

Supplemental Table. Traditional Cox Proportional Hazards Models and Subdistribution Models for Association of Weight Change with Risk of Specific Fracture Types

Fracture Type	Weight Loss ≥10% (N= 283)	Weight Loss 5% to <10% (N= 742)	Stable Weight (Loss or Gain <5%) (N= 3,076)	Weight Gain ≥5% (N= 422)
Hip fracture (n=170)				
Incidence rate per 1,000 person-years	8.02 (3.29-12.76)	4.92 (3.13-6.72)	4.47 (3.64-5.29)	4.46 (1.86-7.06)
Cox proportional model HR (95% CI)	1.62 (0.91-2.89)	1.16 (0.78-1.74)	1.00 (referent)	1.05 (0.60-1.83)
Subdistribution model HR (95% CI)	1.11 (0.62-2.00)	1.04 (0.69-1.56)	1.00 (referent)	0.98 (0.56-1.70)
Clinical vertebral fractures (n=138)				
Incidence rate per 1,000 person-years	6.11 (2.23-10.00)	5.02 (3.22-6.83)	3.45 (2.73-4.18)	2.97 (0.83- 5.12)
Cox proportional model HR (95% CI)	1.68 (0.89-3.15)	1.49 (0.99-2.25)	1.00 (referent)	0.86 (0.43-1.71)
Subdistribution model HR (95% CI)	1.24 (0.66-2.33)	1.34 (0.89-2.03)	1.00 (referent)	0.81 (0.41-1.60)
Pelvis fracture (n=52)				
Incidence rate per 1,000 person-years	3.01 (0.30-5.71)	0.70 (0.07-1.34)	1.40 (0.94-1.85)	1.68 (0.28-3.07)
Cox proportional model HR (95% CI)	2.14 (0.84-5.48)	0.63 (0.25-1.60)	1.00 (referent)	1.35 (0.57-3.20)

Subdistribution model HR (95% CI)	1.46 (0.56-3.76)	0.55 (0.22-1.39)	1.00 (referent)	1.25 (0.53-2.95)
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Incident rates and hazards ratios adjusted for age

Supplemental Figure 1. Participant Flow

