## Multicenter study on caries risk assessment in adults using survival Classification and Regression Trees Masumi Arino, Ataru Ito, Shozo Fujiki, Seiichi Sugiyama, Mikako Hayashi

**Appendix 2**: Caries risk of patients assessed by combination of levels of cariogenic bacteria and compliance with the preventive program, by Cox hazard model.

	n	Primary caries		Secondary caries	
		Hazard ratio (95%CI)	<i>p</i> -value	Hazard ratio (95%CI)	<i>p</i> -value
SM: low level,	366	1.00	-	1.00	-
Compliance: good		(-)		(-)	
SM: high level,	96	1.96	0.0560	2.41	0.0017*
Compliance: good		(0.98-3.71)		(1.41-4.03)	
SM: low level,	208	2.19	0.0160*	1.27	0.4646
Compliance: poor		(1.16-4.00)		(0.66-2.30)	
SM: high level,	62	4.73	<0.0001*	3.63	0.0003*
Compliance: poor		(2.40-8.90)		(1.89-6.56)	
LB: low level,	168	1.00	-	1.00	-
Compliance: good		(-)		(-)	
LB: high level,	294	1.58	0.1831	4.00	<0.0001*
Compliance: good		(0.30-1.23)		(2.02-9.11)	
LB: low level,	85	3.10	0.0224*	1.90	0.3747
Compliance: poor		(1.18-7.77)		(0.41-6.69)	
LB: high level,	185	3.75	0.0002*	6.09	<0.0001*
Compliance: poor		(1.85-8.07)		(2.84-14.5)	

SM: high level = higher than  $1 \times 10^6$  CFU/ml, low level =  $1 \times 10^6$  CFU/ml or lower

LB: high level = higher than  $1x10^4$  CFU/ml, low level =  $1x10^4$  CFU/ml or lower

Each patient's compliance with the preventive program was categorized as follows:

good = regular visits and sometimes delayed visits, poor = irregular visits and emergency visits only

<sup>\*</sup>Statistically significant at a level of p < 0.05