

SUPPLEMENTAL DATA

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Online Table 1. Cumulative incidence of arterial thromboembolism among a sensitivity analysis cohort matched by a broader set of cardiovascular risk factors*

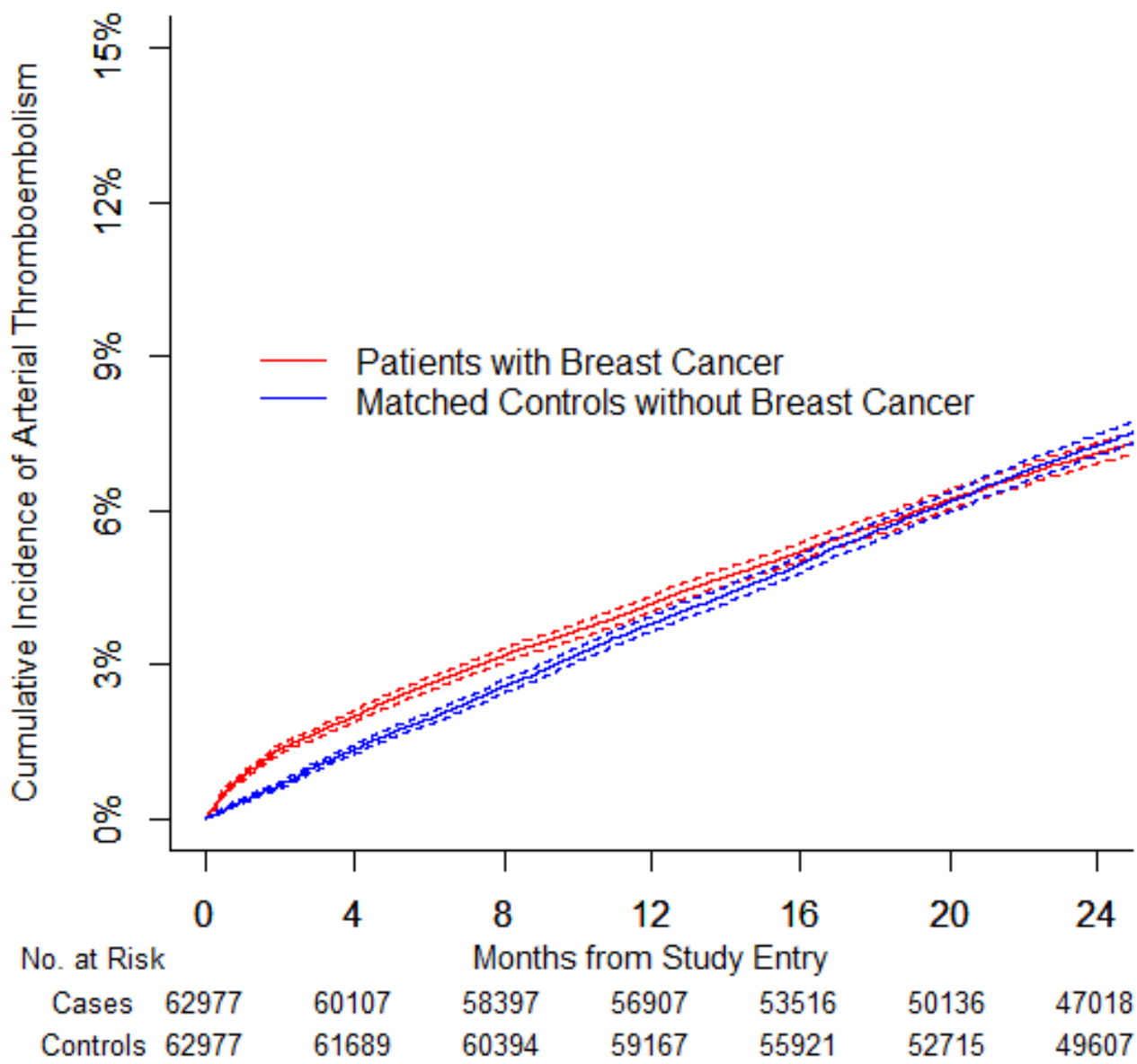
<i>Cancer type</i>	Time since diagnosis of cancer†			
	3 months	6 months	1 year	2 years
All cancer				
Patients	2.8 (2.7-2.9)	3.9 (3.7-4.0)	5.4 (5.2-5.5)	7.7 (7.5-7.8)
Controls	0.8 (0.8-0.9)	1.6 (1.5-1.7)	3.1 (3.0-3.2)	6.3 (6.2-6.4)

Cumulative incidence is reported as percent (95% confidence interval).

