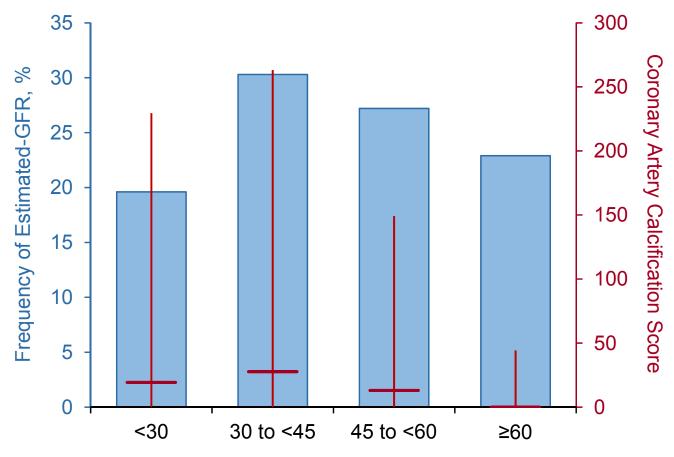
Supplementary Online Content

Chen J, Budoff MJ, Reilly MP, et al; for the CRIC Investigators. Coronary artery calcification and risk of cardiovascular disease and death among patients with chronic kidney disease. *JAMA Cardiol*. doi:10.1001/jamacardio.2017.0363 Published online March 22, 2017

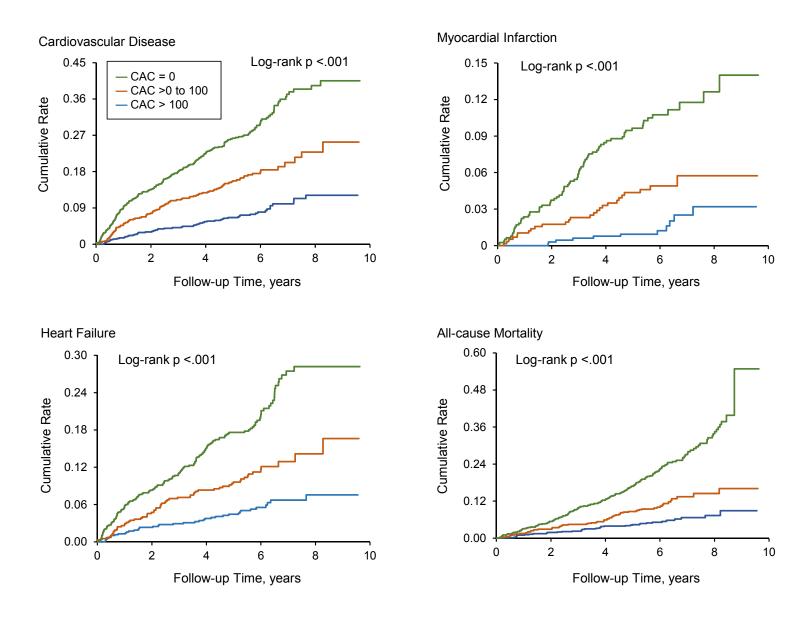
- **eFigure 1.** Frequency of Estimated-Glomerular Filtration Rate (eGFR, Bar Chart) and Median (Inter-Quartile Range) of Coronary Artery Calcification Score (Boxplot) According to eGFR Categories
- **eFigure 2.** Kaplan-Meier Cumulative Event Rates of Myocardial Infarction, Heart Failure, Composite Cardiovascular Disease, and All-cause Mortality According to Coronary Artery Calcification among All CRIC Study Participants
- **eFigure 3.** Kaplan-Meier Cumulative Event Rates of Composite Cardiovascular Disease and All-cause Mortality According to ACC/AHA-Atherosclerotic Cardiovascular Disease Risk Score among CRIC Study Participants without History of Cardiovascular Disease
- eTable 1. Multivariable-adjusted Hazard Ratios of Cardiovascular Disease and Death Associated with Coronary Artery Calcification among CRIC Study Participants with History of Cardiovascular Disease
- **eTable 2.** Multivariable-adjusted Hazard Ratios of Cardiovascular Disease and Death Associated with Coronary Artery Calcification among All CRIC Study Participants
- eTable 3. Improvement in Prediction of Cardiovascular Disease and Mortality by Adding Coronary Artery Calcification to Cardiovascular Risk Factors among CRIC Study Participants without History of Cardiovascular Disease

