Supplementary Online Content

Alexander KM, Orav J, Singh A, et al. Geographic disparities in reported US amyloidosis mortality from 1979 to 2015: potential underdetection of cardiac amyloidosis. *JAMA Cardiol*. Published online July 25, 2018. doi:10.1001/jamacardio.2018.2093

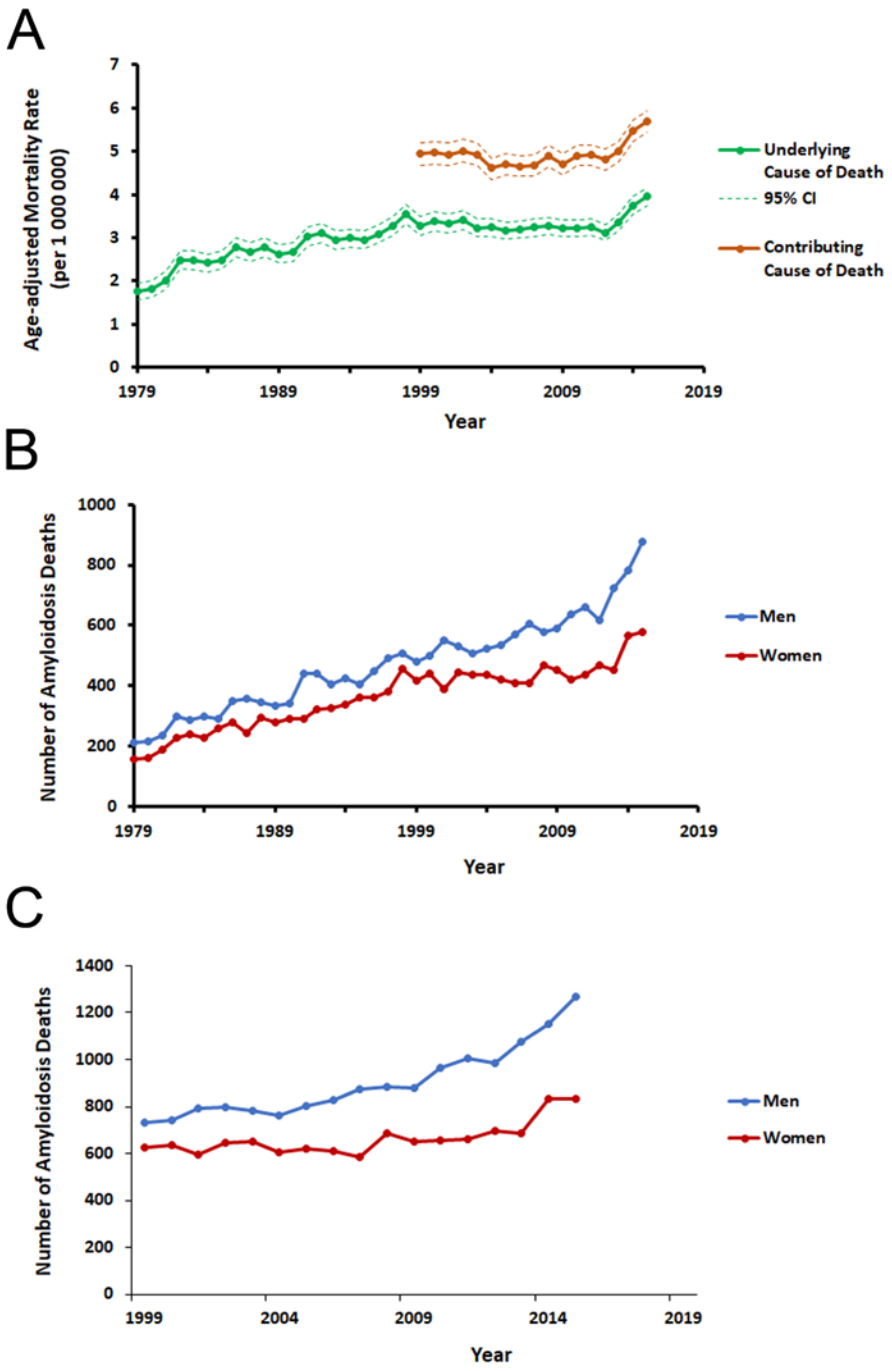
This supplementary material has been provided by the authors to give readers additional information about their work.