*In addition to the variables previously matched by in the study's primary analysis, cancer cases and cancer-free controls were matched 1:1 by previous diagnosis of peripheral vascular disease, chronic kidney disease, chronic obstructive pulmonary disease, valvular heart disease, liver disease, diabetes mellitus, and congestive heart failure.

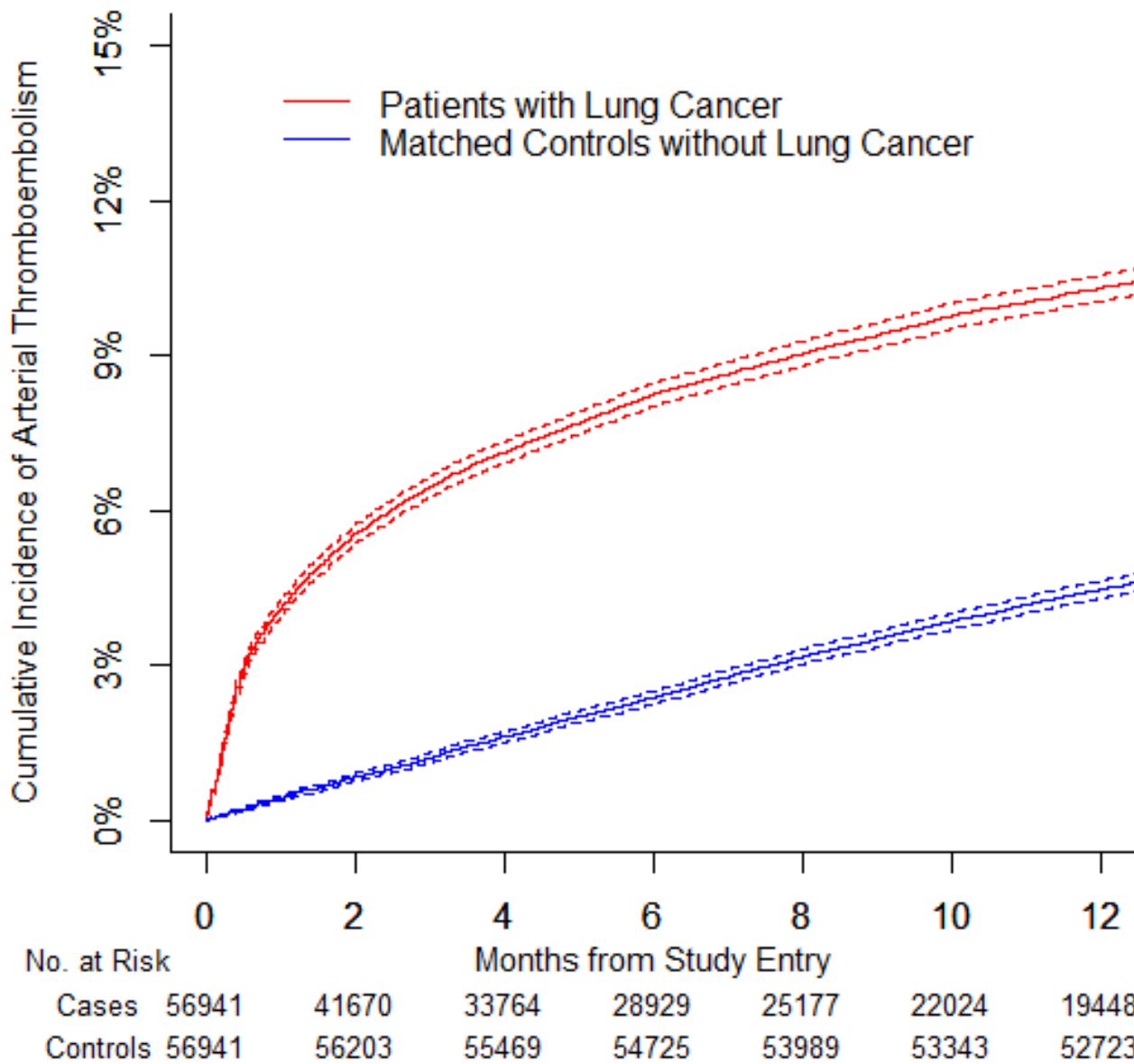
†Data are shown through the median period of follow-up for cancer patients up to a maximum of 2 years.

