E-Table 1 Baseline Characteristics of AREDS2 Participants by Statin Use

| | All participants, Unmatched for Propensity score | | | Participants matched by propensity score* | | |
|---|---|---|---|---|---|---|
| | Statin use | | | Statin use | | |
| | No (N=1587) [N (%)] | Yes (N=1184) [N (%)] | P value | No (N=904) [N (%)] | Yes (N=904) [N (%)] | P value |
| **Age (mean ± SD)** | 70.2±7.9 | 71.7±7.3 | <.001 | 71.1±7.6 | 71.3±7.3 | 0.715 |
| **Female sex** | 959 (60.4%) | 581 (49.1%) | <.001 | 514 (56.9%) | 488 (54.0%) | 0.219 |
| **White race** | 1531 (96.5%) | 1137 (96.0%) | 0.54 | 874 (96.7%) | 872 (96.5%) | 0.796 |
| **Education** | | | 0.61 | | | 0.867 |
| High school or less | 462 (29.1%) | 364 (30.7%) | | 287 (31.7%) | 285 (31.5%) | |
| At least some college | 767 (48.3%) | 565 (47.7%) | | 411 (45.5%) | 421 (46.6%) | |
| Post-graduate | 358 (22.6%) | 255 (21.5%) | | 206 (22.8%) | 198 (21.9%) | |
| **Smoking** | | | 0.017 | | | 0.989 |
| Never | 736 (46.4%) | 485 (41.0%) | | 401 (44.4%) | 398 (44.0%) | |
| Former | 747 (47.1%) | 618 (52.2%) | | 443 (49.0%) | 446 (49.3%) | |
| Current | 104 (6.6%) | 81 (6.8%) | | 60 (6.6%) | 60 (6.6%) | |
| **Diabetes** | 104 (6.6%) | 242 (20.4%) | <.001 | 100 (11.1%) | 105 (11.6%) | 0.711 |
| **NSAID use** | 180 (11.3%) | 124 (10.5%) | 0.469 | 96 (10.6%) | 96 (10.6%) | 1.000 |
| **Acetaminophen use** | 130 (8.2%) | 116 (9.8%) | 0.142 | 82 (9.1%) | 88 (9.7%) | 0.629 |
| **Aspirin use** | 627 (39.5%) | 706 (59.6%) | <.001 | 493 (54.5%) | 489 (54.1%) | 0.850 |
| **Hypertension** | 720 (45.4%) | 831 (70.2%) | <.001 | 596 (65.9%) | 578 (63.9%) | 0.375 |
| **Congestive heart failure** | 29 (1.8%) | 39 (3.3%) | 0.014 | 21 (2.3%) | 22 (2.4%) | 0.877 |
| **Coronary heart disease** | 52 (3.3%) | 178 (15.0%) | <.001 | 52 (5.8%) | 54 (6.0%) | 0.841 |
| **Angina** | 28 (1.8%) | 90 (7.6%) | <.001 | 26 (2.9%) | 27 (3.0%) | 0.889 |
| **History of myocardial infarction** | 32 (2.0%) | 111 (9.4%) | <.001 | 32 (3.5%) | 23 (2.5%) | 0.218 |
| **History of stroke** | 27 (1.7%) | 73 (6.2%) | <.001 | 27 (3.0%) | 32 (3.5%) | 0.508 |

Propensity Score:  The propensity score approach can be used to reduce or eliminate the effects of confounding when using observational data (e.g., statin use) to estimate treatment effects. In order to reduce the effects of confounding for statin use, we used logistic regression to estimate propensity scores, which range from 0 to 1 and indicate the probability that a participant is a statin user, based upon the risk factors at baseline.  Values closer to 1 indicate a higher likelihood of a participant using statins.

These participants are matched for their propensity scores and the differences in the baseline characteristics are no longer present.