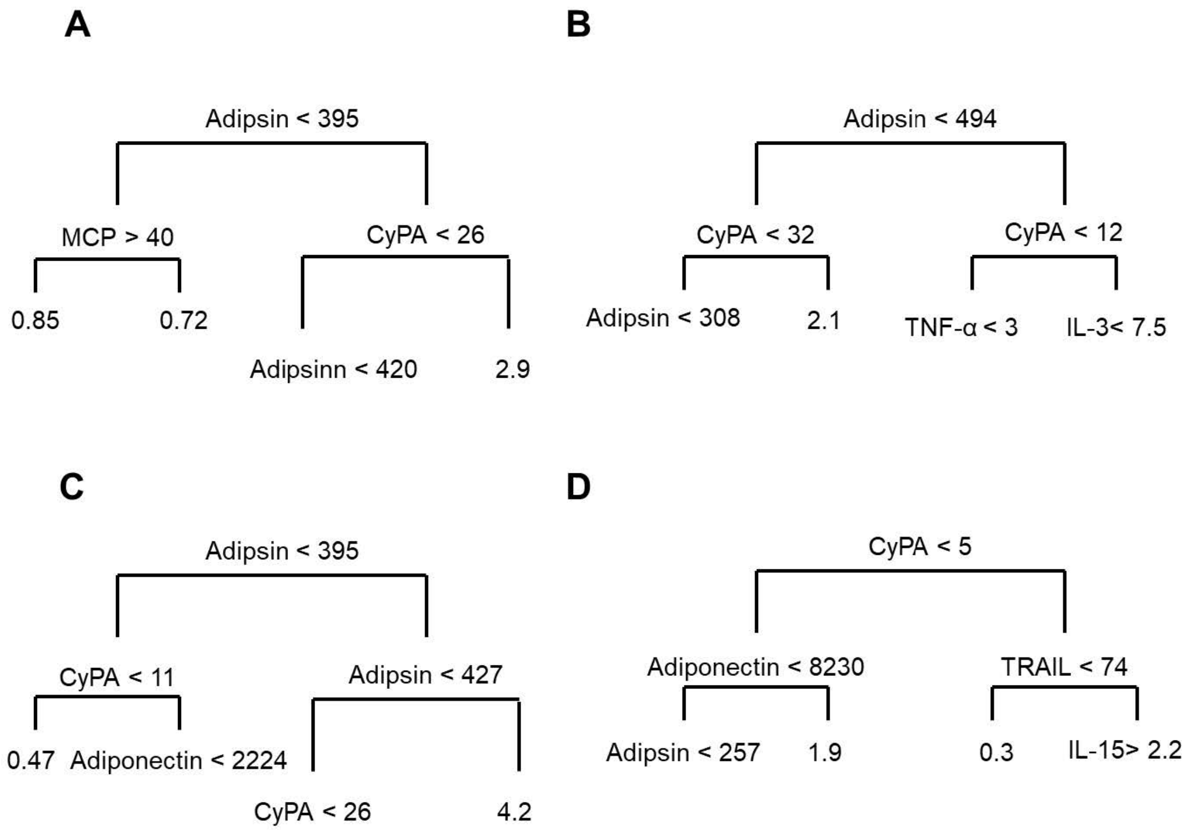
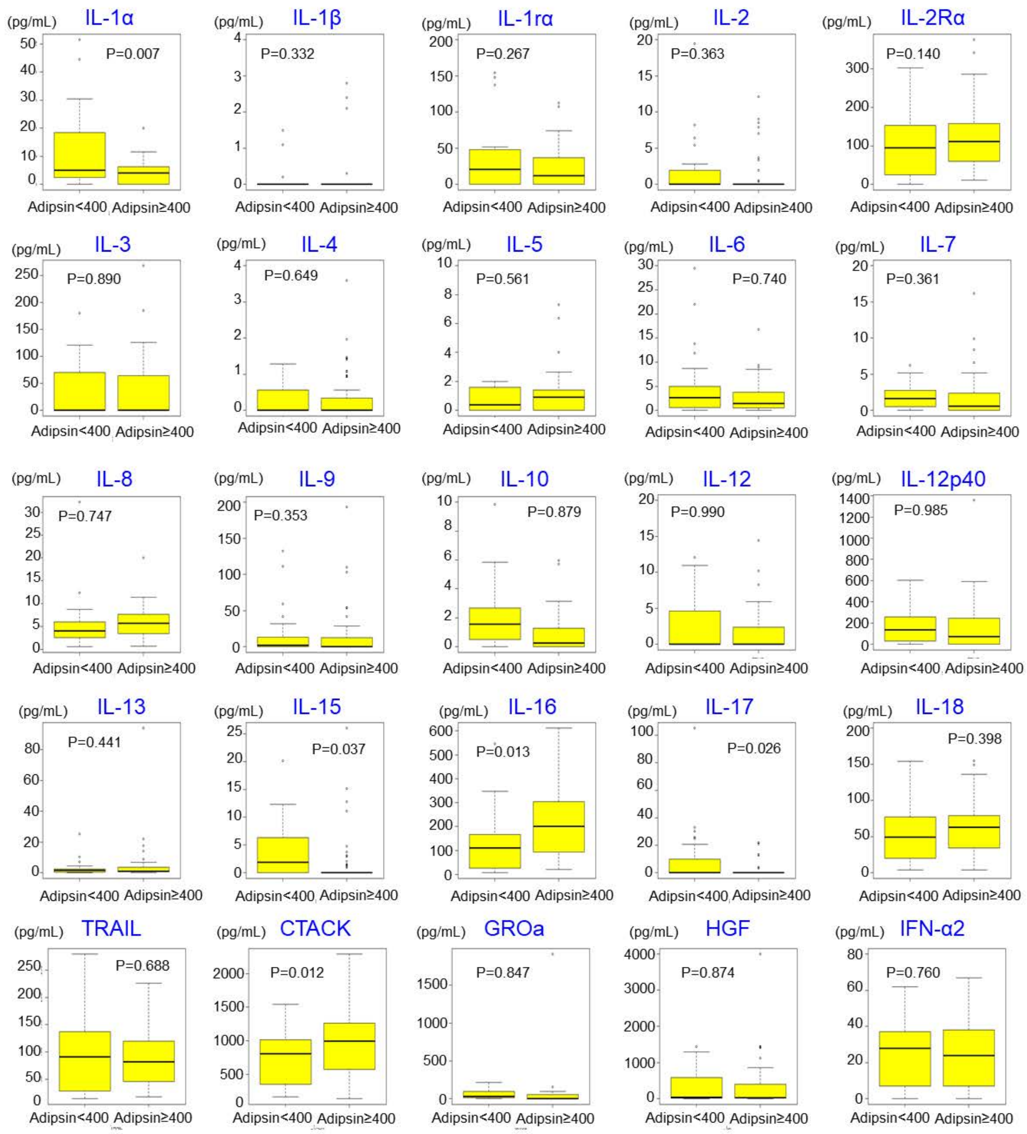
Supplemental Material