Online Figure 1A. Cumulative incidence of arterial thromboembolism (composite of myocardial infarction and ischemic stroke) in breast cancer patients compared to matched controls



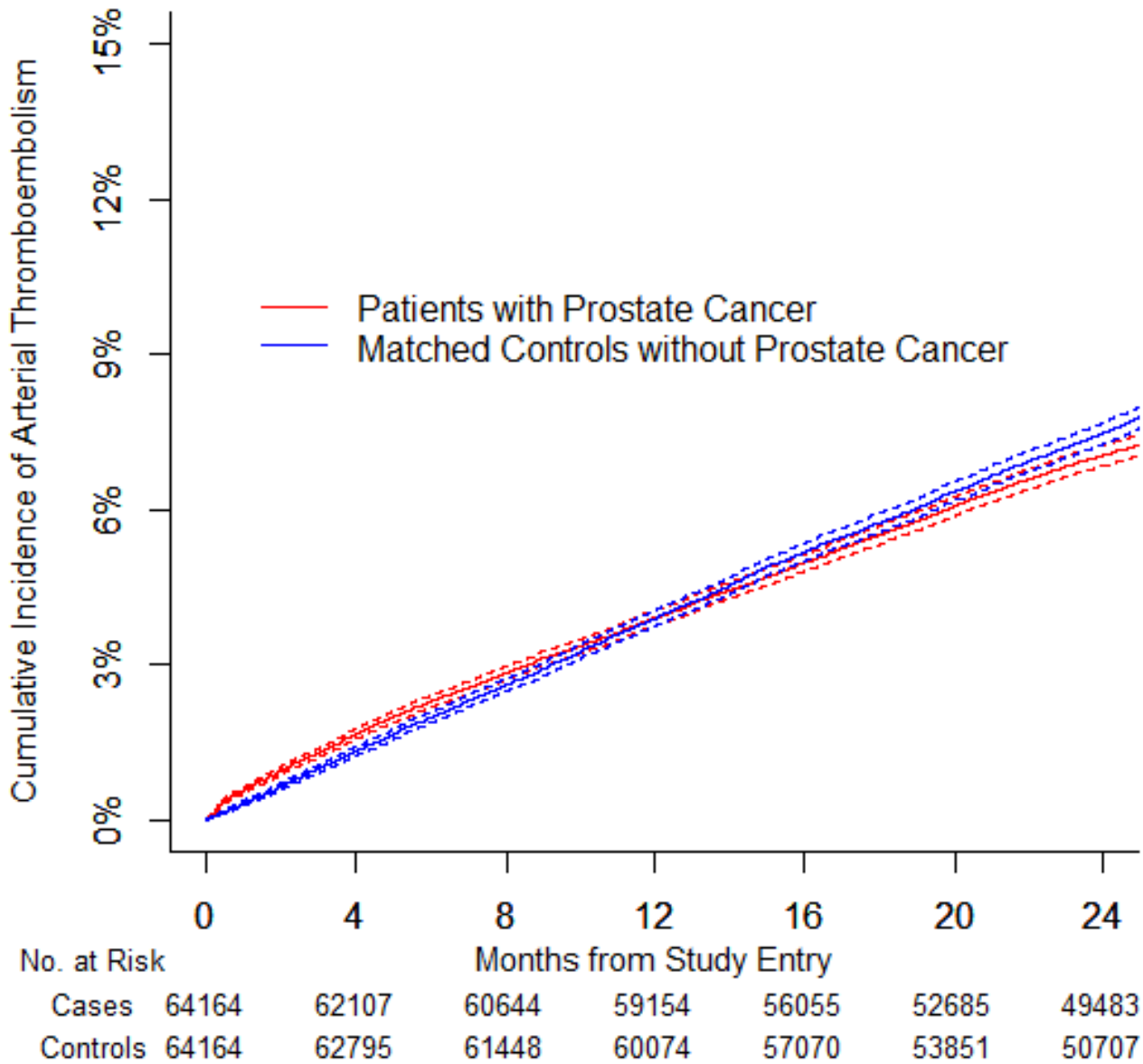
Legend. Competing risk survival statistics were used to calculate incidence. Data are shown through the median period of follow-up for cancer patients up to a maximum of 2 years. Dashed lines are used to indicate 95% confidence intervals.