This supplementary material has been provided by the authors to give readers additional information about their work.

e**Figure 1.** Frequency of Estimated-Glomerular Filtration Rate (eGFR, Bar Chart) and Median (Inter-Quartile Range) of Coronary Artery Calcification Score (Boxplot) According to eGFR Categories

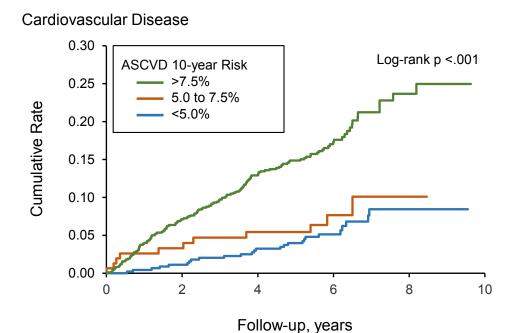


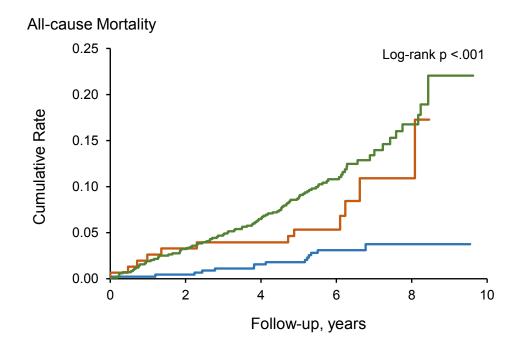
Estimated Glomerular Filtration Rate (eGFR), mL/min/1.73m²



eFigure 2. Kaplan-Meier Cumulative Event Rates of Cardiovascular Disease, Myocardial Infarction, Heart Failure, and All-cause Mortality According to Coronary Artery Calcification among All CRIC Study Participants

eFigure 3. Kaplan-Meier Cumulative Event Rates of Cardiovascular Disease and All-cause Mortality According to ACC/AHA-Atherosclerotic Cardiovascular Disease Risk Score among CRIC Study Participants without History of Cardiovascular Disease





eTable 1. Multivariable-adjusted Hazard Ratios of Cardiovascular Disease and Death Associated with Coronary Artery Calcification among CRIC Study Participants with History of Cardiovascular Disease

	Model 1	1	Model 2	2	Model 3		
CAC categories	HR (95% CI)	p-value for trend	HR (95% CI)	p-value for trend	HR (95% CI)	p-value for trend	
Cardiovascular disease							
CAC=0	1.00 (Reference)		1.00 (Reference)		1.00 (Reference)		
CAC>0-100	1.63 (0.94, 2.81)	<.001	1.28 (0.73, 2.25)	.02	1.17 (0.65, 2.11)	.50	
CAC>100	2.55 (1.54, 4.22)		1.87 (1.11, 3.16)		1.36 (0.78, 2.36)		
Per 1 SD log CAC*	1.53 (1.28, 1.83)	<.001	1.40 (1.16, 1.69)	<.001	1.29 (1.05, 1.58)	.02	
Myocardial infarction							
CAC=0	1.00 (Reference)		1.00 (Reference)		1.00 (Reference)		
CAC>0-100	2.18 (0.45, 10.6)	.009	1.70 (0.34, 8.49)	.08	1.68 (0.34, 8.37)	.09	
CAC>100	5.59 (1.31, 23.8)		3.58 (0.81, 15.8)		3.43 (0.81, 14.6)		
Per 1 SD log CAC*	2.53 (1.60, 4.00)	<.001	2.16 (1.33, 3.51)	.002	2.10 (1.34, 3.29)	.001	
Heart failure							
CAC=0	1.00 (Reference)		1.00 (Reference)		1.00 (Reference)		
CAC>0-100	1.36 (0.72, 2.56)	.009	0.99 (0.52, 1.91)	.09	0.90 (0.45, 1.81)	0.66	
CAC>100	2.20 (1.24, 3.93)		1.58 (0.87, 2.87)		1.13 (0.62, 2.07)		
Per 1 SD log CAC*	1.50 (1.21, 1.85)	<.001	1.36 (1.08, 1.70)	.008	1.19 (0.94, 1.50)	0.15	
All-cause mortality							
CAC=0	1.00 (Reference)		1.00 (Reference)		1.00 (Reference)		
CAC>0-100	1.45 (0.73, 2.89)	<.001	1.38 (0.66, 2.87)	<.001	1.60 (0.76, 3.38)	.005	
CAC>100	2.87 (1.55, 5.33)		2.90 (1.48, 5.67)		2.60 (1.34, 5.05)		
Per 1 SD log CAC*	1.72 (1.39, 2.14)	<.001	1.76 (1.40, 2.23)	<.001	1.63 (1.29, 2.07)	<.001	

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CAC = coronary artery calcification; HR = hazard ratio; CI = confidence interval; SD = standard deviation.