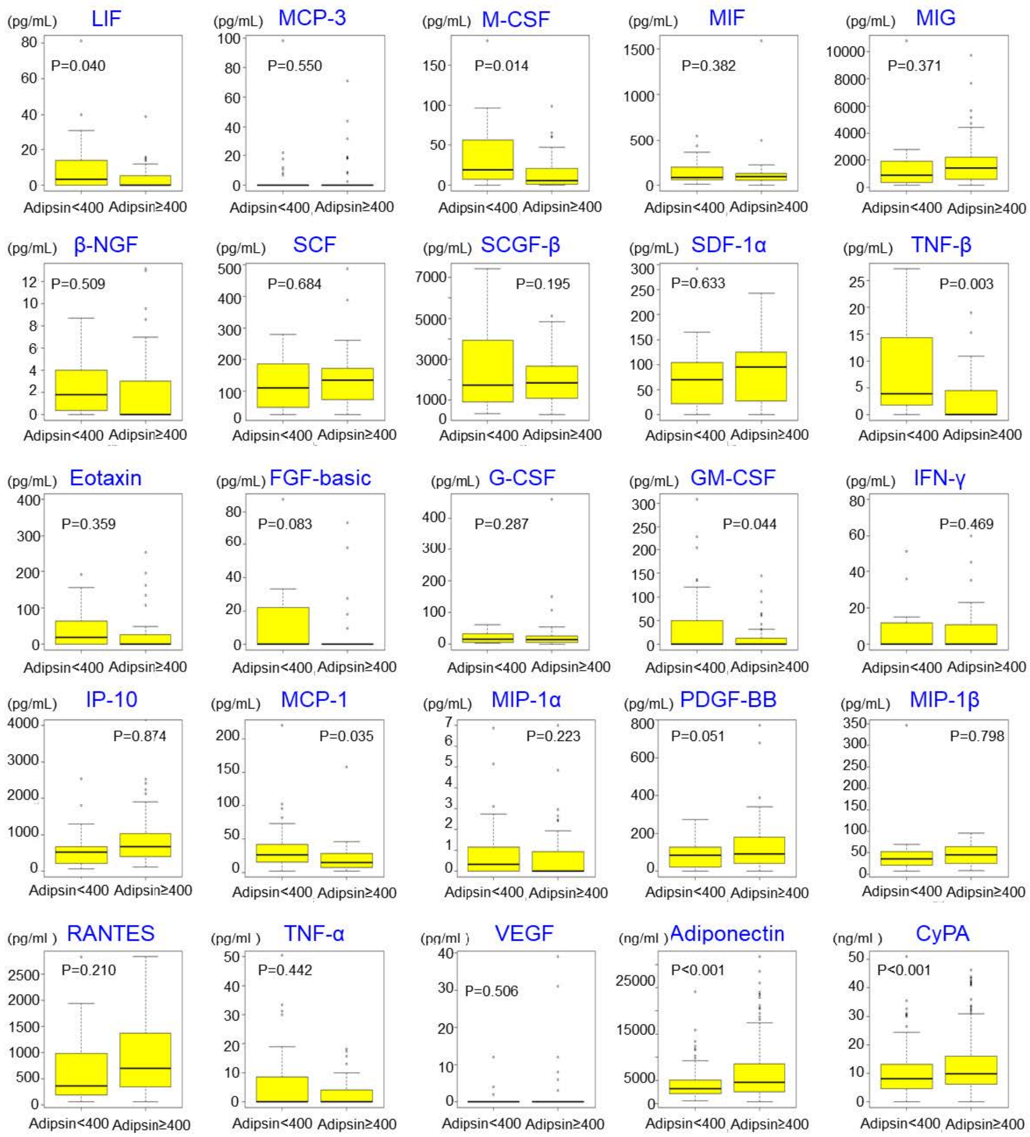
Figure S1. Classification and Regression Tree (CART).



CART analyses were performed to determine the best biomarker for predicting prognosis in patients with coronary artery disease.

