

## Circulating sclerostin levels are positively related to coronary artery disease severity and related risk factors

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### Supplementary Tables and Figures

**Supplementary Table 1: Sclerostin versus clinical risk factors - additional adjustment for fasting glucose.**

Exposure	Outcome	Model	LURIC N=2054		ALSPAC N=2977	
			$\beta$ (95% CI)	p	$\beta$ (95% CI)	p
Sclerostin	eGFR	2	-0.29 (-0.33,-0.25)	<0.001	-0.11 (-0.15,-0.08)	<0.001
Sclerostin	eGFR	3	-0.29 (-0.33,-0.25)	<0.001	-0.11 (-0.15,-0.08)	<0.001
			OR (95% CI)		OR (95% CI)	
Sclerostin	Hypertension	2	1.04 (0.93,1.17)	0.459	1.20 (1.03,1.41)	0.021
Sclerostin	Hypertension	3	1.03 (0.92,1.15)	0.592	1.20 (1.02,1.40)	0.025

Table shows results of linear/logistic regression analysis. Results are SD change in outcome/ odds of outcome per SD increase in sclerostin, 95% CI and p value. CI: Confidence Interval, eGFR: estimated Glomerular filtration rate. Model 2: adjusted for age and ethnic group (ALSPAC) and sex (LURIC), BMI, smoking, social deprivation. Model 3: Model 2 + fasting glucose (continuous measure).

**Supplementary Table 2: Univariate associations between sclerostin and other risk factors in ALSPAC and LURIC**

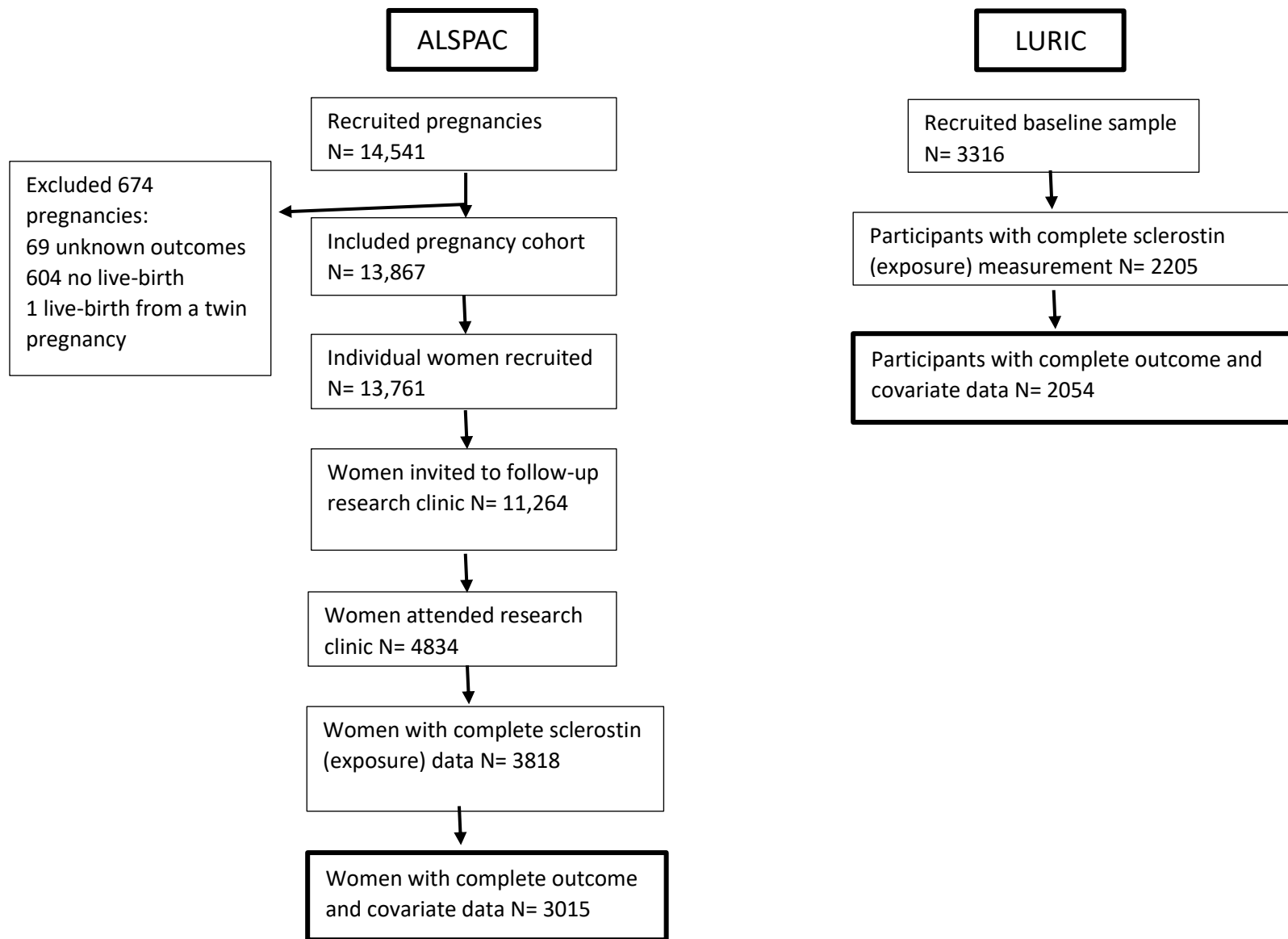
Exposure	Outcome	LURIC N=2054		ALSPAC N=3015	
		$\beta$ (95% CI)	p	$\beta$ (95% CI)	p
<b>sex</b>	Sclerostin	-0.38 (-0.47,-0.29)	<0.001		
<b>Age (years)</b>	Sclerostin	0.20 (0.16,0.24)	<0.001	<b>Age (years)</b>	0.19 (0.16,0.23) <0.001
<b>BMI (kg/m<sup>2</sup>)</b>	Sclerostin	0.01 (-0.03,0.06)	0.504	<b>BMI (kg/m<sup>2</sup>)</b>	0.01 (-0.02,0.05) 0.536
<b>ex-smoker*</b>	Sclerostin	0.25 (0.16,0.35)	<0.001	<b>Smoking (no vs yes)</b>	0.01 (-0.06,0.08) 0.791
<b>active smoker*</b>	Sclerostin	-0.16 (-0.15,-0.01)	<0.001		
<b>Regional purchasing index</b>	Sclerostin	-0.03 (-0.07,0.04)	0.208	<b>Townsend score 2</b>	0.04 (-0.05,0.15) 0.360
				<b>Townsend score 3</b>	-0.06 (-1.16,0.04) 0.254
				<b>Townsend score 4</b>	0.06 (-0.04,0.16) 0.271
				<b>Townsend score 5</b>	-0.02 (-0.17,0.13) 0.818

