## Coronary Artery Calcium Improves Risk Assessment in Adults with a Family History of Premature Coronary Heart Disease: Results from MESA

## **Supplementary Document**

Jaideep Patel, MD<sup>1,2</sup>; Mahmoud Al Rifai, MD, MPH<sup>1</sup>; Michael J. Blaha, MD, MPH<sup>1</sup>; Matthew J. Budoff, MD<sup>3</sup>; Wendy S. Post, MD, MS<sup>1</sup>; Joseph F. Polak, MD, MPH<sup>4</sup>; David A. Bluemke, MD, PhD<sup>5</sup>; Maren T. Scheuner, MD, MPH<sup>6,7</sup>; Richard A. Kronmal, PhD<sup>8</sup>; Roger S. Blumenthal, MD<sup>1</sup>; Khurram Nasir, MD, MPH<sup>1,9,10</sup>; John W. McEvoy, MB BCh BAO, MHS<sup>1,11</sup>

## Patel et al: Subclinical CAD and Family History of CHD.

**Corresponding author:** *John W McEvoy* MB BCh BAO MRCPI (jmcevoy1@jhmi.edu) Johns Hopkins Ciccarone Center for the Prevention of Heart Disease, Division of Cardiology, Johns Hopkins School of Medicine, 600 N. Wolfe St, Carnegie 568, Baltimore, MD 21287.

<sup>&</sup>lt;sup>1</sup>Johns Hopkins Ciccarone Center for the Prevention of Heart Disease, Baltimore, MD, <sup>2</sup>Division of Internal Medicine, Virginia Commonwealth University Medical Center, Richmond, VA,

<sup>&</sup>lt;sup>3</sup>Division of Cardiology, Los Angeles Biomedical Research Institute at Harbor-UCLA, Torrance, CA,

<sup>&</sup>lt;sup>4</sup>Department of Radiology Cardiovascular Center, Tufts Medical Center, Boston, MA, <sup>5</sup>Radiology and Imaging Sciences, National Institutes of Health Clinical Center, Bethesda, MD,

<sup>&</sup>lt;sup>6</sup>Veterans Administration, Greater Los Angeles Healthcare System, Los Angeles, CA,

<sup>7</sup>Department of Medicine, David Geffen School of Medicine at UCLA, Los Angeles, CA,

<sup>&</sup>lt;sup>8</sup>Collaborative Health Studies Coordinating Center, University of Washington, Seattle, WA.

<sup>&</sup>lt;sup>9</sup>Center for Prevention and Wellness Research, Baptist Health Medical Group, Miami Beach, FL

<sup>&</sup>lt;sup>10</sup>Department of Medicine, Herbert Wertheim College of Medicine, Florida International University, Miami, FL

<sup>&</sup>lt;sup>11</sup>Division of Cardiology, Department of Medicine, Johns Hopkins Hospital, Baltimore, MD

## **Contents:**

**Supplemental Table 1:** Crude event rates (per 1000 person-years) according to race/ethnic group stratified by a family history of premature CHD status.

**Supplemental Table 2:** Hard ASCVD Events and Cox proportional hazards regression examining relation of hard CHD events with CAC categories and CIMT quartiles, stratified by FH of premature CHD.

**Supplemental Table 3:** Hard CHD Events and Cox proportional hazards regression examining relation of hard ASCVD events with CAC categories and CIMT quartiles, stratified by FH of premature CHD.

**Supplemental Table 4:** Cox proportional hazards regression examining relation of hard ASCVD events with CAC and CIMT, stratified by any family history of CHD status. **Supplemental Table 5:** Cox proportional hazards regression examining relation of hard CHD events with CAC and CIMT, stratified by any family history of CHD status.

**Supplemental Figure 1a**: Receiver operating characteristic curves showing area under the curve for incident hard ASCVD among those without a family history of premature CHD.

**Supplemental Figure 1b**: Receiver operating characteristic curves showing area under the curve for incident hard CHD among those without a family history of premature CHD.

**Supplemental Table 1:** Crude event rates (per 1000 person-years) according to race/ethnic group stratified by a family history of premature CHD status.

	Hard ASCVD			Hard CHD		
	<b>Negative FH</b>	Positive FH	p-value	Negative FH	Positive FH	p-value
White	6.99	7.12	0.91	4.20	5.18	0.34
Chinese	3.44	5.62	0.49	2.38	2.81	0.79
Black	4.86	9.80	0.002	3.14	5.35	0.06
Hispanic	7.02	10.85	0.06	4.47	6.87	0.13

FH – family history of premature coronary heart disease

CHD – coronary heart disease

ASCVD – atherosclerotic cardiovascular disease

**Supplemental Table 2:** Hard ASCVD Events and Cox proportional hazards regression examining relation of hard ASCVD events with CAC and CIMT, stratified by FH of premature CHD.