Online Figure 1B. Cumulative incidence of arterial thromboembolism (composite of myocardial infarction and ischemic stroke) in lung cancer patients compared to matched controls



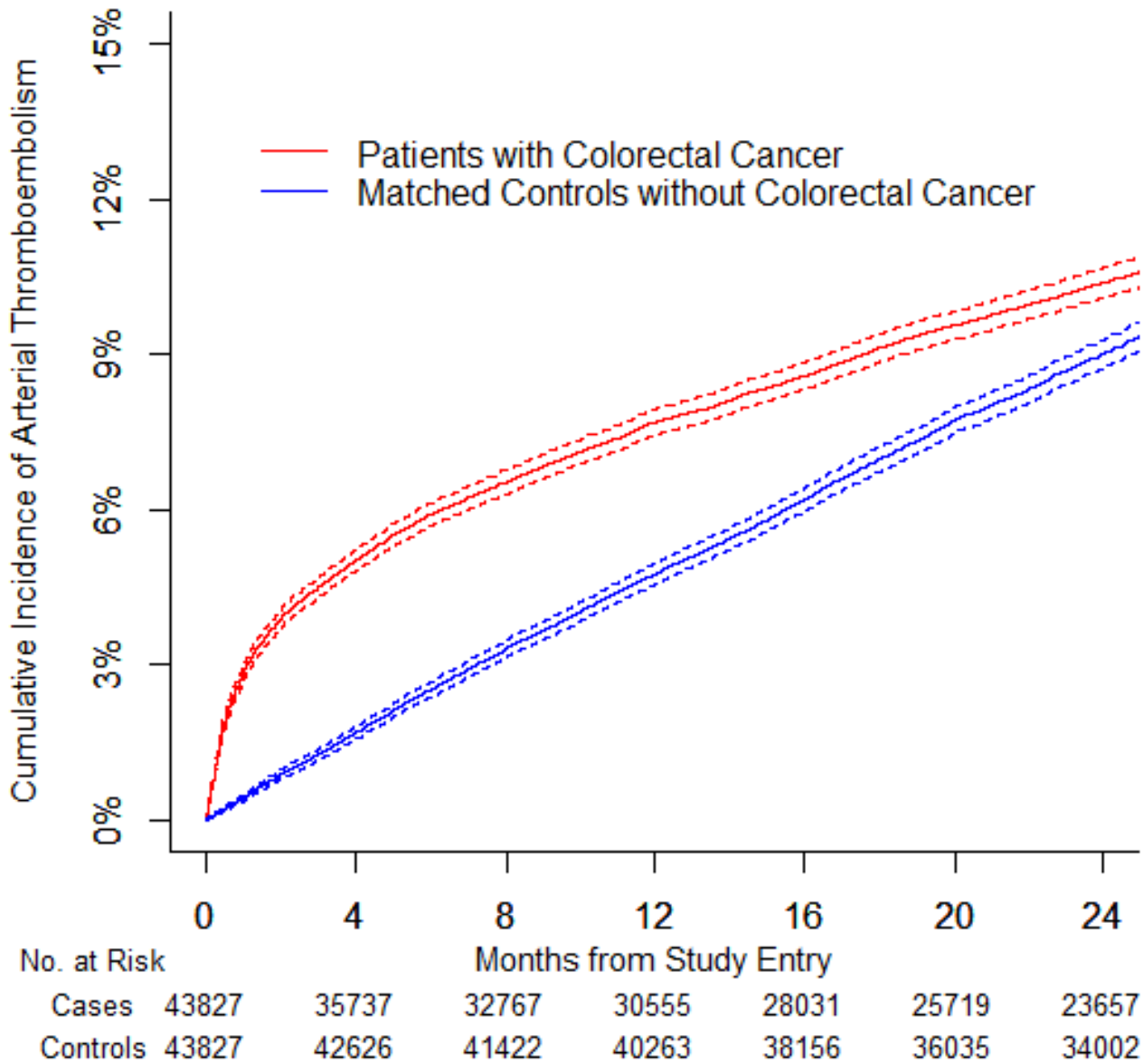
Legend. Competing risk survival statistics were used to calculate incidence. Data are shown through the median period of follow-up for cancer patients. Dashed lines are used to indicate 95% confidence intervals.