eTable. Fifteen US Counties with the Highest Reported Death Rates, 1999-2015

County[a]	Number of Deaths	Population	Age-adjusted Death Rate Per 1,000,000 (95% CI)
Mower County, MN	31	661,404	**31.73** (21.41-45.30)
Olmsted County, MN	62	2,351,817	**25.45** (19.46-32.69)
Johnson County, IA	23	2,134,852	**14.81** (9.28-22.42)
Linn County, IA	49	3,489,105	**13.54** (10.02-17.90)
Suffolk County, MA	133	12,152,667	**12.84** (10.65-15.03)
Chittenden County, VT	29	2,614,954	**12.51** (8.38-17.97)
St. Louis City, MO	65	5,552,813	**12.00** (9.24-15.32)
Albemarle County, VA	22	1,596,785	**11.83** (7.42-17.91)
Black Hawk County, IA	27	2,199,030	**10.86** (7.15-15.79)
District of Columbia	101	10,140,487	**10.47** (8.42-12.52)
San Francisco County, CA	163	13,534,586	**10.38** (8.78-11.99)
La Crosse County, WI	21	1,907,047	**10.38** (6.34-16.03)
Ramsey County, MN	87	8,695,572	**10.32** (8.26-12.75)
Cuyahoga County, OH	291	22,370,345	**10.26** (9.08-11.45)
Norfolk County, MA	132	11,304,984	**9.73** (8.06-11.40)
National	26 591	5,112,618,876	**4.95** (4.89-5.01)

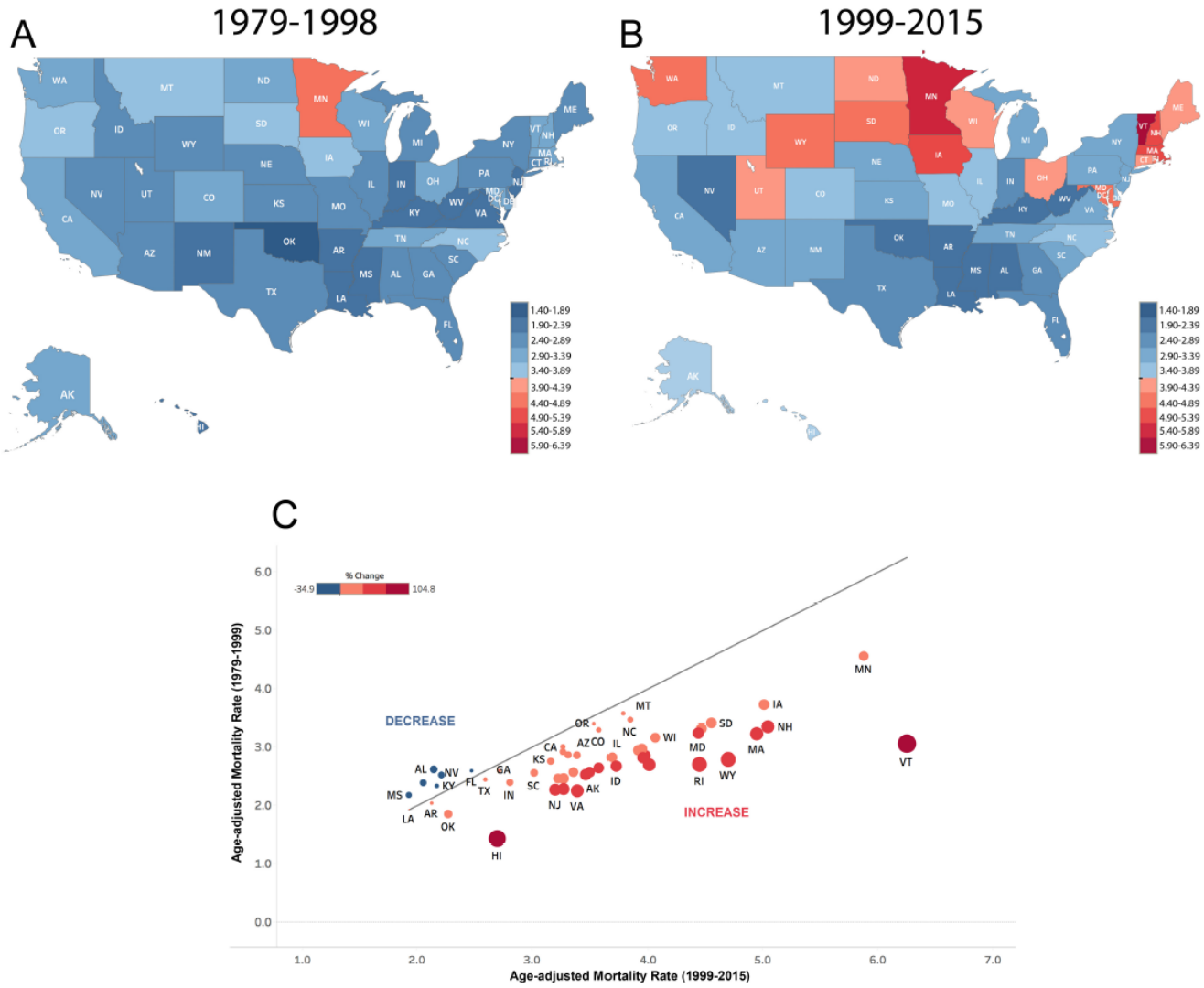
[a]Each of these counties has an amyloidosis referral center located within 400 km. (Amyloidosis Foundation, http://www.amyloidosis.org/resources/#treatment-centers; Amyloidosis Research Consortium, http://www.arci.org/collaborative-network/).