Table shows results of linear regression analysis. Results are SD change in outcome per SD change in exposure/difference in exposure level in case of categorical exposures, 95% CI and p value.

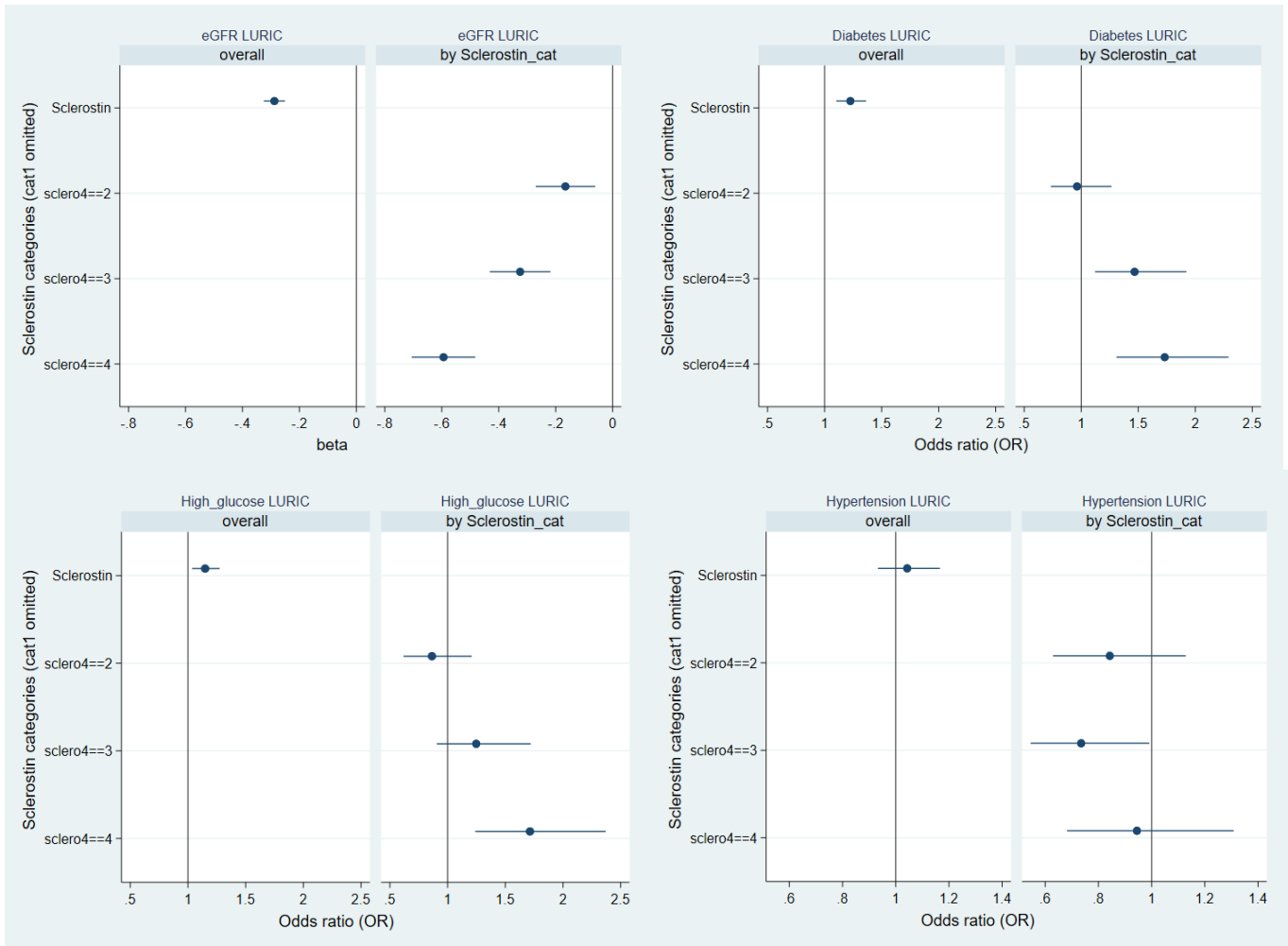
\*results attenuated following adjustment for age and sex;

