SUPPLEMENTAL MATERIAL

Table S1. Percentage missing data of the adjustment variables and the imputation method utilized.

Label	Missing	Imputation
Demographics: Age (18-110)	0.0%	
Black / African-Americans*	0.0%	A binary indicator variable was used for race/ethnicity=Black/African-American
Ischemic history	0.0%	
Hypertension	0.0%	
Atrial fibrillation or flutter	0.0%	
COPD	0.0%	
Renal insufficiency	0.0%	
CVA/TIA	0.0%	
anemia	0.0%	
Heart failure history	0.0%	
diuretics	25.8%	Multiple imputation
statin	23.7%	Multiple imputation
beta blockers	8.1%	Multiple imputation
digoxin	0.0%	
ACEI/ARB	23.0%	Multiple imputation
Ca channel blocker	0.0%	
Ejection Fraction, %	0.0%	
SBP (50-250), mmHg	15.1%	Multiple imputation
BUN	37.2%	Multiple imputation
Sodium	37.3%	Multiple imputation
Hospital region	0.0%	
Teaching hospitals	0.3%	Not imputed
Number of beds in hospital	0.1%	Not imputed
Site ability to perform PCI, cardiac surgery, or heart transplants	5.1%	Multiple imputation

*An indicator variable was used for Black/African-Americans. That is, any patient belonging to a different race/ethnic group, including “other” or “missing” were set to “No” (not black/African-American).

Figure S1. Risk of all-cause mortality associated with ICD implantation among patients with diabetes aged 65-74 years.

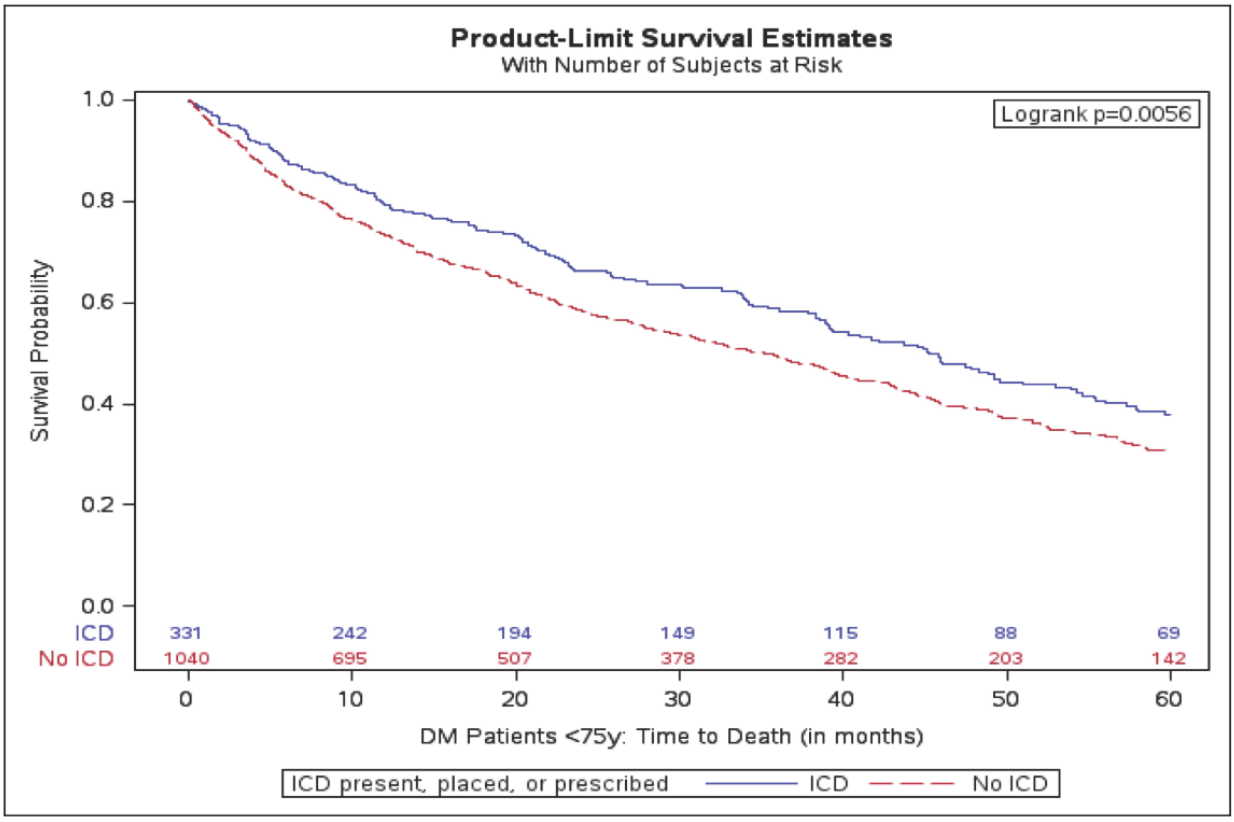

Figure S2. Risk of all-cause mortality associated with ICD implantation among patients with diabetes aged 75 years of greater.