eFigure 1. Temporal Trends in Reported Amyloidosis Mortality



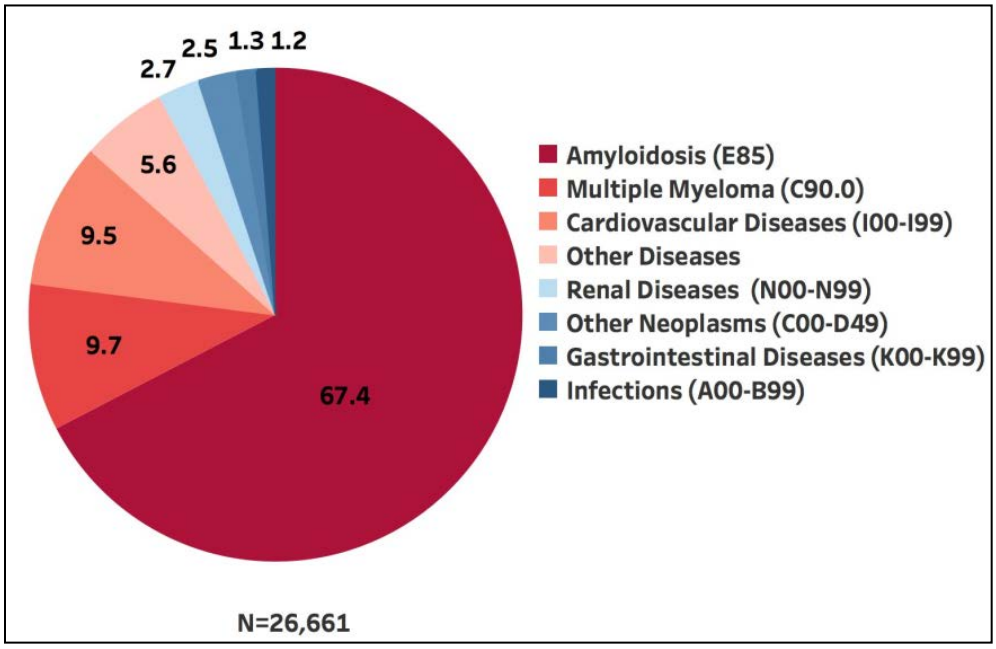
Temporal trends in the overall reported age-adjusted amyloidosis death rates as the underlying (green) or contributing (orange) cause per 1,000,000 during 1979-2015 (A). Number of deaths for amyloidosis as an underlying cause during 1979-2015 for men and women (B). Number of deaths for amyloidosis as a contributing cause during 1999-2015 for men and women (C). For Figures 1B and 1C, data for men are depicted in blue and for women in red.