Online Figure 1C. Cumulative incidence of arterial thromboembolism (composite of myocardial infarction and ischemic stroke) in prostate cancer patients compared to matched controls



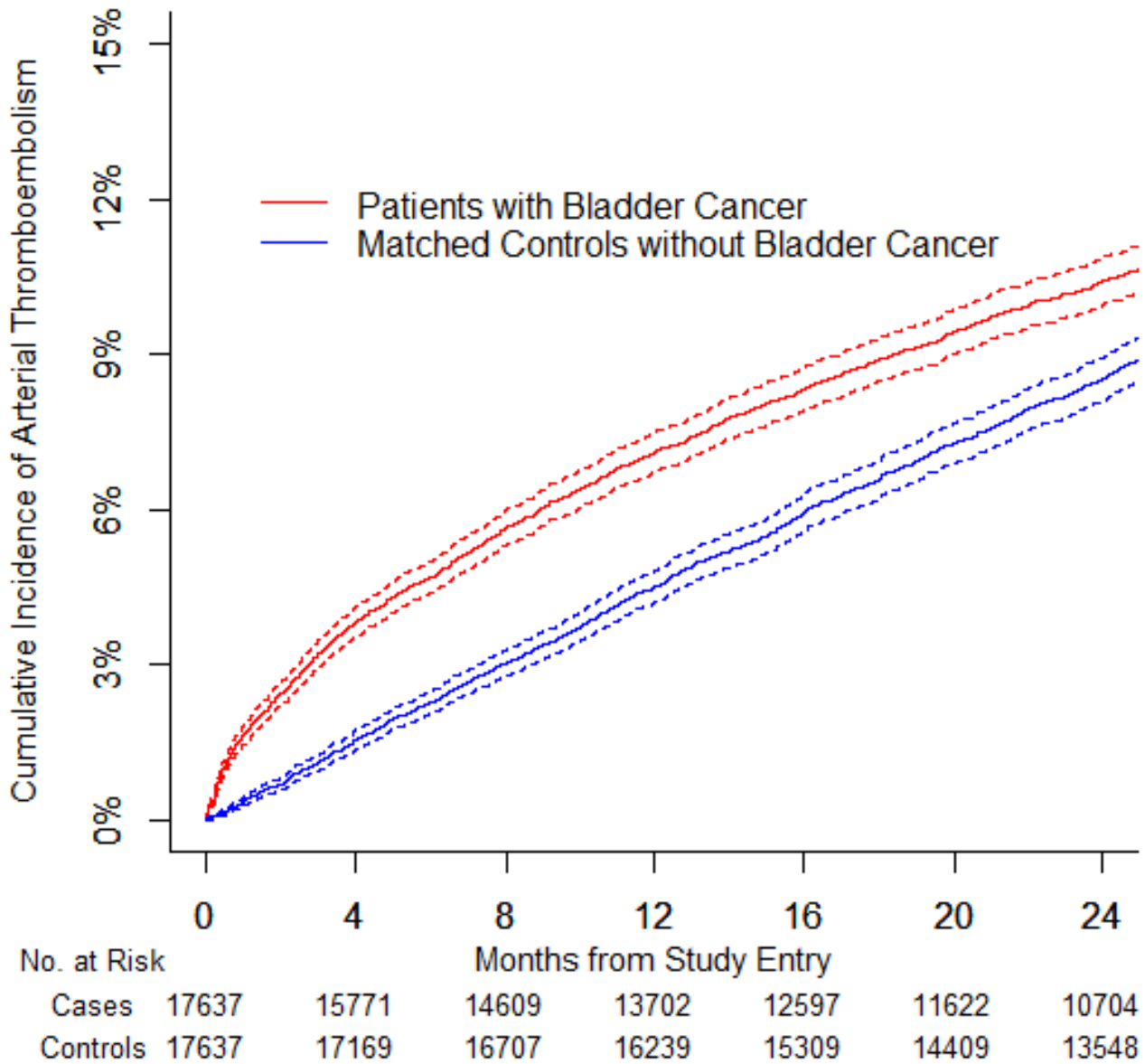
Legend. Competing risk survival statistics were used to calculate incidence. Data are shown through the median period of follow-up for cancer patients up to a maximum of 2 years. Dashed lines are used to indicate 95% confidence intervals.