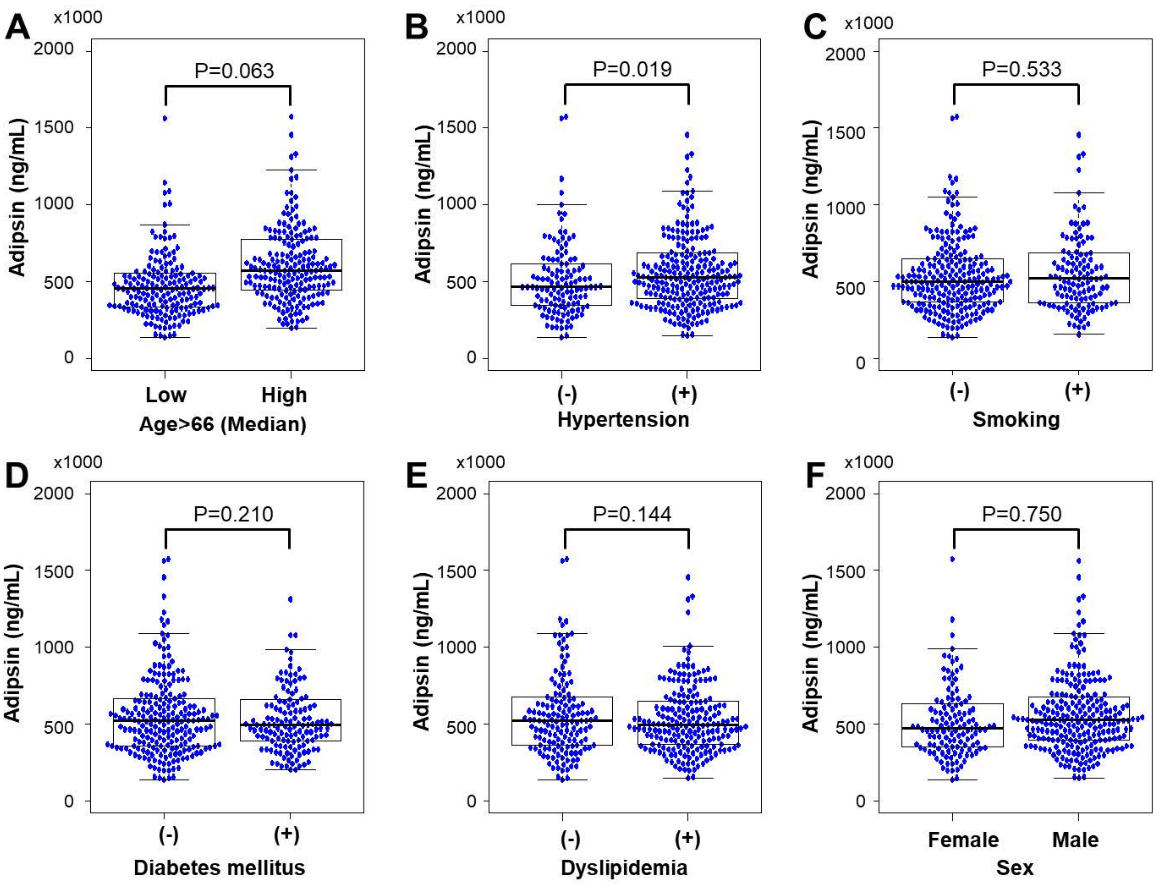
Figure S2. Boxplots of Serum Levels of Cytokines/Chemokines and Growth Factors.





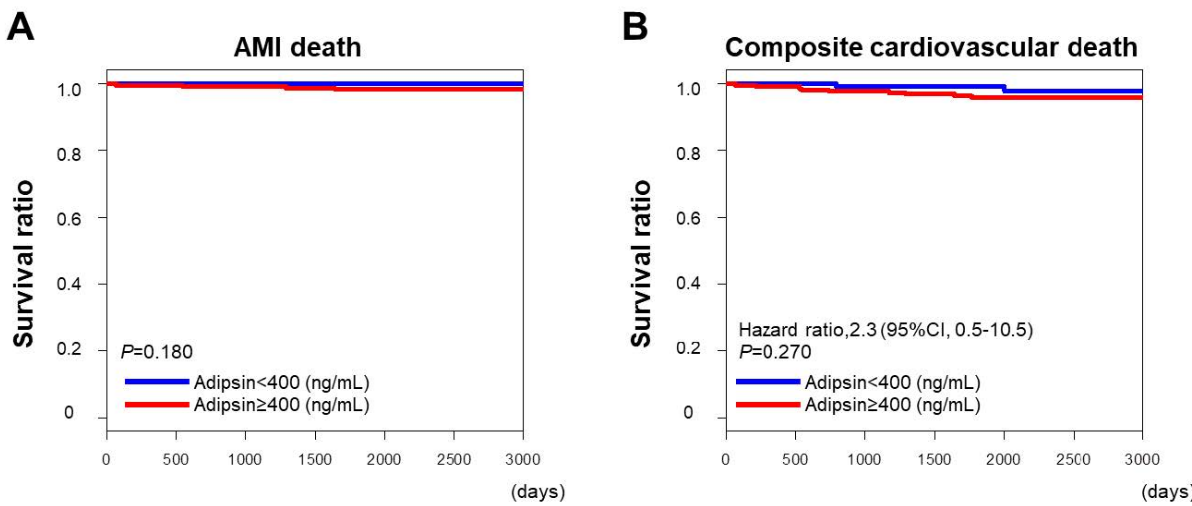
Serum levels of IL-15, IL-16, IL-17, cutaneous T-cell-attracting chemokine (CTACK), leukemia inhibitory factor (LIF), granulocyte macrophage colony-stimulating factor (GM-CSF), adiponectin and Cyclophilin A (CyPA) were elevated in patients with higher serum levels of adipsin.

