

## Appendix I. Supplemental Tables

**Supplemental Table S1** Statistical power for each drug by ethnicity calculated using the log-rank test (two-sided  $\alpha=0.05$ ), specifying actual sample sizes, treatment and event rates observed, allocation ratio, and hazard ratio as derived from the risk reduction observed in major clinical trials cited below and in the manuscript. The same expected risk reduction was used for CCB and diuretics because the ALLHAT study utilized an active comparator instead of a placebo control, showing no significant difference between effectiveness of amlodipine and chlorthalidone in reducing all-cause mortality.

	Hazard ratio	Power		
		South Asian	Chinese	Other
ACEi	0.76	0.77	0.87	>0.999
ARB	0.61	0.96	>0.999	>0.999
CCB	0.80	0.40	0.62	>0.999
Diuretic	0.80	0.51	0.72	>0.999

Abbreviations: angiotensin-converting enzyme inhibitor, ACEi; angiotensin receptor blocker, ARB; calcium channel blocker, CCB

**Supplemental Table S2** Mean and standard deviation of stabilized inverse probability weights

Ethnicity	Estimated Weights	
	Mean	Standard Deviation
South Asian	0.98	0.42
Chinese	0.98	0.33
Other	0.98	0.46

## References

1. Heart Outcomes Prevention Evaluation (HOPE) Study Investigators. Effects of ramipril on cardiovascular and microvascular outcomes in people with diabetes mellitus: results of the HOPE study and MICRO-HOPE substudy. *The Lancet*. 2000 Jan 22;355(9200):253–9.
2. ONTARGET Investigators, Yusuf S, Teo KK, Pogue J, Dyal L, Copland I, et al. Telmisartan, ramipril, or both in patients at high risk for vascular events. *N Engl J Med*. 2008 Apr 10;358(15):1547–59.
3. Whelton PK, Barzilay J, Cushman WC, Davis BR, Iamathi E, Kostis JB, et al. Clinical outcomes in antihypertensive treatment of type 2 diabetes, impaired fasting glucose concentration, and normoglycemia: Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). *Arch Intern Med*. 2005 Jun 27;165(12):1401–9.
4. Kostis JB, Wilson AC, Freudenberger RS, Cosgrove NM, Pressel SL, Davis BR. Long-term effect of diuretic-based therapy on fatal outcomes in subjects with isolated systolic hypertension with and without diabetes. *The American Journal of Cardiology*. 2005 Jan 1;95(1):29–35.