Online Figure 1D. Cumulative incidence of arterial thromboembolism (composite of myocardial infarction and ischemic stroke) in colorectal cancer patients compared to matched controls



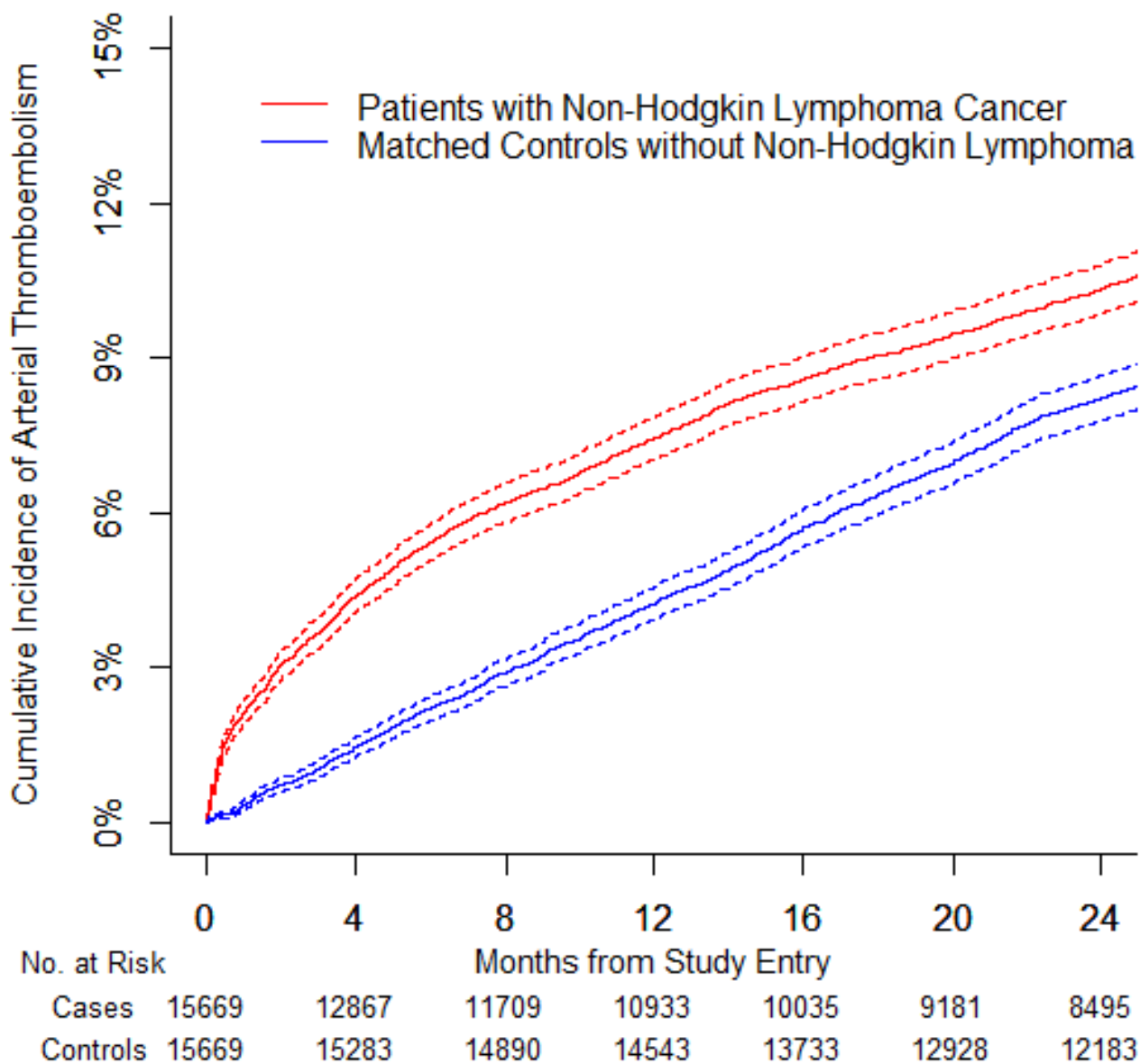
Legend. Competing risk survival statistics were used to calculate incidence. Data are shown through the median period of follow-up for cancer patients up to a maximum of 2 years. Dashed lines are used to indicate 95% confidence intervals.