Figure S3. Serum Levels of Adipsin and Cardiovascular Risk Factors.



Distribution of serum adipsin levels based on the advanced age (>66 years), hypertension, smoking, diabetes mellitus, dyslipidemia, and sex. Results are expressed by box-plots analyses.

Figure S4. Kaplan-Meier Curve based on Serum Adipsin Levels.



Serum adipsin levels were not associated with AMI death (**A**) or with composite cardiovascular death (**B**). Cardiovascular death was considered if the death was caused by acute myocardial infarction. Composite cardiovascular death was defined if the death was caused by acute myocardial infraction, heart failure, stroke, or other cardiovascular causes.

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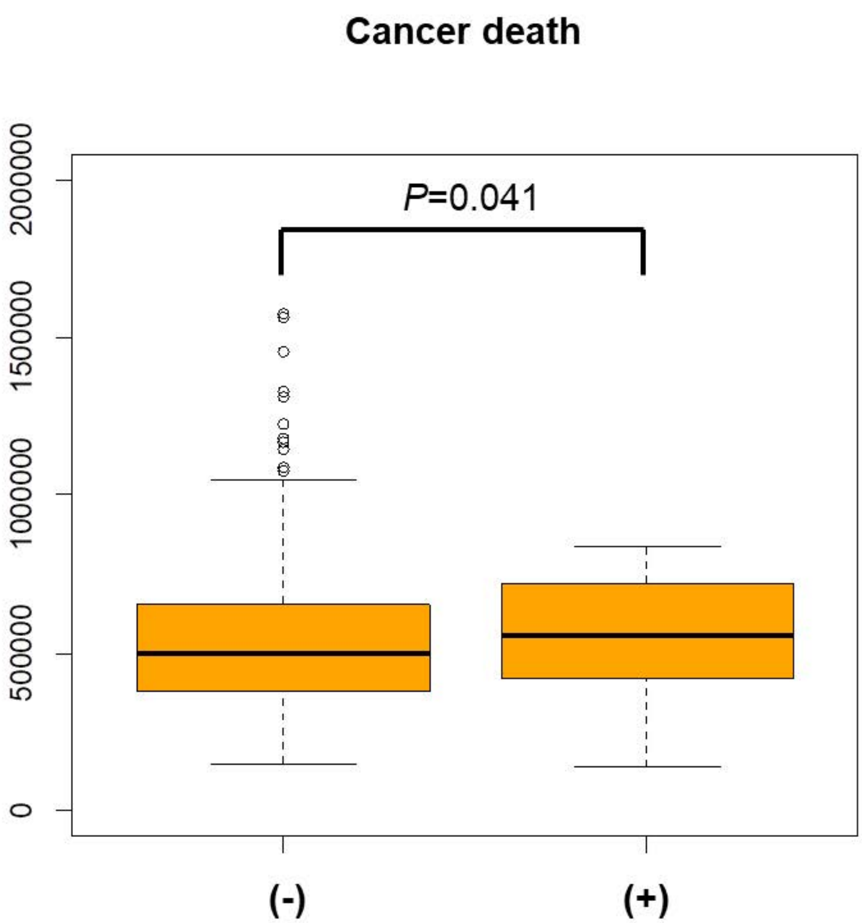
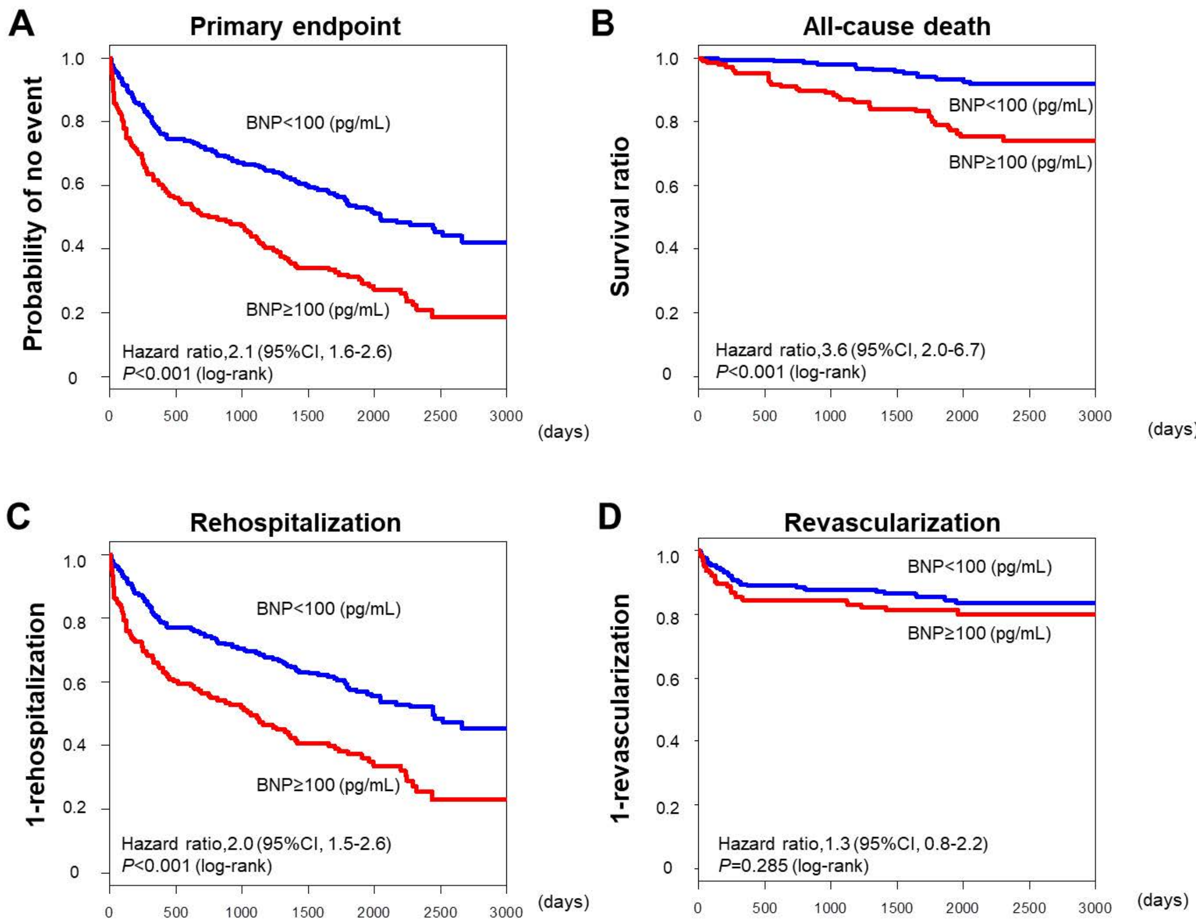
Figure S5. Boxplot for Serum Adipsin Levels.