	Cox Proportional Hazard Ratios		Number of Hard ASCVD Events	
	Negative FH	Positive FH	<b>Negative FH</b>	Positive FH
	(n= 4,863 )	(n= 1,262)	(n=278)	(n=104)
•				
CAC 0	1 (ref)	1 (ref)	60	25
CAC 1-99	1.74 (1.21-2.50)	1.64 (0.94-2.87)	72	30
CAC 100-399	2.77 (1.90-4.05)	2.45 (1.31-4.58)	76	24
<b>CAC ≥400</b>	3.22 (2.15-4.84)	2.80 (1.44-5.43)	70	25
p-value for interaction	0.2	28		
In (CAC+1)	1.19 (1.13-1.26)	1.17 (1.07-1.29)		
p-value for interaction	0.28			
CIMT 1 <sup>st</sup> Quartile	1 (ref)	1 (ref)	30	15
CIMT 2 <sup>nd</sup> Quartile	1.35 (0.86-2.10)	0.80 (0.41-1.59)	59	22
CIMT 3 <sup>rd</sup> Quartile	1.12 (0.72-1.77)	1.08 (0.56-2.06)	69	29
CIMT 4 <sup>th</sup> Quartile	1.45 (0.93-2.26)	0.93 (0.48-1.82)	120	38
p-value for interaction	0.29			
Continuous CIMT	1.53 (0.82-2.87)	0.89 (0.32-2.49)		
p-value for interaction	0.2	21		

Adjusted for age, gender, race, MESA site, cigarette smoking, hypertension, diabetes, BMI, LDL-C, HDL-C, cholesterol lowering medications. Continuous CAC units are log-transformed Agatston Units, continuous CIMT units are per millimeter change in thickness.

ASCVD - atherosclerotic cardiovascular disease

FH – family history of premature coronary heart disease

CHD – coronary heart disease

CAC - coronary artery calcium

CIMT – carotid intima-media thickness

BMI – body mass index

LDL-C – low density lipoprotein-cholesterol

**Supplemental Table 3:** Hard CHD Events and Cox proportional hazards regression examining relation of hard CHD events with CAC and CIMT, stratified by FH of premature CHD.

	Cox Proportional Hazard Ratios		Number of Har	d CHD Events
	<b>Negative FH</b>	Positive FH	<b>Negative FH</b>	Positive FH
	(n= 4,863 )	(n= 1,262)	(n=176)	(n=67)
		<u> </u>		
CAC 0	1 (ref)	1 (ref)	30	13
CAC 1-99	2.35 (1.46-3.78)	1.93 (0.91-4.10)	47	18
CAC 100-399	3.54 (2.14-5.85)	3.52 (1.58-7.84)	48	18
CAC ≥400	4.87 (2.88-8.24)	3.85 (1.65-9.02)	51	18
p-value for interaction	0.49			
In (CAC+1)	1.25 (1.17-1.35)	1.22 (1.09-1.37)		
p-value for interaction	0.39			
CIMT 1 <sup>st</sup> Quartile	1 (ref)	1 (ref)	21	8
CIMT 2 <sup>nd</sup> Quartile	1.35 (0.79-2.31)	1.23 (0.51-2.93)	41	17
CIMT 3 <sup>rd</sup> Quartile	0.82 (0.46-1.45)	1.11 (0.46-2.70)	34	16
CIMT 4 <sup>th</sup> Quartile	1.32 (0.77-2.26)	1.28 (0.53-3.11)	80	26
p-value for interaction	0.67			
Continuous CIMT	1.31 (0.59-2.91)	1.20 (0.35-4.13)		
p-value for interaction	0.0	60		

Adjusted for age, gender, race, MESA site, cigarette smoking, hypertension, diabetes, BMI, LDL-C, HDL-C, cholesterol lowering medications. Continuous CAC units are log-transformed Agatston Units, continuous CIMT units are per millimeter change in thickness.

CHD – coronary heart disease

CAC – coronary artery calcium

CIMT – carotid intima-media thickness

FH – family history of premature coronary heart disease

BMI – body mass index

LDL-C – low density lipoprotein-cholesterol

**Supplemental Table 4:** Cox proportional hazards regression examining relation of hard ASCVD events with CAC and CIMT, stratified by any family history of CHD (assessed at visit 1).

