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Supplementary Table 1. Association of LTL with incident RA risk by seropositivity status in the Nurses' Health Studies and the Women's Health Study combined[a]

		Seronegative			Seropositive			
	Controls	Cases	OR	95% CI	Cases	OR	95% CI	p-het
Shortest tertile	271	33	1.00		43	1.00		
Intermediate	275	47	1.10[d]	0.29 – 4.12	55	1.10	0.47 – 2.58	
Longest tertile	281	43	1.15	0.48 – 2.76	75	1.74	1.15 – 2.64	
Per standard deviation[b]			1.05	0.75 – 1.48		1.24	1.04 – 1.47	
P-trend[c]			0.76			0.01		0.37

Ca=cases; Co=controls; OR=odds ratio; CI=confidence interval; BMI=body mass index

[a]Meta-analysis used to combine estimates from polytomous logistic regression analyses adjusted for the same covariates listed in Table 2.

[b]Nurses' Health Study LTL standard deviation = 0.26; Women's Health Study LTL standard deviation = 0.71

[c]Based on per standard deviation analysis

[d]Significant heterogeneity between studies (p=0.02)

Supplementary Table 2. Association of LTL with incident RA risk by HLA-DRB1 status in the Nurses' Health Studies[a]

	HLA_SE non-carrier			HLA_SE carrier			
	Ca/Co	OR	95% CI	Ca/Co	OR	95% CI	P-het
Shortest tertile	35/113	1.00		51/85	1.00		
Intermediate	46/111	2.56	1.42 – 4.63	40/80	1.22	0.68 – 2.18	
Longest tertile	20/120	1.88	1.02 – 3.47	31/75	1.56	0.88 – 2.78	
Per standard deviation[b]		1.25	0.99 – 1.58		1.14	0.91 – 1.42	
P-trend[c]		0.06			0.26		0.45

Ca=cases; Co=controls; OR=odds ratio; CI=confidence interval

[a]Unconditional logistic regression analyses adjusted for the same covariates listed in Table 2

[b]Nurses' Health Study LTL standard deviation = 0.26

[c]Based on per standard deviation analysis

Supplementary Table 3. Past Studies of Leukocyte Telomere Length (LTL) in Rheumatoid Arthritis							
First Author, year	**Study Design**	**Number of RA cases**	**Number of Controls**	**Cell type**	**Telomere Assay used**	**Findings**	**Ref.**
Koetz, 2000	Cross-sectional, case-control matched on age	51	42	CD4+ T cells	Southern blotting, hybridization with a telomere repeat-specific ^{32}P-end-labeled $(CCCTAA)_3$ probe	In RA patients, LTL did not correlate with age. LTL appeared shorter in RA patients vs. controls <40 years of age.	9
Schonland, 2003	Cross-sectional, case-control, unadjusted	unspecified	37 HLA-DR4+; 37 HLA DR4 - controls	CD4 + T cells and granulocytes	As above	HLA-DR4+ individuals and RA patients 20-40 years of age had shorter LTL vs. HLA-DR4 -	13
Steer, 2007	Cross-sectional, case-control, adjusted for age and sex	176	1151	WBC	Southern blotting, hybridization with a telomere repeat-specific digoxigenin 3'-end labeled $(CCCTAA)_3$ probe	LTL shorter in RA than controls, but not related to RA duration or activity	34
Colmegna, 2008	Cross-sectional case-control, matched on age, sex and ethnicity	63	48	CD34+ hematopoietic precursor cells (HPCs)	Quantitative PCR	LTL shorter in RA patients vs. controls LTL in RA did not correlate with RA duration or treatment	14
Current study	Prospective, nested case control, matched on age, cohort, menopause and hormone use status, fasting, time of day of blood collection	296 (Pre-RA)	827	WBC	Quantitative PCR	LTL longer in pre-RA patients vs. controls; no heterogeneity by menopausal status, cytokine levels, age, BMI, seropositivity, HLA-DRB1 status, time since blood collection	