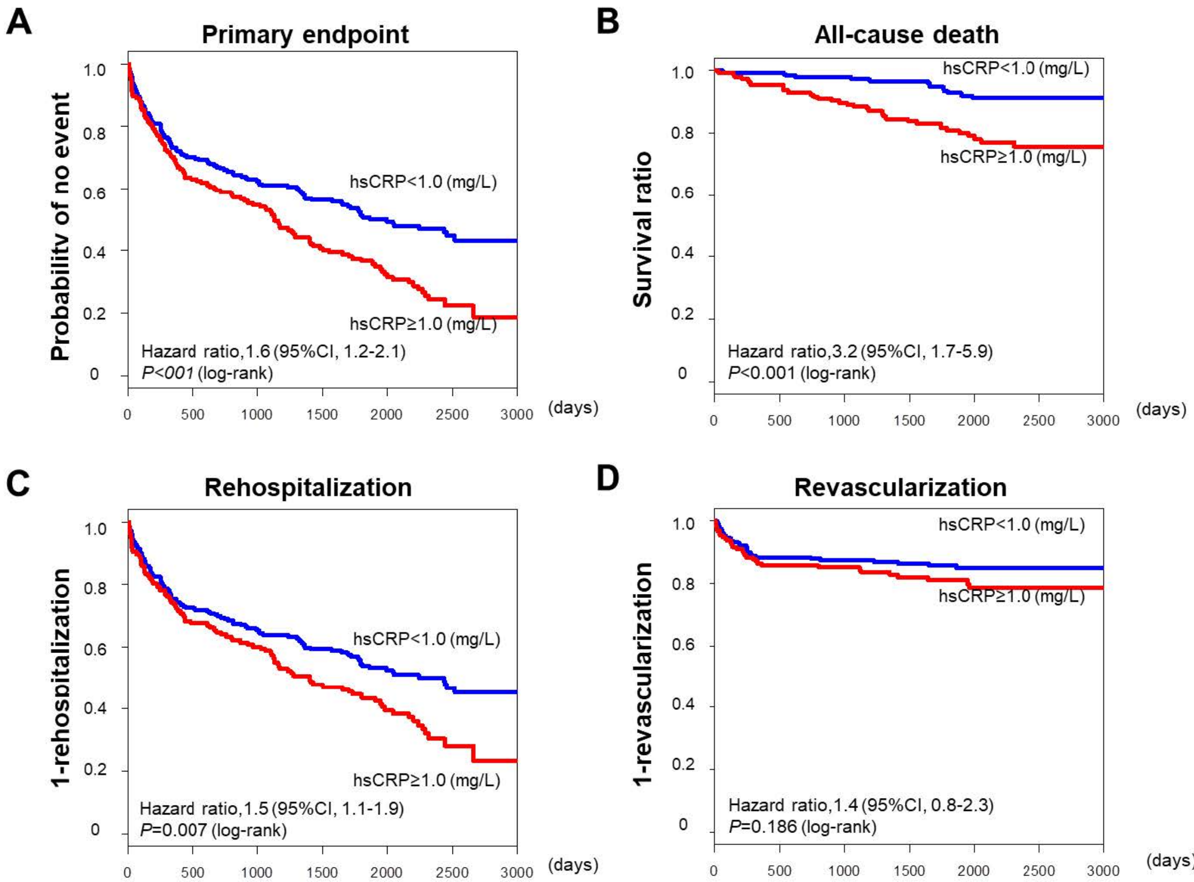
Serum adipsin levels were elevated in patients with future occurrences of cancer death.

Figure S6. Kaplan-Meier Curve Based on Plasma BNP Levels.



