Online Data Supplement

Reduced Bone Density and Vertebral Fractures in Smokers: Men and COPD Patients at Increased Risk

Joshua D. Jaramillo BA^{1,2}, Carla Wilson MS¹, Douglas J. Stinson BS¹, David A. Lynch MD¹, Russell P. Bowler MD¹, Sharon Lutz PhD³, Jessica M. Bon MD⁴, Ben Arnold PhD⁵, Merry-Lynn N. McDonald PhD⁶, George R. Washko MD⁶, Emily S. Wan MD⁶, Dawn L. DeMeo MD⁶, Marilyn G. Foreman MD⁷, Xavier Soler MD⁸, Sarah E. Lindsay¹, Nancy E. Lane MD⁹, Harry K. Genant MD¹⁰, Edwin K. Silverman MD⁶, John E. Hokanson PhD³, Barry J. Make MD¹, James D. Crapo MD¹, Elizabeth A. Regan MD¹, and the COPDGene Investigators.

Index:

NIH Grant Support and Disclaimer	2
COPD Foundation Funding	2
COPDGene Investigators – Core Units	
COPDGene® Investigators – Clinical Centers	
Figures 5	
Appendix Figure 1 Axial CT image	5
Appendix Figure 2 Mean BMD in COPD subjects compared to smokers without COPD	6
Tables	7
Appendix Table 1 Modified GOLD Classification	
Appendix Table 2 QCT BMD Cohort Compared to Remaining COPDGene Subjects	8
Appendix Table 3 Race and Gender	. 9

NIH Grant Support and Disclaimer

The project described was supported by Award Number R01HL089897 and Award Number R01HL089856 from the National Heart, Lung, And Blood Institute. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Heart, Lung, And Blood Institute or the National Institutes of Health.

COPD Foundation Funding

The COPDGene® project is also supported by the COPD Foundation through contributions made to an Industry Advisory Board comprised of AstraZeneca, Boehringer Ingelheim, Novartis, Pfizer, Siemens, Sunovion, and GlaxoSmithKline

COPDGene® Investigators – Core Units

Administrative Core: James Crapo, MD (PI), Edwin Silverman, MD, PhD (PI), Barry Make, MD, Elizabeth Regan, MD, PhD

Genetic Analysis Core: Terri Beaty, PhD, Nan Laird, PhD, Christoph Lange, PhD, Michael Cho, MD, Stephanie Santorico, PhD, John Hokanson, MPH, PhD, Dawn DeMeo, MD, MPH, Nadia Hansel, MD, MPH, Craig Hersh, MD, MPH, Peter Castaldi, MD, MSc, Merry-Lynn McDonald, PhD, Emily Wan, MD, Megan Hardin, MD, Jacqueline Hetmanski, MS, Margaret Parker, MS, Marilyn Foreman, MD, Brian Hobbs, MD, Robert Busch, MD, Adel El-Bouiez, MD, Peter Castaldi, MD, Megan Hardin, MD, Dandi Qiao, PhD, Elizabeth Regan, MD, Eitan Halper-Stromberg, Ferdouse Begum, Sungho Won, Brittney Fredericksen, Sharon Lutz, PhD

Imaging Core: David A Lynch, MB, Harvey O Coxson, PhD, MeiLan K Han, MD, MS, MD, Eric A Hoffman, PhD, Stephen Humphries MS, Francine L Jacobson, MD, Philip F Judy, PhD, Ella A Kazerooni, MD, John D Newell, Jr., MD, Elizabeth Regan, MD, James C Ross, PhD, Raul San Jose Estepar, PhD, Berend C Stoel, PhD, Juerg Tschirren, PhD, Eva van Rikxoort, PhD, Bram van Ginneken, PhD, George Washko, MD, Carla G Wilson, MS, Mustafa Al Qaisi, MD, Teresa Gray, Alex Kluiber, Tanya Mann, Jered Sieren, Douglas Stinson, Joyce Schroeder, MD, Edwin Van Beek, MD, PhD

PFT QA Core, Salt Lake City, UT: Robert Jensen, PhD

Data Coordinating Center and Biostatistics, National Jewish Health, Denver, CO: Douglas Everett, PhD, Anna Faino, MS, Matt Strand, PhD, Carla Wilson, MS

Epidemiology Core, University of Colorado Anschutz Medical Campus, Aurora, CO: John E. Hokanson, MPH, PhD, Jennifer Black-Shinn, MPH, PhD, Gregory Kinney, MPH, PhD, Sharon Lutz, PhD, Katherine Pratte, MSPH

