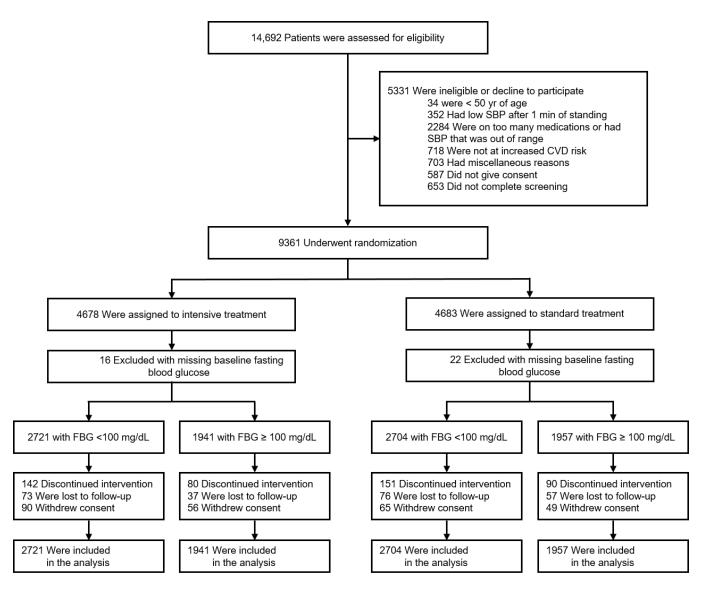
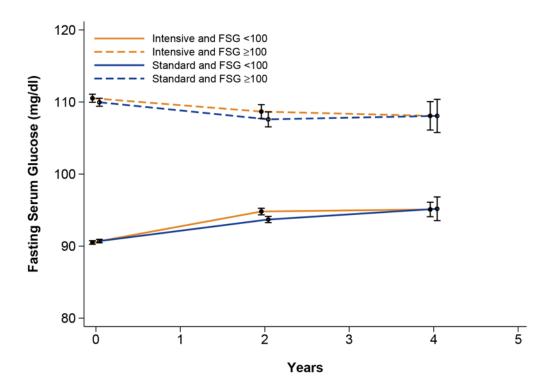
Supplementary Figure 1. Eligibility, randomization, and follow-up of SPRINT participants among those with prediabetes and normoglycemia at baseline

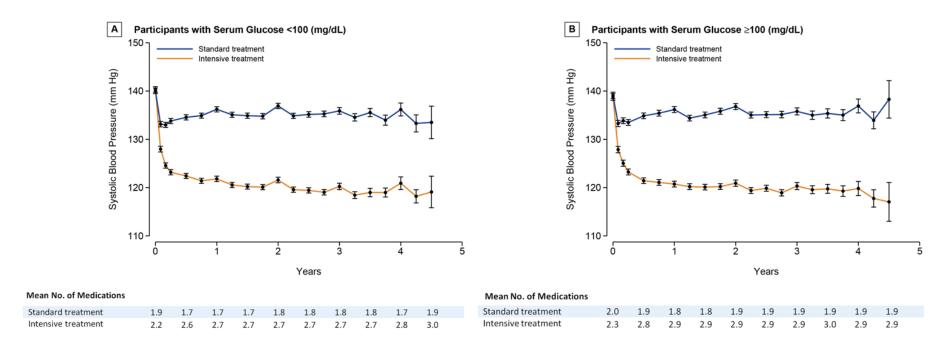


Supplementary Figure 2. Fasting serum glucose in the two treatment arms over the course of the trial among those with prediabetes and normoglycemia.



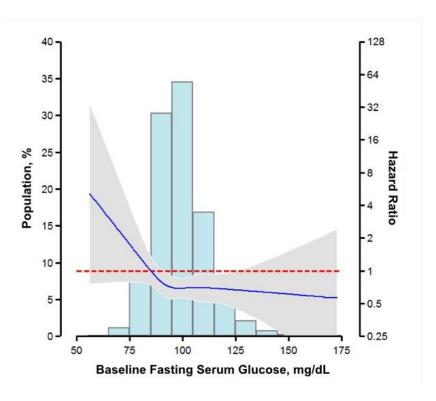
Supplementary Figure 3. Systolic blood pressure in the intensive and standard treatment arms over the course of the trial among those with normoglycemia (Panel A) and with prediabetes (Panel B) at baseline.