**ex-smoker** [adjusted beta 0.11, CI(0.01, 0.21) p = 0.034]

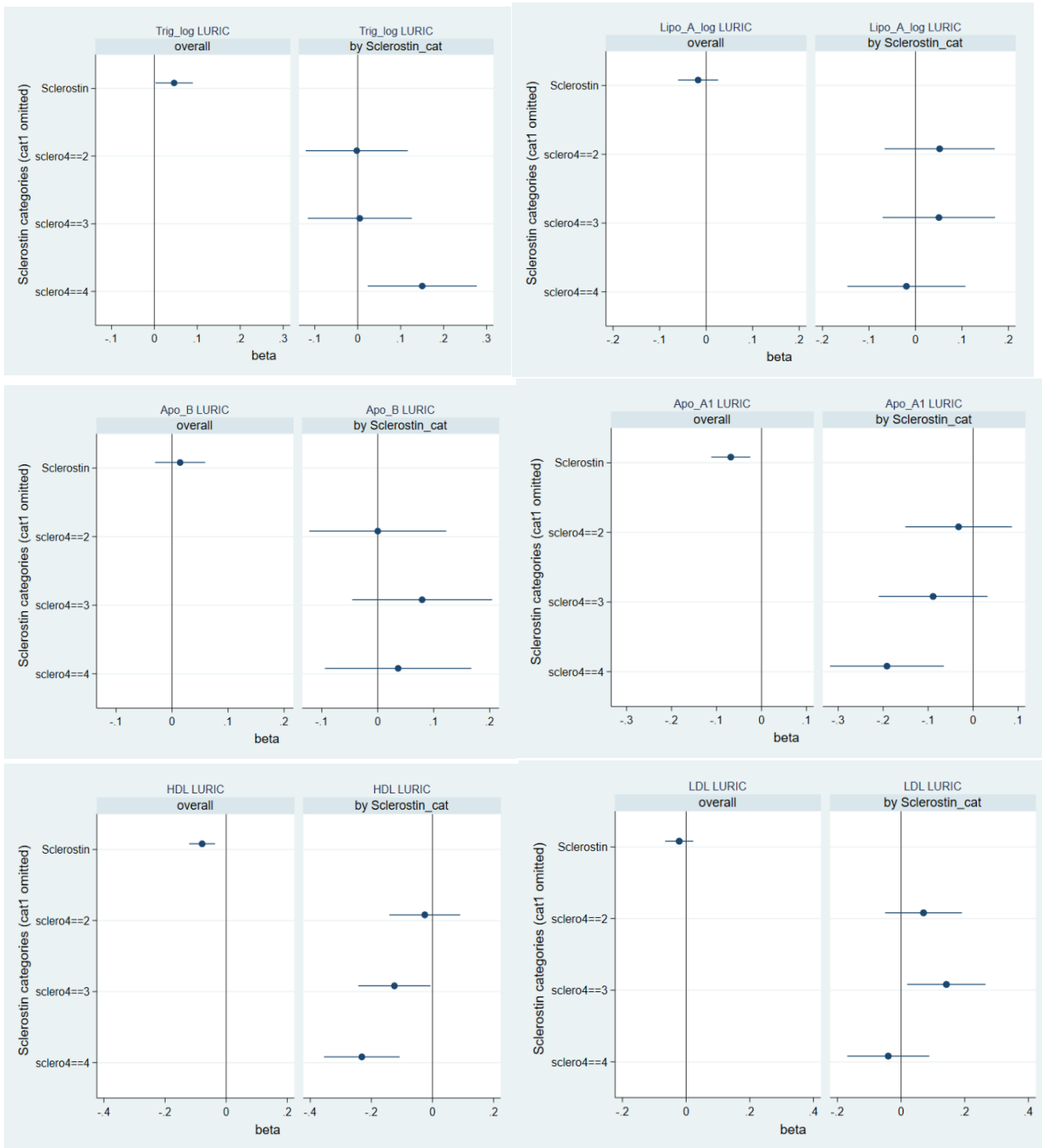
**active smoker** [adjusted beta -0.10, CI(-0.22, 0.02) p = 0.114]