COPDGene® Investigators – Clinical Centers

Ann Arbor VA: Jeffrey Curtis, MD, Carlos Martinez, MD, MPH, Perry G. Pernicano, MD

Baylor College of Medicine, Houston, TX: Nicola Hanania, MD, MS, Philip Alapat, MD, Venkata Bandi, MD, Mustafa Atik, MD, Aladin Boriek, PhD, Kalpatha Guntupalli, MD, Elizabeth Guy, MD, Amit Parulekar, MD, Arun Nachiappan, MD

Brigham and Women's Hospital, Boston, MA: Dawn DeMeo, MD, MPH, Craig Hersh, MD, MPH, George Washko, MD, Francine Jacobson, MD, MPH

Columbia University, New York, NY: R. Graham Barr, MD, DrPH, Byron Thomashow, MD, John Austin, MD, Belinda D'Souza, MD, Gregory D.N. Pearson, MD, Anna Rozenshtein, MD, MPH, FACR

Duke University Medical Center, Durham, NC: Neil MacIntyre, Jr., MD, Lacey Washington, MD, H. Page McAdams, MD

Health Partners Research Foundation, Minneapolis, MN: Charlene McEvoy, MD, MPH, Joseph Tashjian, MD

Johns Hopkins University, Baltimore, MD: Robert Wise, MD, Nadia Hansel, MD, MPH, Robert Brown, MD, Karen Horton, MD, Nirupama Putcha, MD, MHS,

Los Angeles Biomedical Research Institute at Harbor UCLA Medical Center, Los Angeles, CA: Richard Casaburi, MD, Alessandra Adami, PhD, Janos Porszasz, MD, PhD, Hans Fischer, MD, PhD, Matthew Budoff, MD, Dan Cannon, PhD, Harry Rossiter, PhD

Michael E. DeBakey VAMC, Houston, TX: Amir Sharafkhaneh, MD, PhD, Charlie Lan, DO

Minneapolis VA: Christine Wendt, MD, Brian Bell, MD

Morehouse School of Medicine, Atlanta, GA: Marilyn Foreman, MD, MS, Gloria Westney, MD, MS, Eugene Berkowitz, MD, PhD

National Jewish Health, Denver, CO: Russell Bowler, MD, PhD, David Lynch, MD

Reliant Medical Group, Worcester, MA: Richard Rosiello, MD, David Pace, MD

Temple University, Philadelphia, PA: Gerard Criner, MD, David Ciccolella, MD, Francis Cordova, MD, Chandra Dass, MD, Robert D'Alonzo, DO, Parag Desai, MD, Michael Jacobs, PharmD, Steven Kelsen, MD, PhD, Victor Kim, MD, A. James Mamary, MD, Nathaniel Marchetti, DO, Aditti Satti, MD, Kartik Shenoy, MD, Robert M. Steiner, MD, Alex Swift, MD, Irene Swift, MD, Gloria Vega-Sanchez, MD

University of Alabama, Birmingham, AL: Mark Dransfield, MD, William Bailey, MD, J. Michael Wells, MD, Surya Bhatt, MD, Hrudaya Nath, MD

University of California, San Diego, CA: Joe Ramsdell, MD, Paul Friedman, MD, Xavier Soler, MD, PhD, Andrew Yen, MD

University of Iowa, Iowa City, IA: Alejandro Cornellas, MD, John Newell, Jr., MD, Brad Thompson, MD

University of Michigan, Ann Arbor, MI: MeiLan Han, MD, Ella Kazerooni, MD, Fernando Martinez, MD,

University of Minnesota, Minneapolis, MN: Joanne Billings, MD, Tadashi Allen, MD

University of Pittsburgh, Pittsburgh, PA: Frank Sciurba, MD, Divay Chandra, MD, MSc, Joel Weissfeld, MD, MPH, Carl Fuhrman, MD, Jessica Bon, MD

University of Texas Health Science Center at San Antonio, San Antonio, TX: Antonio Anzueto, MD, Sandra Adams, MD, Diego Maselli-Caceres, MD, Mario E. Ruiz, MD