Online Figure 1E. Cumulative incidence of arterial thromboembolism (composite of myocardial infarction and ischemic stroke) in bladder cancer patients compared to matched controls



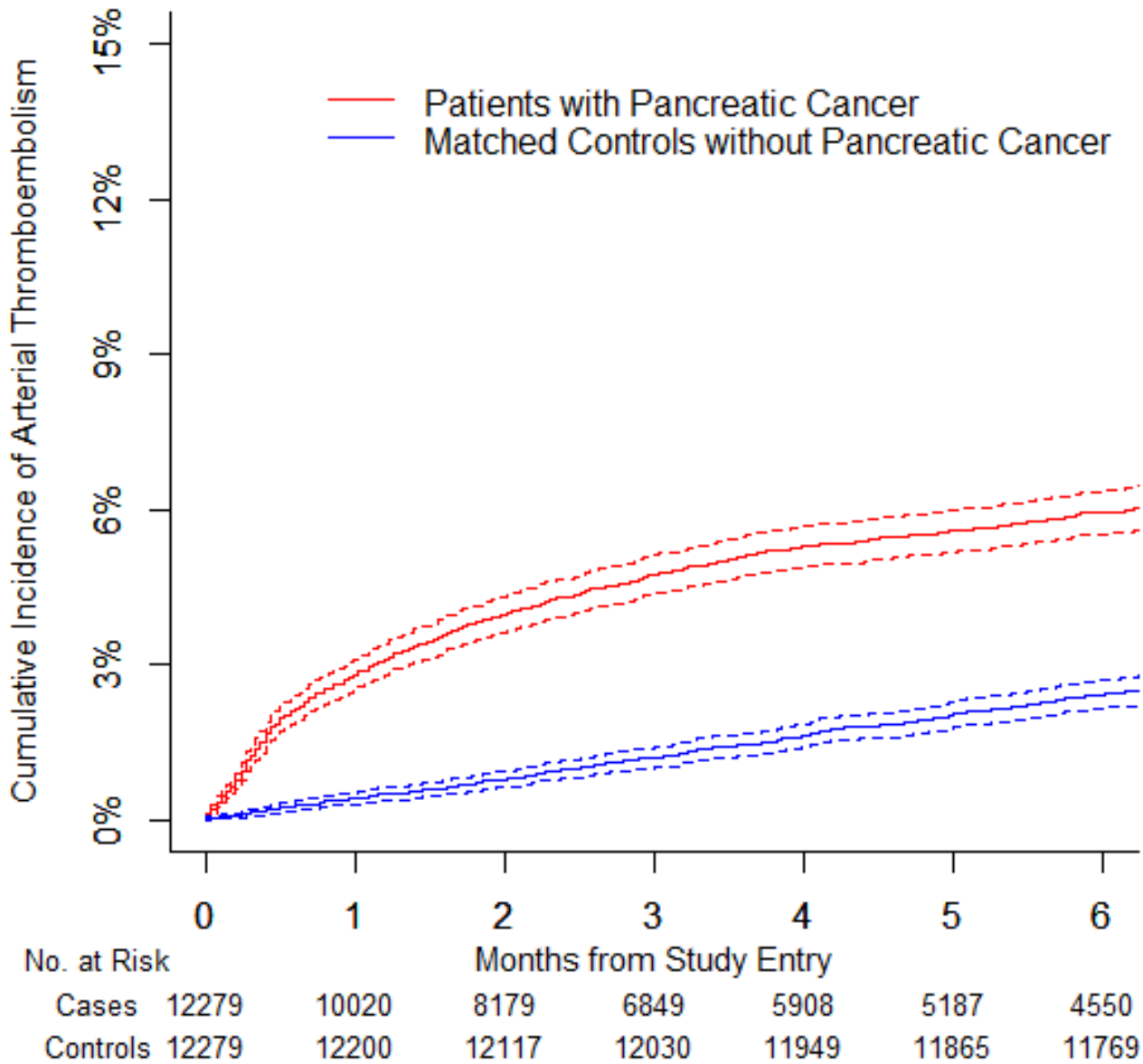
Legend. Competing risk survival statistics were used to calculate incidence. Data are shown through the median period of follow-up for cancer patients up to a maximum of 2 years. Dashed lines are used to indicate 95% confidence intervals.

