodward; **FRAMOFF:** R B D'Agostino, Sr.; **FUNAGATA:** M Daimon, T Oizumi, T Kayama, T Kato; **GOH:** R Dankner, A Chetrit; **GOTO43:** A Rosengren, L Wilhelmsen, H Eriksson, G Lappas; **GOTOW:** C Björkelund, C Bengtsson, L Lissner, I Skoog; **GRIPS:** P Cremer; **HISAYAMA:** Y Kiyohara, H Arima, T Ninomiya, J Hata; **HOORN:** J M Dekker, G Nijpels, C D A Stehouwer; **IKNS:** S Sato; **ISRAEL:** U Goldbourt; **KIHD:** J Kauhanen, J T Salonen, T-P Tuomainen, S Voutilainen, S Kurl; **MESA:** B M Psaty, M Cushman, I H de Boer, A G Bertoni, (see <http://www.mesa-nhlbi.org> for acknowledgements); **MORGEN:** W M M Veschuren; **MOSWEGOT:** A Rosengren; **MRFIT:** L H Kuller; **NHANES3:** R F Gillum; **OSAKA:** S Sato; **PREVEND:** S J L Bakker, R P F Dullaart, H J Lambers Heerspink, H L Hillege; **Prospect-EPIC:** K G Moons, Y T van der Schouw; **PROSPER:** J W Jukema, N Sattar, S Trompet, D J Stott; **QUEBEC:** G R Dagenais, B Cantin; **RANCHO Bernardo:** E Barrett-Connor; **REYK:** V Gudnason; **Rotterdam:** M Kavousi, A Dehghan, A Hofman, O H Franco; **SHHEC:** H Tunstall-Pedoe; **SHS:** J G Umans, E Lee, L Best, B V Howard; **TARFS:** A Onat, G Can, E Ademoğlu; **TOYAMA:** H Nakagawa, M Sakurai, K Nakamura, Y Morikawa; **TROMSØ:** I Njølstad, M-L Løchen, E B Mathiesen, T Wilsgaard; **ULSAM:** J Sundström, L Byberg, T Cederholm, E Olsson; **WHI-HaBPs:** S Wassertheil-Smoller, B V Howard; **WHITEII:** E J Brunner; **WHS:** P M Ridker, A D Pradhan, N R Cook; **WOSCOPS:** I Ford; **ZARAGOZA:** A Marín Ibañez; **ZUTE:** E J M Feskens, D Kromhout.

Data Management Team: M Walker, S Watson.

Coordinating Centre: S Burgess, A S Butterworth, E Di Angelantonio, P Gao, J Gregson, E Harshfield, S Kaptoge, H Khan, L Pennells, S Spackman, S G Thompson, M Walker, S Warnakula, P Willeit, A M Wood, D Wormser, J Danesh (principal investigator).