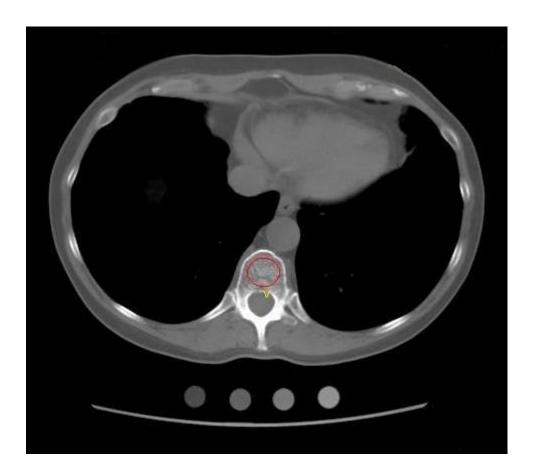


Figure E1: Axial CT image

Using the calcium calibration rods (circular densities at base of scan image) that is imbedded in the CT scanner pad under the subject and its density data stored within the chest CT image, with dedicated software (Image Analysis, Lexington, KY), volumetric bone density (mg/cc) is determined for each selected vertebra where a region of interest has been defined. This method reduces the effect of falsely increased BMD values from measuring the additional density of adjacent tissues including bony osteophytes associated with degenerative spine disease and differences in fat and lean mass.

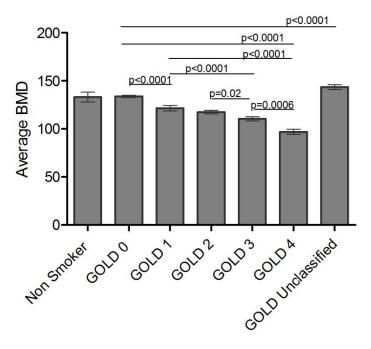


Figure E2: Mean BMD is significantly decreased in COPD subjects compared to smokers without COPD

Smokers were classified using post-bronchodilator spirometry based on a modified GOLD classification for COPD (eTable 1). Average vBMD was calculated for each group. GOLD unclassified smokers had FEV_1 or FVC less than 80% of their predicted values based on age and gender but a normal FEV_1 /FVC ratio and therefore are smokers without COPD. GOLD groups 1-4 show step-wise decreases in vBMD that are significant at each level except between GOLD 1 and GOLD 2 groups. Both GOLD unclassified and GOLD 0 smokers have significantly higher vBMD than the COPD subjects. GOLD U subjects have significantly higher vBMD than GOLD 0 subjects (p<0.0001).

Table E1: Modified Global Initiative for Chronic Obstructive Lung Disease (GOLD) Classification as used in the COPDGene Study, defines severity of obstruction using post-bronchodilator spirometry and includes all chronic smokers.

Stage	Description	Spirometric Characteristics
GOLD 0	Chronic Smoker without spirometric	FEV ₁ ≥ 80% predicted
	obstruction based on population values – not related to symptoms (not part of	FEV ₁ /FVC > 0.7
	the current 2011 GOLD classification system)	
GOLD 1	Mild COPD	FEV ₁ /FVC < 0.7
		FEV ₁ ≥ 80% predicted
GOLD 2	Moderate COPD	FEV ₁ /FVC < 0.7
		FEV ₁ < 80% predicted, but > 50% predicted
GOLD 3	Severe COPD	FEV ₁ /FVC < 0.7
		FEV ₁ < 50% but > 30% predicted
GOLD 4	Very Severe COPD	FEV ₁ /FVC < 0.7
		FEV ₁ < 30% predicted
GOLD Unclassified	Chronic smoker – Preserved Ratio with	$FEV_1/FVC > 0.7$
	Impaired Spirometry	FEV ₁ or FVC < 80% predicted

Table E2: Baseline Characteristics of QCT BMD Cohort Compared to Remaining COPDGene Subjects

