

Supplementary Table 1: Sensitivity analysis – Associations of sex hormones with all-cause mortality - TT, CFT and DHT adjusted for E2

Multivariable adjusted* associations of hormone levels with all-cause mortality - MEN (n = 1006)

<i>All-cause mortality (events = 128)</i>	<i>SHBG</i>	<i>TT</i>	<i>cFT</i>	<i>DHT</i>	<i>E2</i>
	1.24 (1.00,1.54)	0.91 (0.79, 1.06)	0.88 (0.76, 1.04)	0.94 (0.80, 1.11)	0.94 (0.89, 1.00)

SHBG = Sex hormone-binding globulin, TT = Total testosterone, cFT = Calculated free testosterone, DHT = Dihydrotestosterone, E2 = Estradiol.

* Adjusted for age, batch, systolic blood pressure, LDL cholesterol, use of lipid lowering medication, smoking status, use of antihypertensive medication, prevalent diabetes, body mass index, education years, physical activity, alcohol consumption, estimated glomerular filtration rate, high-sensitivity C-reactive protein concentration, prevalent cancer, prevalent myocardial infarction and prevalent stroke. Additionally, models are mutually adjusted for SHBG, DHT, TT and E2; CFT is adjusted for E2.

Data are reported as hazard ratios (95% confidence interval) per 1 logarithmic SD increase with p < 0.05 marked as **bold**; Ref. = reference category; n = sample size.

Multivariable adjusted* associations of hormone levels with all-cause mortality - WOMEN (N = 709)

<i>All-cause mortality (events = 128)</i>	<i>SHBG</i>	<i>TT</i>	<i>cFT</i>	<i>DHT</i>	<i>E2</i>
	1.54 (1.16, 2.04)	1.17 (0.88, 1.55)	0.88 (0.68, 1.13)	1.39 (1.05, 1.83)	0.97 (0.93, 1.01)

SHBG = Sex hormone-binding globulin, TT = Total testosterone, cFT = Calculated free testosterone, DHT = Dihydrotestosterone, E2 = Estradiol.

* Adjusted for age, batch, systolic blood pressure, LDL cholesterol, use of lipid lowering medication, smoking status, use of antihypertensive medication, prevalent diabetes, body mass index, education years, physical activity, alcohol consumption, estimated glomerular filtration rate, menopausal status, high-sensitivity C-reactive protein concentration, prevalent cancer, prevalent myocardial infarction and prevalent stroke. Additionally, models are mutually adjusted for SHBG, DHT, TT and E2; CFT is adjusted for E2.

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