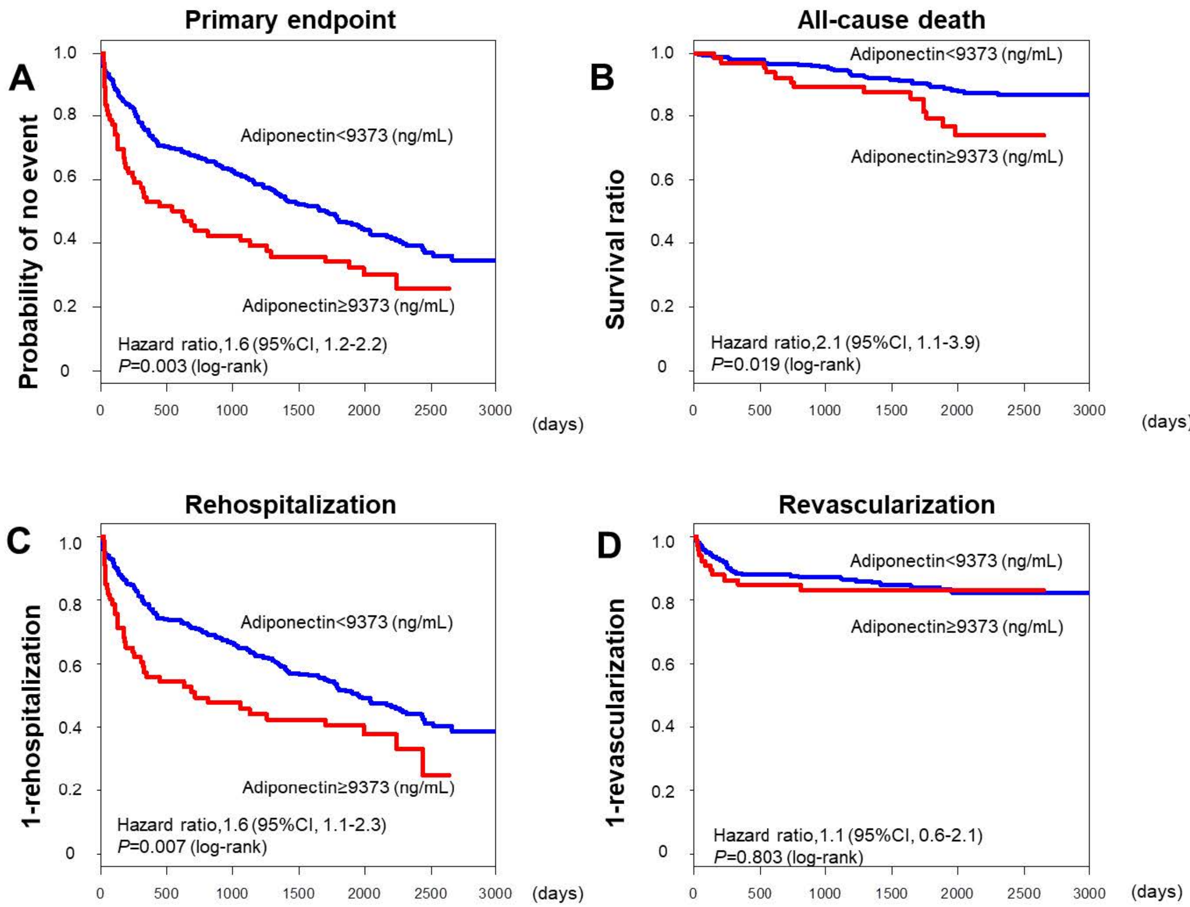
Higher BNP levels were significantly associated with (**A**) primary endpoint, (**B**) all-cause death, and (**C**) rehospitalization, but not with (**D**) revascularization. The primary endpoint was a composite of all-cause death, rehospitalization, and revascularization. Revascularization was defined as percutaneous coronary intervention or coronary artery bypass grafting.

Figure S7. Kaplan-Meier Curve Based on Serum hsCRP Levels.



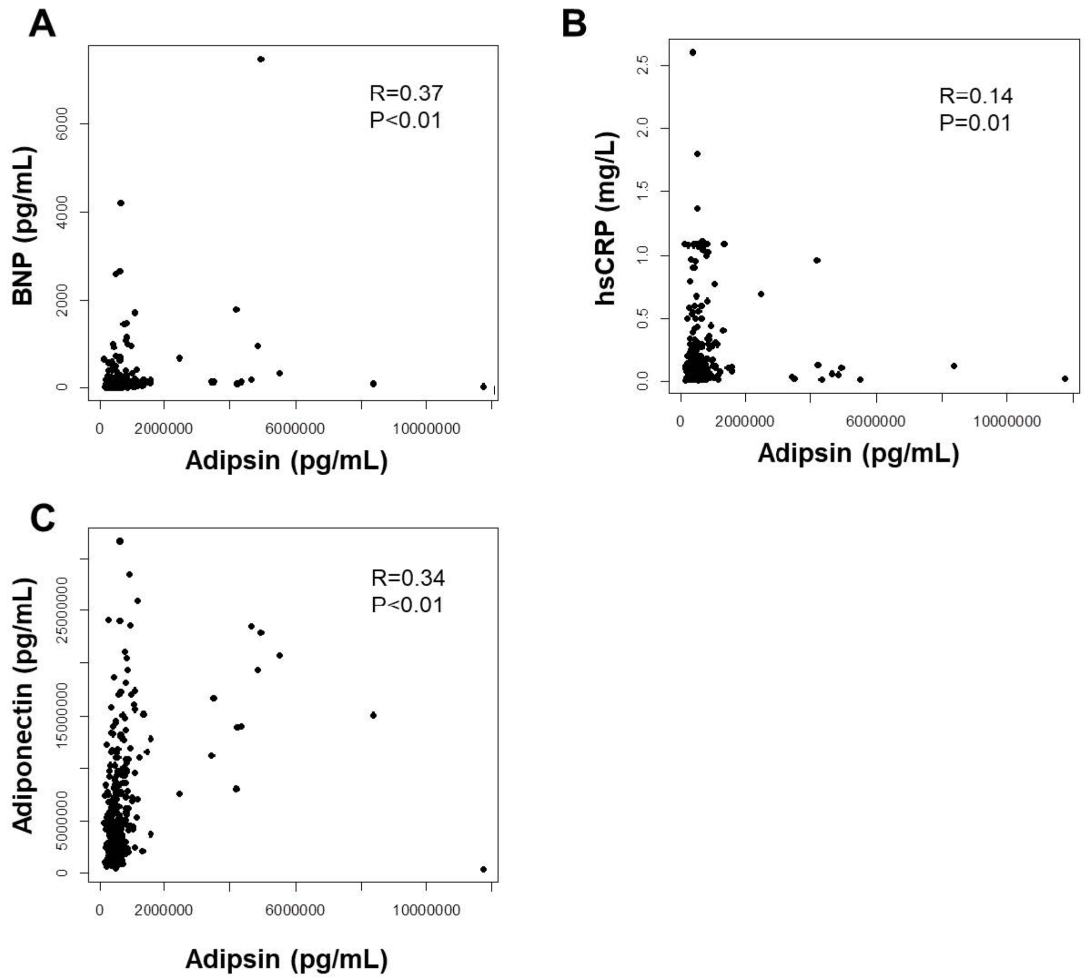
Higher hsCRP levels were significantly associated with (**A**) primary endpoint, (**B**) all-cause death, (**C**) rehospitalization but not with (**D**) revascularization. The primary endpoint was a composite of all-cause death, rehospitalization, and revascularization. Revascularization was defined as percutaneous coronary intervention or coronary artery bypass grafting.