Online Figure 1F. Cumulative incidence of arterial thromboembolism (composite of myocardial infarction and ischemic stroke) in non-Hodgkin lymphoma patients compared to matched controls



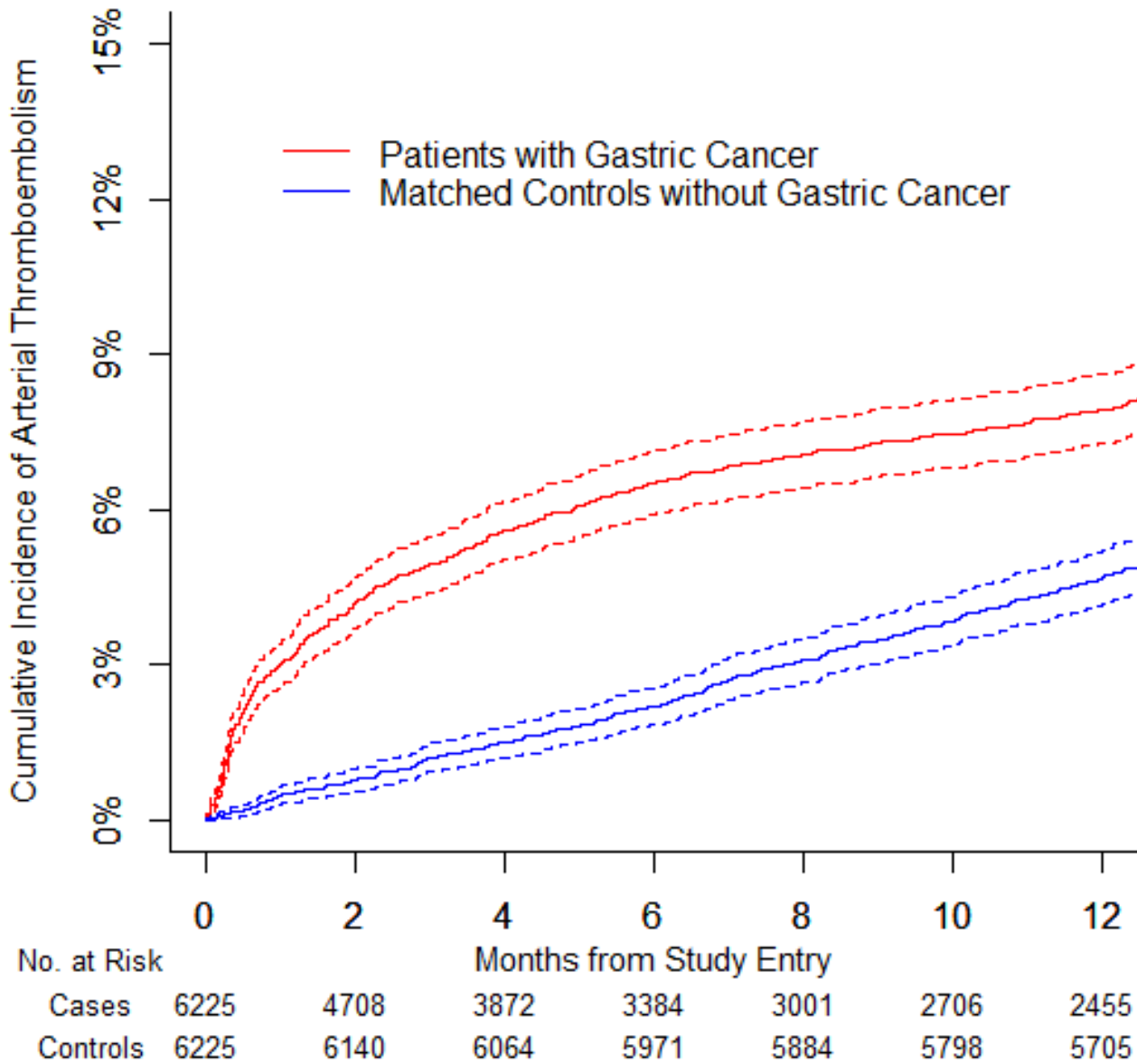
Legend. Competing risk survival statistics were used to calculate incidence. Data are shown through the median period of follow-up for cancer patients up to a maximum of 2 years. Dashed lines are used to indicate 95% confidence intervals.

Online Figure 1G. Cumulative incidence of arterial thromboembolism (composite of myocardial infarction and ischemic stroke) in pancreatic cancer patients compared to matched controls



Legend. Competing risk survival statistics were used to calculate incidence. Data are shown through the median period of follow-up for cancer patients. Dashed lines are used to indicate 95% confidence intervals.

Online Figure 1H. Cumulative incidence of arterial thromboembolism (composite of myocardial infarction and ischemic stroke) in gastric cancer patients compared to matched controls



Legend. Competing risk survival statistics were used to calculate incidence. Data are shown through the median period of follow-up for cancer patients. Dashed lines are used to indicate 95% confidence intervals.