The mean number of medications is the number of antihypertensive medications administered at study each visit. I bars represent 95% confidence intervals.



Supplementary Figure 4. Hazard ratios for the primary outcome with intensive vs. standard treatment across a range of baseline fasting serum glucose as a continuous variable using restricted cubic splines.

The solid blue line represents the hazard ratio, and the grey shaded area represents the 95% CI. The histogram represents the distribution of baseline fasting serum glucose in SPRINT.



Supplementary Table 1. Baseline fasting serum glucose cross classified with year 2 follow-up visit fasting serum glucose.

	Year 2 Fasting Serum Glucose, mg/dL								
Baseline Serum Glucose, mg/dL	Missing	< 100	100 – 125	> 125	Total				
< 100	752	3485	1134	54	5425				
100-125	419	1015	1925	244	3603				
> 125	43	29	126	97	295				
Total	1214	4529	3185	395	9323				

Supplementary Table 2. Fasting serum glucose values at baseline, 24 months and 48 months post-randomization by treatment arm among those above and below a baseline fasting serum glucose of 100 mg/dL

Baseline Serum glucose Group	Randomized Group Assignment	Time Point	N	Mean, mg/dL	95% CI lower bound, mg/dL	95% CI upper bound, mg/dL
	_	Baseline	2704	90.70	90.46	90.94
	Standard	24 months	2325	93.69	93.26	94.12
< 100 mg/dL		48 months	545	95.18	93.54	96.82
< 100 mg/uL	Intensive	Baseline	2721	90.51	90.26	90.75
		24 months	2348	94.80	94.34	95.25
		48 months	603	95.09	94.08	96.09
		Baseline	1957	109.96	109.41	110.51
	Standard	24 months	1707	107.59	106.55	108.62
$\geq 100 \text{ mg/dL}$		48 months	455	108.07	105.76	110.37
		Baseline	1941	110.52	109.96	111.08
	Intensive	24 months	1729	108.67	107.71	109.63
		48 months	435	108.08	106.11	110.05

Supplementary Table 3. Interaction analysis between treatment arm and baseline fasting serum glucose status for the primary outcome

	St	andard	1	Intensive			
Baseline fasting serum glucose	N event/no event	Hazard Ratio	N event/no event	Hazard Ratio	HR (95% CI) for treatment arm within strata of baseline fasting serum glucose		
	Absolute risk at 3 years (95% CI)	(95% CI)	Absolute risk at 3 years	(95% CI)			
< 100 mg/dL	174/2530		142/2579				
	6.3%	1.0 (reference)	5.0%	0.82 (0.65 – 1.02) p=0.077	0.83 (0.66 – 1.03) p=0.095		
$\geq 100 \text{ mg/dL}$	144/1813		101/1840				
	6.9%	1.17 (0.93 - 1.46) p=0.178	4.7%	0.80 (0.62 - 1.02) p=0.073	0.69 (0.53 - 0.89) p=0.005		

Measure of interaction on additive scale: Relative excess risk due to interaction (RERI) (95% CI): -0.19 (-0.52 to 0.15), p=0.27 Measure of interaction on multiplicative scale: ratio of hazard ratios (95% CI) = 0.83 (0.59 to 1.17), p=0.30

The primary outcome was the first occurrence of myocardial infarction, acute coronary syndrome, stroke, heart failure, or death from cardiovascular causes. CI=confidence interval, HR=Hazard Ratio

Supplementary Table 4. Incidence and hazard ratios for serious adverse events by treatment arm among those with normoglycemia and prediabetes at baseline