eFigure 2. Geographic Trends in Reported Amyloidosis Mortality



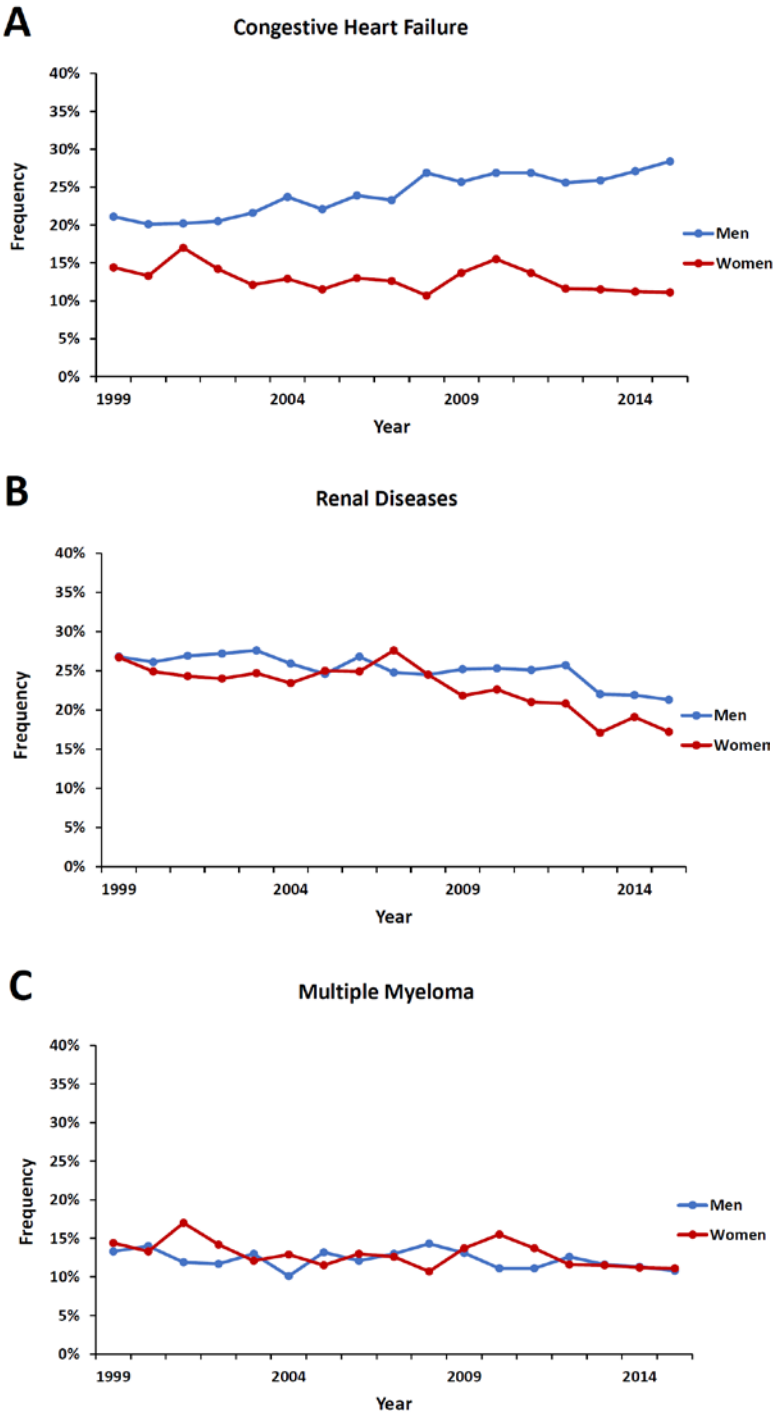
Geographic distribution of reported age-adjusted death rates per 1,000,000 persons for amyloidosis as an underlying cause of death in the US during 1979-1998 (A) and 1999-2015 (B). Reported state death rates during 1979-1998 compared with 1999-2015. Darker and larger circles indicate a greater magnitude of change. Blue color indicates an increase in death rate from 1979-1998 to 1999-2015, and red indicates a decrease in death rate (C).

eFigure 3. Underlying Cause of Death in Individuals with Reported Amyloidosis Mortality