Figure S8. Kaplan-Meier Curve Based on Serum adiponectin Levels.



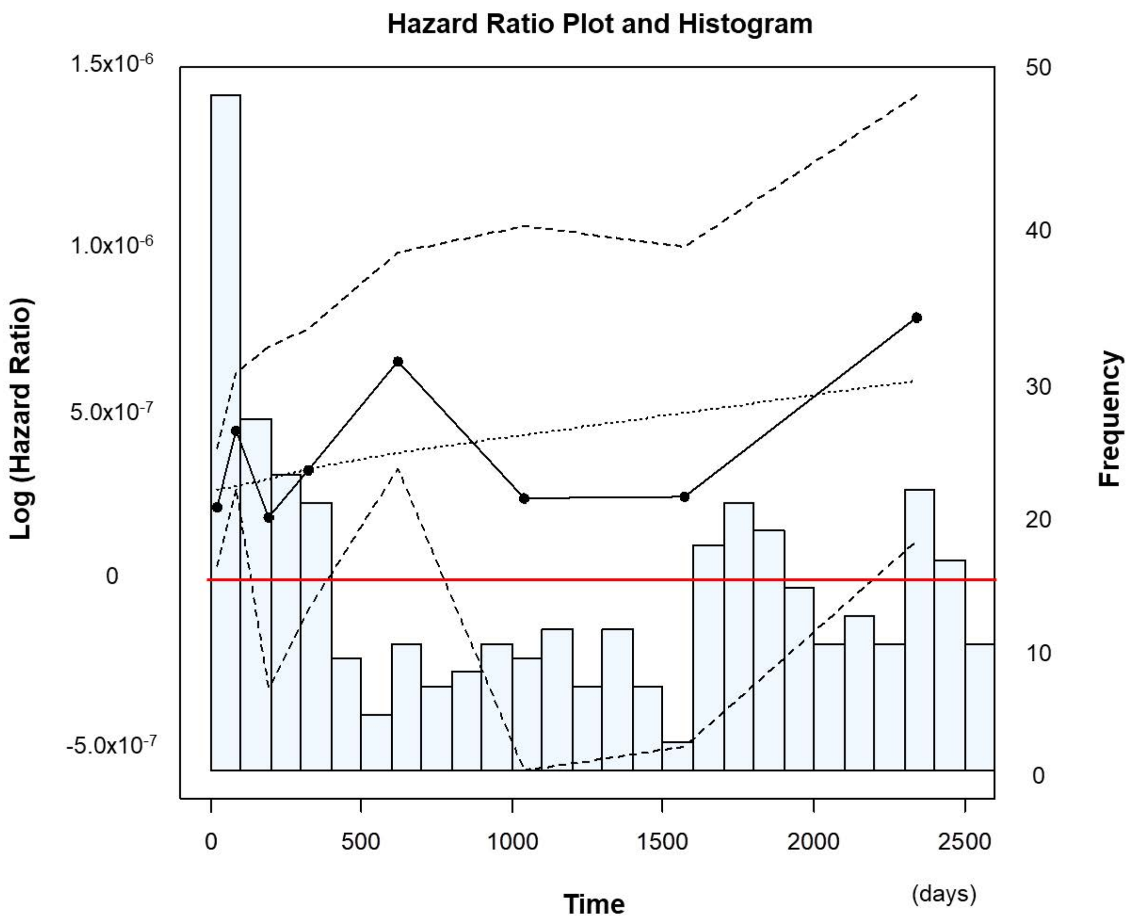
Higher adiponectin levels were significantly associated with (**A**) primary endpoint, (**B**) all-cause death, (**C**) rehospitalization but not with (**D**) revascularization. The primary endpoint was a composite of all-cause death, rehospitalization, and revascularization. Revascularization was defined as percutaneous coronary intervention or coronary artery bypass grafting.

Figure S9. Scatter Plots Showing the Relation Between Serum Adipsin Levels and Other Variables.