	Baseline fasting serum glucose									
		Normoglycem			"					
		<100 mg/dL			L					
Outcome	Intensive Treatment (n=2,721)	Standard Treatment (n=2,704)	Hazard Ratio (95% CI)	Intensive Treatment (n=1,941)	Standard Treatment (n=1,957)	Hazard Ratio (95% CI)	P-value for Interaction			
All serious adverse events	1052 (38.7)	1000 (37.0)	1.06 (0.97 - 1.15)	737 (38)	733 (37.5)	1.03 (0.93 - 1.14)	0.67			
Conditions of interest										
Serious adverse event only										
Hypotension	61 (2.2)	44 (1.6)	1.33 (0.90 - 1.97)	49 (2.5)	22 (1.1)	2.38 (1.43 - 3.95)	0.08			
Syncope	66 (2.4)	46 (1.7)	1.42 (0.97 - 2.07)	40 (2.1)	34 (1.7)	1.20 (0.75 - 1.91)	0.58			
Bradycardia	51 (1.9)	41 (1.5)	1.20 (0.79 - 1.81)	36 (1.9)	32 (1.6)	1.10 (0.67 - 1.78)	0.79			
Electrolyte abnormality	88 (3.2)	60 (2.2)	1.45 (1.04 - 2.02)	56 (2.9)	47 (2.4)	1.17 (0.79 - 1.74)	0.41			
Injurious fall	70 (2.6)	69 (2.6)	1.00 (0.72 - 1.40)	35 (1.8)	41 (2.1)	0.91 (0.58 - 1.44)	0.75			
AKI or ARF	111 (4.1)	69 (2.6)	1.59 (1.18 - 2.16)	82 (4.2)	48 (2.5)	1.69 (1.18 - 2.42)	0.81			
ED visit or serious adverse event										
Hypotension	92 (3.4)	59 (2.2)	1.49 (1.08 - 2.07)	66 (3.4)	34 (1.7)	2.06 (1.36 - 3.13)	0.24			
Syncope	95 (3.5)	68 (2.5)	1.40 (1.03 - 1.92)	67 (3.5)	45 (2.3)	1.50 (1.020 - 2.2)	0.79			
Bradycardia	59 (2.2)	48 (1.8)	1.19 (0.81 - 1.75)	45 (2.3)	35 (1.8)	1.33 (0.85 - 2.08)	0.72			
Electrolyte abnormality	102 (3.7)	70 (2.6)	1.45 (1.07 - 1.97)	75 (3.9)	59 (3.0)	1.29 (0.91 - 1.82)	0.62			
Injurious fall	206 (7.6)	207 (7.7)	0.97 (0.80 - 1.18)	128 (6.6)	125 (6.4)	1.05 (0.82 - 1.35)	0.64			
AKI or ARF	117 (4.3)	71 (2.6)	1.64 (1.22 - 2.20)	87 (4.5)	49 (2.5)	1.74 (1.22 - 2.48)	0.79			
Monitored Clinical Events										
Adverse laboratory measures										
Serum sodium <130 mmol/liter	116 (4.3)	60 (2.2)	1.81 (1.32 - 2.5)	64 (3.3)	40(2)	1.64 (1.08 - 2.48)	0.70			
Serum sodium >150 mmol/liter	3 (0.1)	0 (0)	-	3 (0.2)	0(0)	-	-			
Serum potassium <3.0 mmol/liter	57 (2.1)	43 (1.6)	1.16 (0.77 - 1.74)	57 (2.9)	31 (1.6)	1.84 (1.16 - 2.92)	0.14			
Serum potassium >5.5 mmol/liter	104 (3.8)	111 (4.1)	0.89 (0.68 - 1.18)	72 (3.7)	60 (3.1)	1.37 (0.95 - 1.98)	0.07			
Orthostatic hypotension										
Alone	448 (16.5)	513 (19)	0.82 (0.72 - 0.94)	328 (16.9)	340 (17.4)	0.94 (0.8 - 1.1)	0.22			
With dizziness	43 (1.6)	41 (1.5)	0.91 (0.59 - 1.43)	19 (1)	30 (1.5)	0.52 (0.29 - 0.96)	0.15			