Stratifica by any family instary of Chb (assessed at visit 1).				
	No FH of CHD	Any FH of CHD		
_	(n= 2,586 )	(n =2,761)		
- -				
CAC 0	1 (ref group)	1 (ref group)		
CAC 1-99	1.65 (1.10-2.46)	1.83 (1.20-2.79)		
CAC 100-399	2.33 (1.49-3.63)	2.92 (1.86-4.57)		
CAC ≥400	2.85 (1.75-4.6)	3.59 (2.23-5.76)		
p-value for interaction	0.93			
CIMT 1 <sup>st</sup> Q	1 (ref group)	1 (ref group)		
CIMT 2 <sup>nd</sup> Q	1.10 (0.64- 1.90)	1.13 (0.70-1.81)		
CIMT 3 <sup>rd</sup> Q	1.28 (0.76-2.16)	1.05 (0.65-1.70)		
CIMT 4 <sup>th</sup> Q	1.42 (0.84-2.39)	1.09 (0.67-1.76)		
p-value for interaction	0.1	0		

Adjusted for age, gender, race, MESA site, cigarette-smoking, hypertension, diabetes, BMI, LDL-C, HDL-C, cholesterol lowering medications.

ASCVD – atherosclerotic cardiovascular disease

CAC – coronary artery calcium

CIMT – carotid intima-media thickness

CHD – coronary heart disease

FH – any family history of coronary heart disease

BMI – body mass index

LDL-C – low density lipoprotein-cholesterol

**Supplemental Table 5**: Cox proportional hazards regression examining relation of hard CHD events with CAC and CIMT, stratified by any family history of CHD (assessed at visit 1).

	No FH of CHD	Any FH of CHD	
	(n= 3,620 )	(n = 2,686)	
CAC 0	1 (ref group)	1 (ref group)	
CAC 1-99	2.16 (1.24-3.78)	2.30 (1.30-4.06)	
CAC 100-399	3.19 (1.74-5.86)	4.10 (2.28-7.37)	
CAC ≥400	4.63 (2.43-8.81)	5.31 (2.86-9.85)	
p-value for interaction	0.86		
		1	
CIMT 1 <sup>st</sup> Q	1 (ref group)	1 (ref group)	
CIMT 2 <sup>nd</sup> Q	1.26 (0.63-2.52)	1.32 (0.73-2.38)	
CIMT 3 <sup>rd</sup> Q	0.98 (0.49-1.98)	1.08 (0.59-1.99	
CIMT 4 <sup>th</sup> Q	1.48 (0.75-2.93)	1.15 (0.62-2.11)	
p-value for interaction	n 0.19		

Adjusted for age, gender, race, MESA site, cigarette-smoking, hypertension, diabetes, BMI, LDL-C, HDL-C, cholesterol lowering medications.

CHD – coronary heart disease

CAC – coronary artery calcium

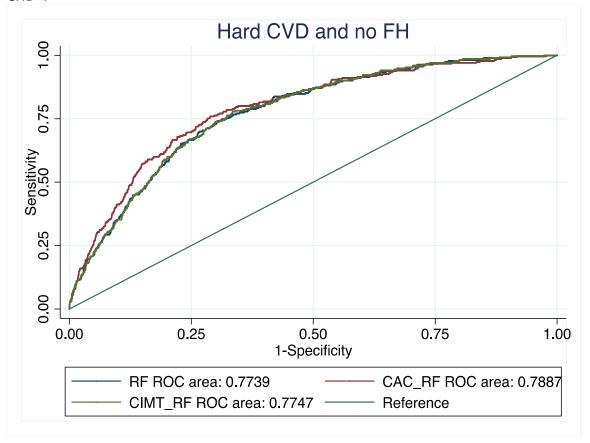
CIMT – carotid intima-media thickness

FH – any family history of coronary heart disease

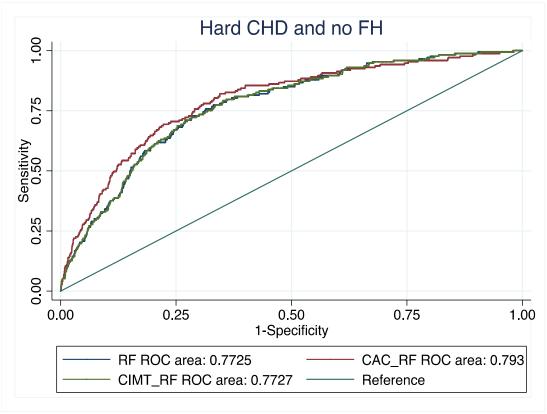
BMI – body mass index

LDL-C – low density lipoprotein-cholesterol

**Supplemental Figure 1a**: Receiver operating characteristic curves showing area under the curve for incident hard ASCVD among those without a family history of premature CHD\*.



ASCVD – atherosclerotic cardiovascular disease FH – family history of premature coronary heart disease CAC – coronary artery calcium CIMT – carotid intima-media thickness \*CIMT and CAC were modelled continuously **Supplemental Figure 1b**: Receiver operating characteristic curves showing area under the curve for incident hard CHD among those without a family history of premature CHD\*.



CHD - coronary heart disease

FH – family history of premature coronary heart disease

CAC – coronary artery calcium

CIMT – carotid intima-media thickness

\*CIMT and CAC were modelled continuously