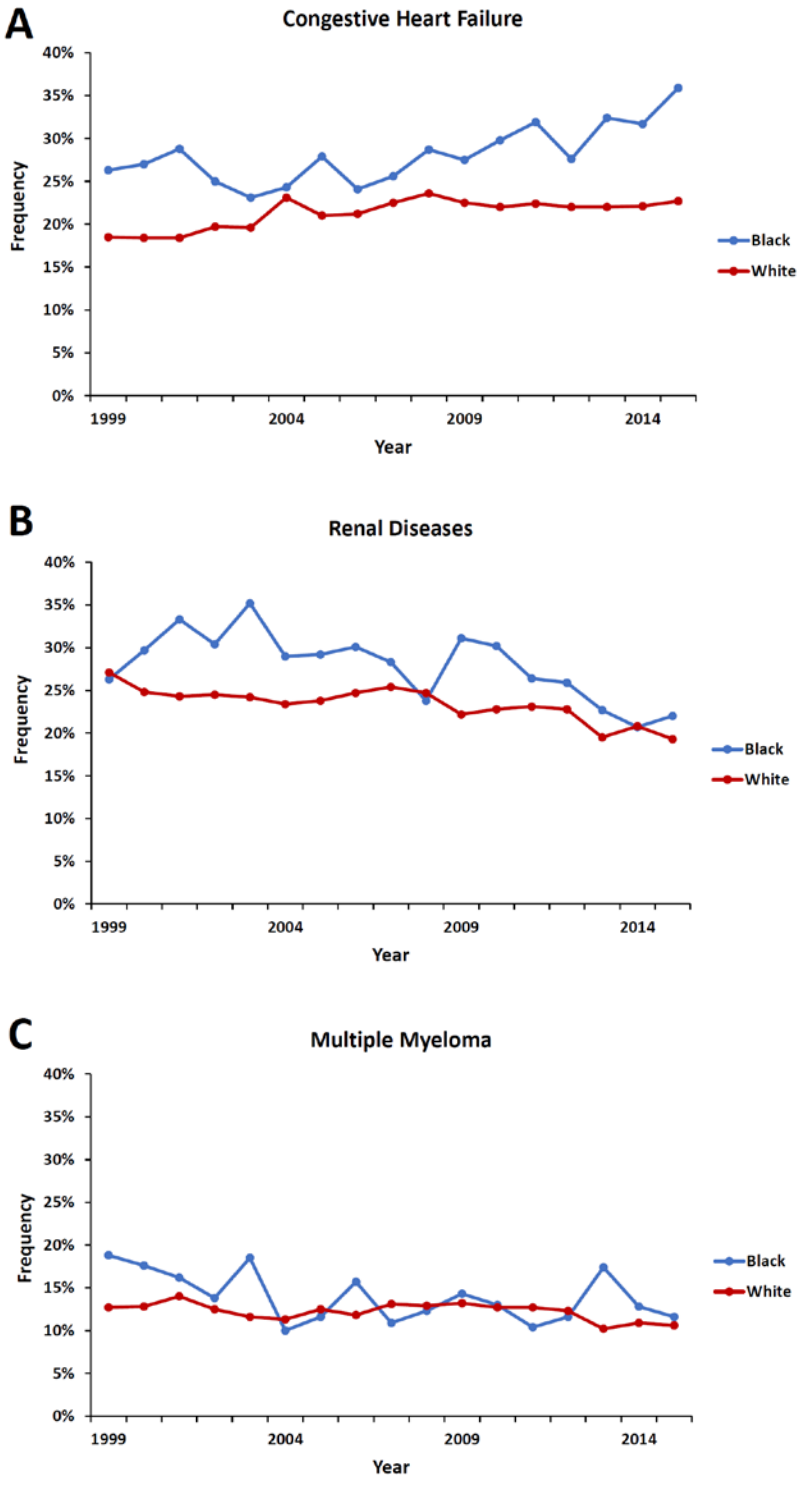
Reported comorbidities in individuals with amyloidosis-related death, 1999-2015. Multiple cause of death data downloaded from the National Center for Health Statistics (N=26,661) had 70 (0.003%) more records compared with multiple cause of death data from CDC WONDER (N=26,591).

eFigure 4. Reported Amyloidosis-associated Comorbidities Stratified by Sex



Frequency of reported amyloidosis-associated comorbidities stratified by sex for congestive heart failure (A), renal diseases (B), and multiple myeloma (C).

eFigure 5. Reported Amyloidosis-associated Comorbidities Stratified by Race



Frequency of reported amyloidosis associated comorbidities stratified by race for congestive heart failure (A), renal diseases (B), and multiple myeloma (C).