A serious adverse event was defined as an event that was fatal or life-threatening, that resulted in clinically significant or persistent disability, that required or prolonged a hospitalization, or that was judged by the investigator to represent a clinically significant hazard or harm to the participant that might require medical or surgical intervention to prevent one of the other events listed above. An injurious fall was defined as a fall that resulted in evaluation in an emergency department or that resulted in hospitalization. Acute kidney injury or acute renal failure were coded if the diagnosis was listed in the hospital discharge summary and was believed by the safety officer to be one of the top three reasons for admission or continued hospitalization. A few cases of acute kidney injury were noted in an emergency department if the participant presented for one of the other conditions of interest. Adverse laboratory measures were detected on routine or unscheduled tests; routine laboratory tests were performed at 1 month, then quarterly during the first year, then every 6 months. Orthostatic hypertension was defined as a drop in systolic blood pressure of at least 20 mm Hg or in diastolic blood pressure of at least 10 mm Hg at 1 minute after the participant stood up, as compared with the value obtained when the participant was seated. Standing blood pressures were measured at screening, baseline, 1 month, 6 months, 12 months, and yearly thereafter. Participants were asked if they felt dizzy at the time the orthostatic measure was taken.

Supplementary Table 5. Sensitivity analysis excluding those with baseline fasting serum glucose ≥100 and year 2 fasting serum glucose of <100 mg/dL (n=1044 excluded)

	Baseline fasting serum glucose									
		Normoglycei < 100 mg/d								
Outcome	Intensive Treatment (n=2,721)	Standard Treatment (n=2,704)	Hazard Ratio (95% CI)	Intensive Treatment (n=1,452)	Standard Treatment (n=1,402)	Hazard Ratio (95% CI)	P Value for Interaction			
Primary outcome	142 (1.7)	174 (2.1)	0.83 (0.66,1.03)	77 (1.7)	110 (2.5)	0.66 (0.49,0.89)	0.25			
Secondary outcomes										
Myocardial infarction	57 (0.7)	72 (0.8)	0.80 (0.56,1.14)	31 (0.7)	32 (0.7)	0.98 (0.59,1.61)	0.62			
Acute coronary syndrome	23 (0.3)	17 (0.2)	1.32 (0.71,2.51)	14 (0.3)	15 (0.3)	0.95 (0.45,2.02)	0.54			
Stroke	36 (0.4)	32 (0.4)	1.19 (0.73,1.92)	20 (0.4)	33 (0.7)	0.62 (0.35,1.09)	0.08			
Heart failure	37 (0.4)	52 (0.6)	0.72 (0.47,1.1)	17 (0.4)	36 (0.8)	0.4 (0.22, 0.71)	0.13			
Death from CVD causes	21 (0.2)	37 (0.4)	0.62 (0.35,1.05)	14 (0.3)	23 (0.5)	0.58 (0.29,1.13)	0.80			
Death from any cause	89 (1)	125 (1.4)	0.71 (0.54,0.94)	58 (1.2)	68 (1.5)	0.81 (0.56,1.15)	0.63			
Primary outcome or death	197 (2.3)	240 (2.9)	0.82 (0.68,0.99)	107 (2.3)	142 (3.3)	0.71 (0.55, 0.92)	0.37			

Numbers are counts and annual rates. The primary outcome was the first occurrence of myocardial infarction, acute coronary syndrome, stroke, heart failure, or death from cardiovascular causes. CVD=cardiovascular disease, CI= Confidence interval.

Supplementary Table 6. Sensitivity analysis excluding those blood sample was recorded as not fasting at the time of the blood draw by study staff (n=580 excluded).