Model 1: Adjusted for age, gender, race, and clinic sites; Model 2: Model 1 plus ACC/AHA atherosclerotic cardiovascular disease risk factors: age, gender, race, clinical site, total cholesterol, high-density lipoprotein cholesterol, systolic blood pressure, antihypertensive treatment, current cigarette smoking, and diabetes status; Model 3: Model 2 plus education, body-mass index, physical activity, log-high sensitivity C-reactive protein, hemoglobin A1c, phosphate, log-high sensitivity troponin T, log-N-terminal pro-B-type natriuretic peptide, log-fibroblast growth factor-23, estimated-glomerular filtration rate, and log-24 hour urinary protein.

^{*}One standard deviation (SD) log CAC = 2.8

eTable 2. Multivariable-adjusted Hazard Ratios of Cardiovascular Disease and Death Associated with Coronary Artery Calcification among All CRIC Study Participants

	Model	1	Model 2	2	Model 3		
CAC categories	HR (95% CI)	p-value for trend	HR (95% CI)	p-value for trend	HR (95% CI)	p-value for trend	
Cardiovascular disease							
CAC=0	1.00 (Reference)		1.00 (Reference)		1.00 (Reference)		
CAC>0-100	2.05 (1.47, 2.87)	<.001	1.60 (1.14, 2.25)	<.001	1.32 (0.91, 1.90)	.07	
CAC>100	3.33 (2.40, 4.62)		2.19 (1.57, 3.05)		1.52 (1.06, 2.19)		
Per 1 SD log CAC*	1.78 (1.57, 2.02)	<.001	1.50 (1.32, 1.72)	<.001	1.38 (1.20, 1.59)	<.001	
Myocardial infarction							
CAC=0	1.00 (Reference)		1.00 (Reference)		1.00 (Reference)		
CAC>0-100	2.46 (1.20, 5.06)	<.001	2.01 (0.97, 4.16)	.002	1.31 (0.62, 2.78)	.03	
CAC>100	4.96 (2.50, 9.83)		3.22 (1.60, 6.46)		2.19 (1.09, 4.39)		
Per 1 SD log CAC*	2.24 (1.73, 2.90)	<.001	1.84 (1.41, 2.41)	<.001	1.69 (1.28, 2.23)	<.001	
Heart failure							
CAC=0	1.00 (Reference)		1.00 (Reference)		1.00 (Reference)		
CAC>0-100	1.91 (1.26, 2.89)	<.001	1.46 (0.96, 2.22)	<.001	1.23 (0.78, 1.96)	.01	
CAC>100	3.28 (2.20, 4.89)		2.17 (1.45, 3.25)		1.76 (1.15, 2.69)		
Per 1 SD log CAC*	1.77 (1.51, 2.07)	<.001	1.49 (1.27, 1.75)	<.001	1.42 (1.19, 1.69)	<.001	
All-cause mortality							
CAC=0	1.00 (Reference)		1.00 (Reference)		1.00 (Reference)		
CAC>0-100	1.57 (1.05, 2.36)	<.001	1.29 (0.85, 1.97)	<.001	1.24 (0.79, 1.95)	.01	
CAC>100	2.96 (2.02, 4.32)		2.40 (1.62, 3.54)		1.75 (1.15, 2.66)		
Per 1 SD log CAC*	1.68 (1.45, 1.95)	<.001	1.56 (1.34, 1.83)	<.001	1.35 (1.15, 1.60)	<.001	

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CAC = coronary artery calcification; HR = hazard ratio; CI = confidence interval; SD = standard deviation.