	Bone Density Cohort	Cohort without Bone Density Measures	P value
N	3321	6979	
Age (SD)	59.4 (9.0)	59.7 (9.0)	NS
Gender, % male	52%	54%	NS
Race, % African-American	31.3%	34.1%	p=0.005
School completed (% with some college or more)	60.9%	61.0%	NS
BMI (SD)	28.8 (6.2)	28.8 (6.3)	NS
Current Smoker, %	51.6%	53.0%	NS
Pack-years (SD)	43.7 (24.4)	44.5 (25.2)	NS
Six minute walk distance (feet)	1406 (388)	1328 (402)	p<0.0001
Resting O2 Saturation	95.8 (3.3)	96.3 (2.7)	p<0.0001
Chronic Oral Steroid Use, %	2.3%	2.6%	NS
Inhaled Steroid Use, %	23.4%	23.3%	NS
Treated with steroids in past year for exacerbation, N (%)	514 (16.4%)	1507 (17.0%)	NS
GOLD Status, N (%)			p<0.0001
Non Smokers	63 (1.9%)	45 (0.7%)	
Smoker Controls	1442 (43.6%)	2946 (42.5%)	
GOLD 1	240 (7.3%)	554 (8.0%)	
GOLD 2	598 (18.1%)	1324 (19.1%)	
GOLD 3	377 (11.4%)	785 (11.3%)	
GOLD 4	189 (5.7%)	417 (6.0%)	
GOLD Unclassified	397 (12.0%)	860 (12.4%)	
Physician Diagnosed Osteoporosis, %	8.7%	8.9%	NS
Prior Diagnosis of Hip Fracture, %	2.1%	1.7%	NS
SF-36 PCS	43.9 (11.1)	44.3 (11.0)	NS
SF-36 MCS	49.0 (12.0)	49.2 (11.7)	NS
SGRQ total score	27.6 (23.4)	26.9 (22.7)	NS

Table E3: Thoracic BMD, Osteoporosis and Vertebral Fractures across GOLD by Race and Gender*

า=2283	Non-smokers	Smoker Controls	GOLD U	GOLD 1	GOLD 2	GOLD 3	GOLD 4
Male	133.6 (34.7)	113.5 (33.9)	116.3 (38.0)	107.5 (32.0)	102.5 (37.6)	94.3 (37.8)	86.0 (31.5)
Female	128.5 (44.4)	129.5 (40)	126.3 (42.9)	114.9 (40)	110.3 (38.5)	109.1 (42)	96.7 (34.5)
Significance	NS	0.0001	0.07	NS	0.03	0.002	0.045
Thoracic OCT B	IMD in African Ame	rican Suhiects *					
n=1038	in tyrican tune	Smoker Controls	GOLD U	GOLD 1	GOLD 2	GOLD 3	GOLD 4
Male		151.9 (40)	154.8 (39)	158.9 (43)	142.4 (44.3)	143.4 (39)	121.5 (37)
Female		159.5 (48)	190.0 (49)	162.4 (54)	158.0 (50)	147.0 (41)	136.0 (52.5)
Significance		0.049	<0.0001	NS NS	0.04	NS NS	NS
	·	1	•	- 1			1
Low Bone Dens	sity† in Non-Hispan	ic White Subjects					
n=2283	Non-smokers	Smoker Controls	GOLD U	GOLD 1	GOLD 2	GOLD 3	GOLD 4
Male	47.4%	71.5%	66.0%	75.5%	77.9%	87.4%	91.1%
Female	61.5%	56.8%	57.5%	65.1%	73.5%	72.2%	85.0%
Significance	0.04	<0.0001	NS	0.02	0.04	0.005	NS
Low Bone Dens	sity† in African Ame	erican Subjects*					
n=1038		Smoker Controls	GOLD U	GOLD 1	GOLD 2	GOLD 3	GOLD 4
Male		33.0%	23.8%	20.7%	35.8%	39.6%	64.7%
Female		30.3%	9.3%	26.1%	34.7%	41.0%	53%
Significance		NS	0.0001	NS	NS	NS	NS
Vertebral fract	ures[‡] in Non-H ispai	nic White Subjects*					
n=664		Smoker Controls	GOLD U	GOLD 1	GOLD 2	GOLD 3	GOLD 4
Male		39.5 %	39.8 %	40.6 %	47.6 %	51.7 %	39.6 %
Female		25 %	23.2 %	29.1 %	33.8 %	40.9 %	35.3 %
Significance		p<0.0001	0.007	NS	0.003	NS	NS

Vertebral fractures [‡] in African American Subjects*							
n=228		Smoker Controls	GOLD U	GOLD 1	GOLD 2	GOLD 3	GOLD 4
Male		24.7 %	21.4 %	26.7 %	23.5 %	20.8 %	41.2%
Female		18.6 %	15.1 %	26.3 %	22.2 %	23.1 %	20%
Significance		NS	NS	NS	NS	NS	NS

^{*} The non-smoker group did not include sufficient African American nor fractures for analysis
† Percentage of subjects with T-score_{QCT} ≤-2.5
‡ Percentage of subjects with one or more fracture