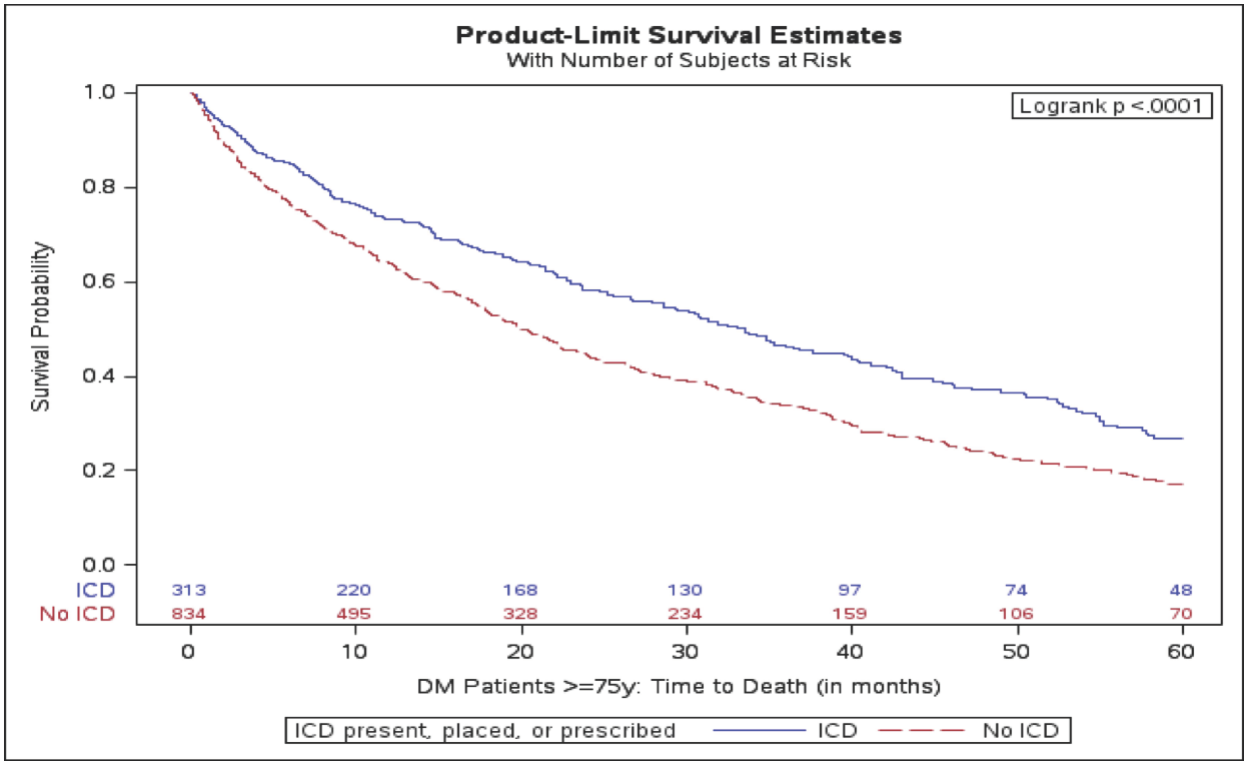

Figure S3. Risk of all-cause mortality associated with ICD implantation among patients without diabetes aged 65-74 years.

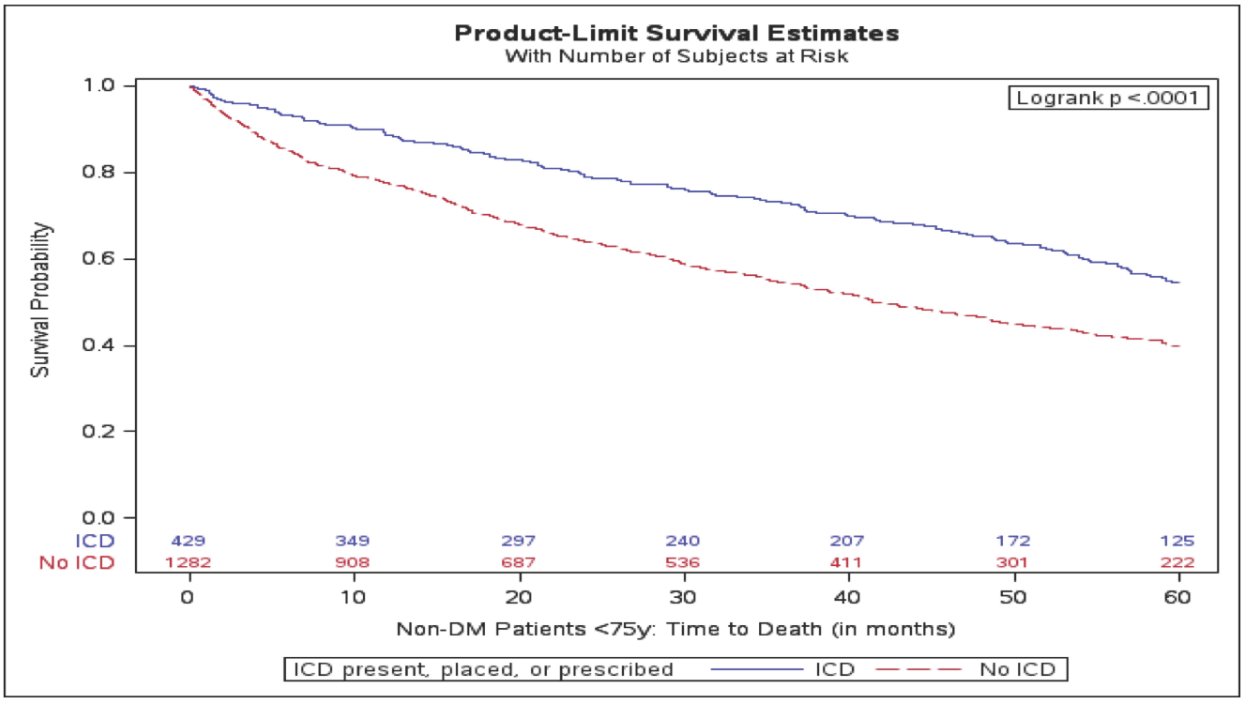

Figure S4. Risk of all-cause mortality associated with ICD implantation among patients with diabetes aged 75 years of greater.