Model 1: Adjusted for age, gender, race, and clinic sites; Model 2: Model 1 plus ACC/AHA atherosclerotic cardiovascular disease risk factors: age, gender, race, clinical site, total cholesterol, high-density lipoprotein cholesterol, systolic blood pressure, treatment for hypertension (any antihypertensive medications), current cigarette smoking, and diabetes status; Model 3: Model 2 plus education, body-mass index, physical activity, log-high sensitivity C-reactive protein, hemoglobin A1c, phosphate, log-high sensitivity troponin T, log-N-terminal pro-B-type natriuretic peptide, log-fibroblast growth factor-23, estimated-glomerular filtration rate, and log-24 hour urinary protein using backward elimination.

^{*}One standard deviation (SD) log CAC = 2.8

eTable 3. Improvement in Prediction of Cardiovascular Disease and Mortality by Adding Coronary Artery Calcification to Cardiovascular Risk Factors among CRIC Study Participants without History of Cardiovascular Disease

	Model 1					Model 2					Model 3					
Events	C- statisti cs withou t CAC	C- statistic s with CAC	Change in C-statistics with/withou t CAC	Continuou s NRI for event* (95% CI)	IDI for event *	C- statistic s without CAC	C- statistic s with CAC	Change in C-statistics with/withou t CAC	Continuou s NRI for event* (95% CI)	IDI for event *	C- statistic s without CAC	C- statistic s with CAC	Change in C-statistics with/withou t CAC		IDI for event *	
Cardiovascular disease	0.66 (0.64, 0.78)	0.74 (0.70, 0.83)	0.07 (0.02, 0.10)	0.50 (0.23, 0.80)	0.06 (0.02, 0.06)	0.76 (0.64, 0.84)	0.78 (0.69, 0.86)	0.02 (0.00, 0.09)	0.42 (0.18, 0.78)	0.04 (0.01, 0.06)	0.81 (0.65, 0.86)	0.83 (0.70, 0.87)	0.02 (0.00, 0.09)	0.47 (0.14, 0.77)	0.02 (0.01, 0.06)	
Myocardial infarction	0.74 (0.68, 0.8)	0.80 (0.74, 0.84)	0.06 (0.02, 0.09)	0.64 (0.40, 0.89)	0.02 (0.02, 0.04)	0.81 (0.64, 0.84)	0.83 (0.69, 0.86)	0.02 (0.01, 0.09)	0.58 (0.23, 0.80)	0.02 (0.01, 0.06)	0.82 (0.65, 0.84)	0.84 (0.70, 0.86)	0.02 (0.00, 0.09)	0.55 (0.14, 0.78)	0.01 (0.01, 0.06)	
Heart failure	0.70 (0.66, 0.79)	0.75 (0.71, 0.84)	0.06 (0.02, 0.09)	0.43 (0.18, 0.84)	0.04 (0.02, 0.06)	0.80 (0.64, 0.84)	0.81 (0.69, 0.86)	0.01 (0.00, 0.09)	0.34 (0.18, 0.78)	0.03 (0.01, 0.06)	0.84 (0.65, 0.86)	0.85 (0.70, 0.87)	0.01 (0.00, 0.09)	0.36 (0.14, 0.77)	0.01 (0.01, 0.06)	
All-cause mortality	0.69 (0.64, 0.78)	0.71 (0.68, 0.83)	0.03 (0.01, 0.10)	0.39 (0.22, 0.78)	0.03 (0.02, 0.06)	0.74 (0.65, 0.84)	0.75 (0.70, 0.85)	0.01 (0.00, 0.09)	0.25 (0.14, 0.77)	0.02 (0.01, 0.06)	0.79 (0.65, 0.86)	0.79 (0.70, 0.87)	0.00 (0.00, 0.08)	0.18 (0.07, 0.76)	0.01 (0.00, 0.06)	

NRI= net reclassification improvement; IDI= integrated discrimination improvement.

Model 1: Adjusted for age, gender, race, and clinic sites; Model 2: Model 1 plus ACC/AHA atherosclerotic cardiovascular disease risk factors: age, gender, race, clinical site, total cholesterol, high-density lipoprotein cholesterol, systolic blood pressure, treatment for hypertension (any antihypertensive medications), current cigarette smoking, and diabetes status; Model 3: Model 2 plus education, body-mass index, physical activity, log-high sensitivity C-reactive protein, hemoglobin A1c, phosphate, log-high sensitivity troponin T, log-N-terminal pro-B-type natriuretic peptide, log-fibroblast growth factor-23, estimated-glomerular filtration rate, and log-24 hour urinary protein.

^{*}For event during 5 years' follow-up