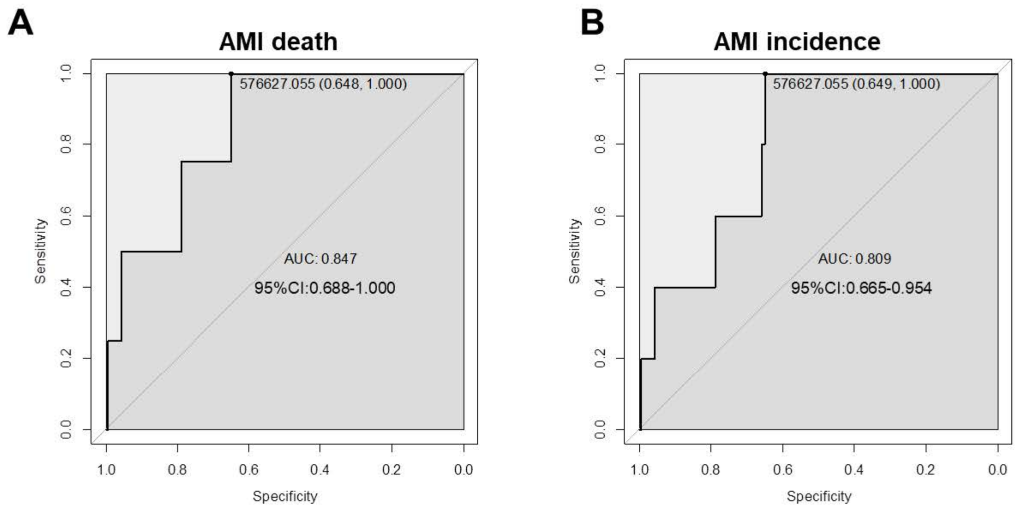
Scatter plots showed that serum levels of adipsin were correlated with (**A**) plasma levels of BNP and (**C**) those of adiponectin, but not those of hsCRP (**B**) in Spearman's correlation analysis.

Figure S10. Hazard Ratio Plot and Histogram for Serum Adipsin Levels.



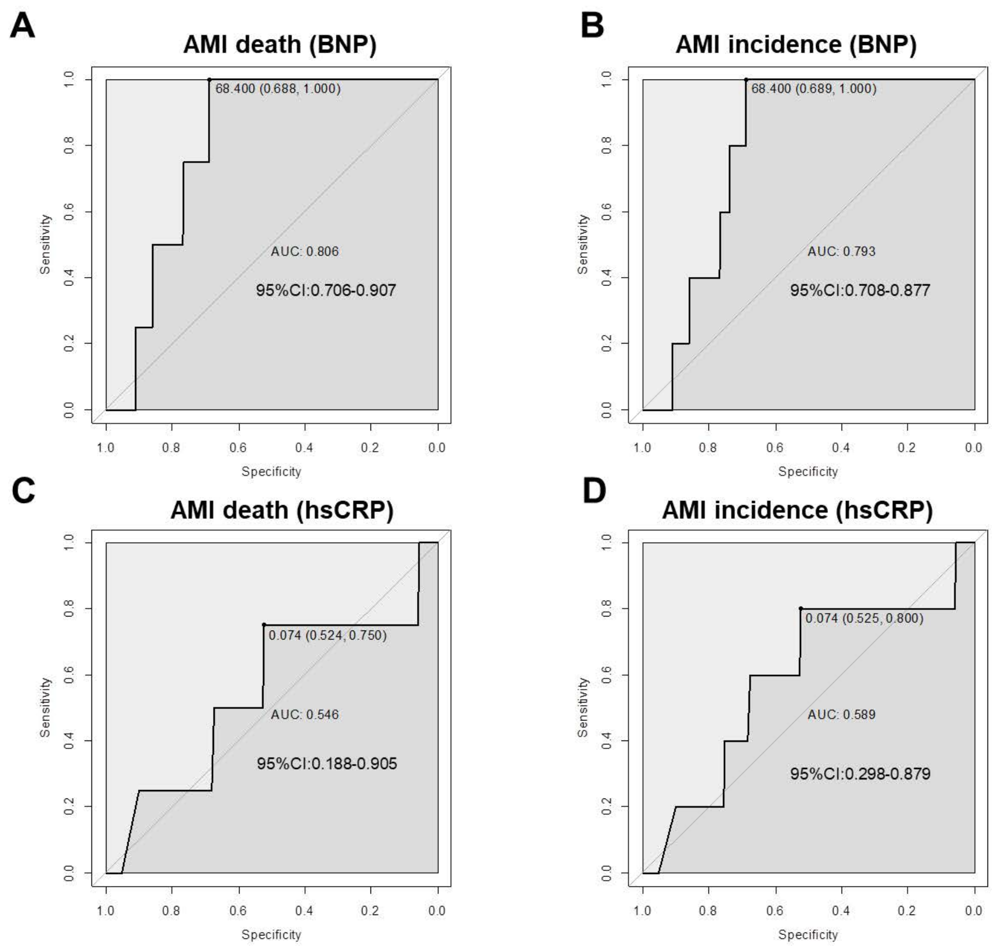
Hazard ratio plot revealed that serum adipsin levels were an accurate biomarker for predicting primary endpoint in CAD patients, independent of the length of follow-up period. Solid, broken, dotted and red lines indicate hazard ratio plot, 95% confidence intervals, smoothed control line and log(hazard ratio) =0, respectively. Blue bars show histogram.

Figure S11. ROC Curve for Serum Adipsin levels.



ROC curve revealed that serum adipsin levels were an accurate biomarker for predicting (A) death due to AMI and (B) AMI incidence in CAD patients

Figure S12. ROC Curve for Plasma BNP Levels and Serum hsCRP Levels.



ROC curve revealed that plasma BNP levels were an accurate biomarker of predicting (A) death due to AMI and (B) AMI incidence in CAD patients, whereas serum hsCRP levels were not useful for predicting (C) death due to AMI or (D) AMI incidence in CAD patients.