	Baseline fasting serum glucose								
		Normoglycei < 100 mg/d			D. 17. 1. 0				
Outcome	Intensive Treatment (n=2,547)	Standard Treatment (n=2,539)	Hazard Ratio (95% CI)	Intensive Treatment (n=1,834)	Standard Treatment (n=1,1823)	Hazard Ratio (95% CI)	- P Value for Interaction		
Primary outcome	126 (1.6)	161 (2.0)	0.80 (0.63,1.01)	96 (1.7)	129 (2.3)	0.73 (0.56,0.95)	0.62		
Secondary outcomes									
Myocardial infarction	49 (0.6)	66 (0.8)	0.75 (0.51,1.08)	38 (0.6)	37 (0.6)	1.04 (0.66,1.65)	0.31		
Acute coronary syndrome	22 (0.3)	16 (0.2)	1.37 (0.72,2.66)	16 (0.3)	23 (0.4)	0.70 (0.36,1.33)	0.17		
Stroke	29 (0.4)	31 (0.4)	0.99 (0.59,1.65)	25 (0.4)	30 (0.5)	0.87 (0.51,1.48)	0.70		
Heart failure	32 (0.4)	50 (0.6)	0.65 (0.41,1.01)	24 (0.4)	42 (0.7)	0.51 (0.3,0.84)	0.49		
Death from CVD causes	21 (0.3)	33 (0.4)	0.70 (0.39,1.20)	14 (0.2)	25 (0.4)	0.52 (0.26,0.99)	0.49		
Death from any cause	82 (1.0)	116 (1.4)	0.71 (0.53,0.95)	59 (1.0)	77 (1.3)	0.76 (0.54,1.07)	0.79		
Primary outcome or death	177 (2.2)	223 (2.8)	0.80 (0.65,0.97)	125 (2.2)	164 (2.9)	0.75 (0.59,0.95)	0.68		

Numbers are counts and annual rates. The primary outcome was the first occurrence of myocardial infarction, acute coronary syndrome, stroke, heart failure, or death from cardiovascular causes. CVD=cardiovascular disease, CI= Confidence interval.

Supplementary Table 7. Sensitivity analysis excluding those with baseline serum fasting glucose ≥126 (n=295).

	Baseline fasting serum glucose								
		Normoglyce < 100 mg/d							
Outcome	Intensive Treatment (n=2,721)	Standard Treatment (n=2,704)	Hazard Ratio (95% CI)	Intensive Treatment (n=1,791)	Standard Treatment (n=1,812)	Hazard Ratio (95% CI)	P Value for Interaction		
Primary outcome	142 (1.7)	174 (2.1)	0.83 (0.66 - 1.03)	92 (1.6)	134 (2.4)	0.68 (0.52 - 0.88)	0.26		
Secondary outcomes	55 (0.5)	52 (0.0)	0.00 (0.55 4.44)	24 (0.5)	40 (0.7)	0.00 (0.75 4.4)	0.77		
Myocardial infarction	57 (0.7)	72 (0.8)	0.80 (0.57 - 1.14)	34 (0.6)	40 (0.7)	0.88 (0.56 - 1.4)	0.75		
Acute coronary syndrome	23 (0.3)	17 (0.2)	1.32 (0.70 - 2.47)	17 (0.3)	22 (0.4)	0.79 (0.41 - 1.5)	0.26		
Stroke	36 (0.4)	32 (0.4)	1.19 (0.73 - 1.91)	25 (0.4)	34 (0.6)	0.77 (0.46 - 1.3)	0.24		
Heart failure	37 (0.4)	52 (0.6)	0.72 (0.47 - 1.1)	23 (0.4)	46 (0.8)	0.45 (0.27 - 0.75)	0.17		
Death from CVD causes	21 (0.2)	37 (0.4)	0.62 (0.36 - 1.06)	13 (0.2)	25 (0.4)	0.49 (0.25 - 0.96)	0.60		
Death from any cause	89 (1.0)	125 (1.4)	0.71 (0.54 - 0.94)	56 (1.0)	78 (1.3)	0.72 (0.51 - 1.02)	0.96		
Primary outcome or death	197 (2.3)	240 (2.9)	0.82 (0.68 - 0.99)	122 (2.1)	169 (3.0)	0.72 (0.57 - 0.91)	0.39		

Numbers are counts and annual rates. The primary outcome was the first occurrence of myocardial infarction, acute coronary syndrome, stroke, heart failure, or death from cardiovascular causes. CVD=cardiovascular disease, CI= Confidence interval.

Supplementary Table 8. Primary and secondary outcomes stratified by quartile of baseline fasting serum glucose and by treatment arm

	Fasting	Intensive Arm			S	tandard Ar	m	Inte	Intensive vs. Standard		
Outcome	Serum Glucose Quartile, mg/dL	N	Events	% per Year	N	Events	% per Year	HR	Lower 95% CL	Upper 95% CL	Interaction P-value
	Q1	1357	71	1.7	1280	69	1.7	0.98	0.7	1.37	
Primary	Q2	1050	49	1.5	1099	84	2.5	0.62	0.43	0.89	0.20
Outcome	Q3	1108	62	1.8	1187	84	2.3	0.8	0.58	1.12	0.29
	Q4	1147	61	1.7	1095	81	2.4	0.69	0.49	0.97	
	Q1	1357	33	0.8	1280	33	0.8	0.94	0.57	1.53	
Myocardial	Q2	1050	18	0.5	1099	31	0.9	0.63	0.35	1.15	0.42
Infarction	Q3	1108	25	0.7	1187	24	0.6	1.21	0.69	2.13	0.43
	Q4	1147	21	0.6	1095	28	0.8	0.74	0.42	1.32	
	Q1	1357	14	0.3	1280	4	0.1	2.9	0.95	8.88	
Acute Coronary	Q2	1050	7	0.2	1099	9	0.3	0.71	0.26	1.94	0.10
Syndrome	Q3	1108	11	0.3	1187	12	0.3	0.98	0.43	2.24	
Syndrome	Q4	1147	8	0.2	1095	15	0.4	0.49	0.2	1.21	
	Q1	1357	17	0.4	1280	10	0.2	1.55	0.7	3.41	
Canalaa	Q2	1050	12	0.4	1099	19	0.5	0.68	0.32	1.42	0.46
Stroke	Q3	1108	16	0.5	1187	22	0.6	0.77	0.4	1.49	0.46
	Q4	1147	17	0.5	1095	19	0.5	0.84	0.43	1.64	
	Q1	1357	16	0.4	1280	20	0.5	0.81	0.41	1.58	
Heart Failure	Q2	1050	12	0.4	1099	25	0.7	0.51	0.25	1.03	0.34
neart Failuie	Q3	1108	20	0.6	1187	26	0.7	0.83	0.46	1.51	0.34
	Q4	1147	14	0.4	1095	29	0.8	0.41	0.21	0.79	
	Q1	1357	10	0.2	1280	15	0.4	0.73	0.33	1.64	
Death from	Q2	1050	8	0.2	1099	21	0.6	0.45	0.19	1.05	0.87
CVD causes	Q3	1108	7	0.2	1187	13	0.3	0.64	0.25	1.62	0.67
	Q4	1147	12	0.3	1095	15	0.4	0.66	0.3	1.45	
	Q1	1357	44	1	1280	57	1.4	0.74	0.5	1.1	
Death from any	Q2	1050	36	1	1099	60	1.7	0.64	0.42	0.98	0.78
cause	Q3	1108	29	0.8	1187	35	0.9	0.89	0.54	1.48	0.76
	Q4	1147	45	1.2	1095	57	1.6	0.68	0.45	1.02	
Primary	Q1	1357	98	2.3	1280	105	2.6	0.88	0.67	1.17	
outcome or	Q2	1050	73	2.2	1099	110	3.2	0.7	0.51	0.94	0.60
death	Q3	1108	74	2.1	1187	98	2.6	0.81	0.6	1.11	0.00
acatii	Q4	1147	86	2.4	1095	109	3.2	0.7	0.52	0.94	

Numbers are counts and annual rates. The primary outcome was the first occurrence of myocardial infarction, acute coronary syndrome, stroke, heart failure, or death from cardiovascular causes. CVD=cardiovascular disease, CL= Confidence limit.

Quartile 1 (Q1) = ≤91 mg/Dl, Quartile 2 (Q2) =92-97 mg/dL, Quartile 3 (Q3) = 98-105 mg/dL, Quartile 4 (Q4) ≥106mg/dL

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