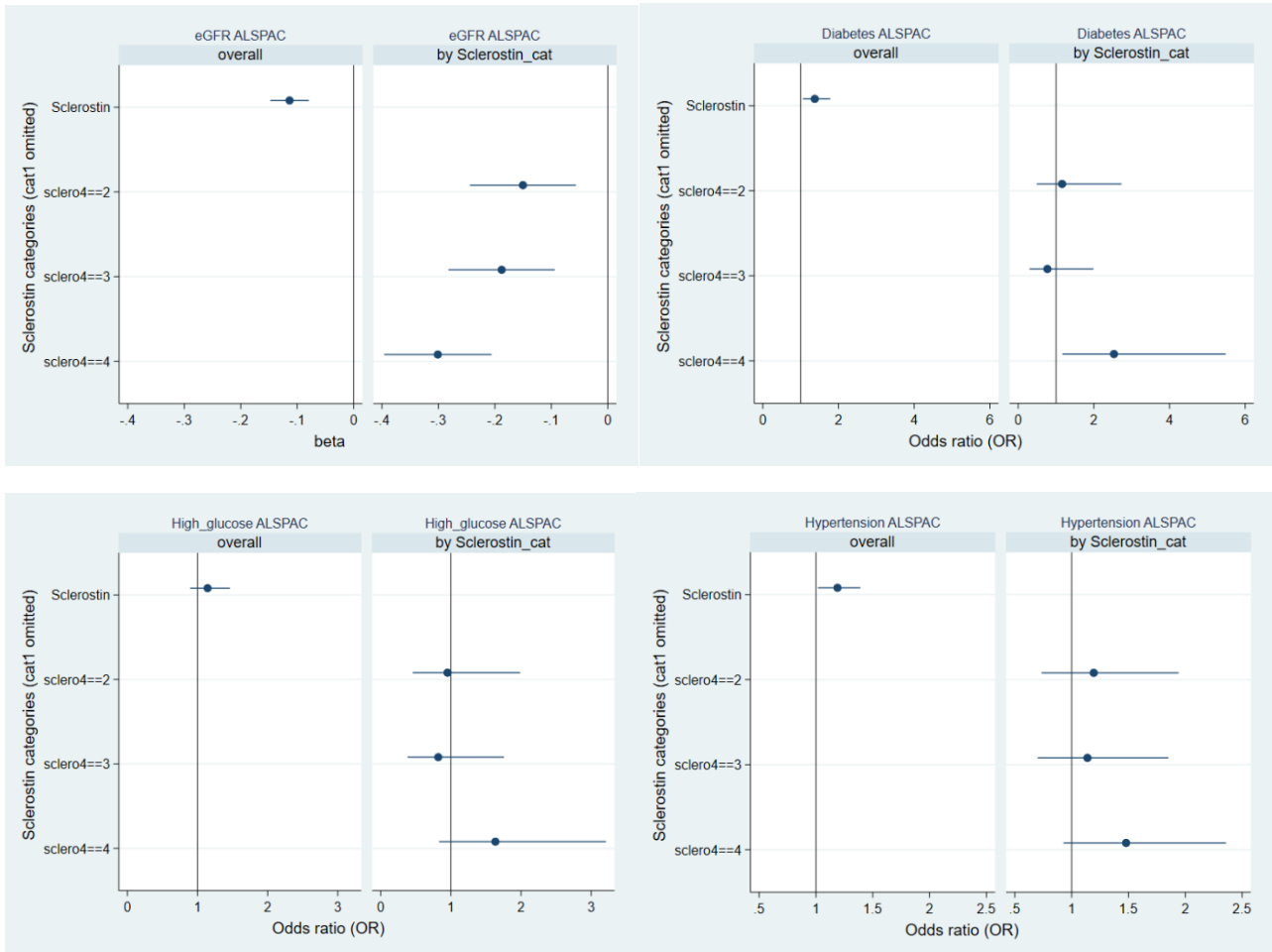
**Supplementary Figure 1: Flow diagram showing the distribution of ALSPAC and LURIC participants from the recruitment to the present study population.**



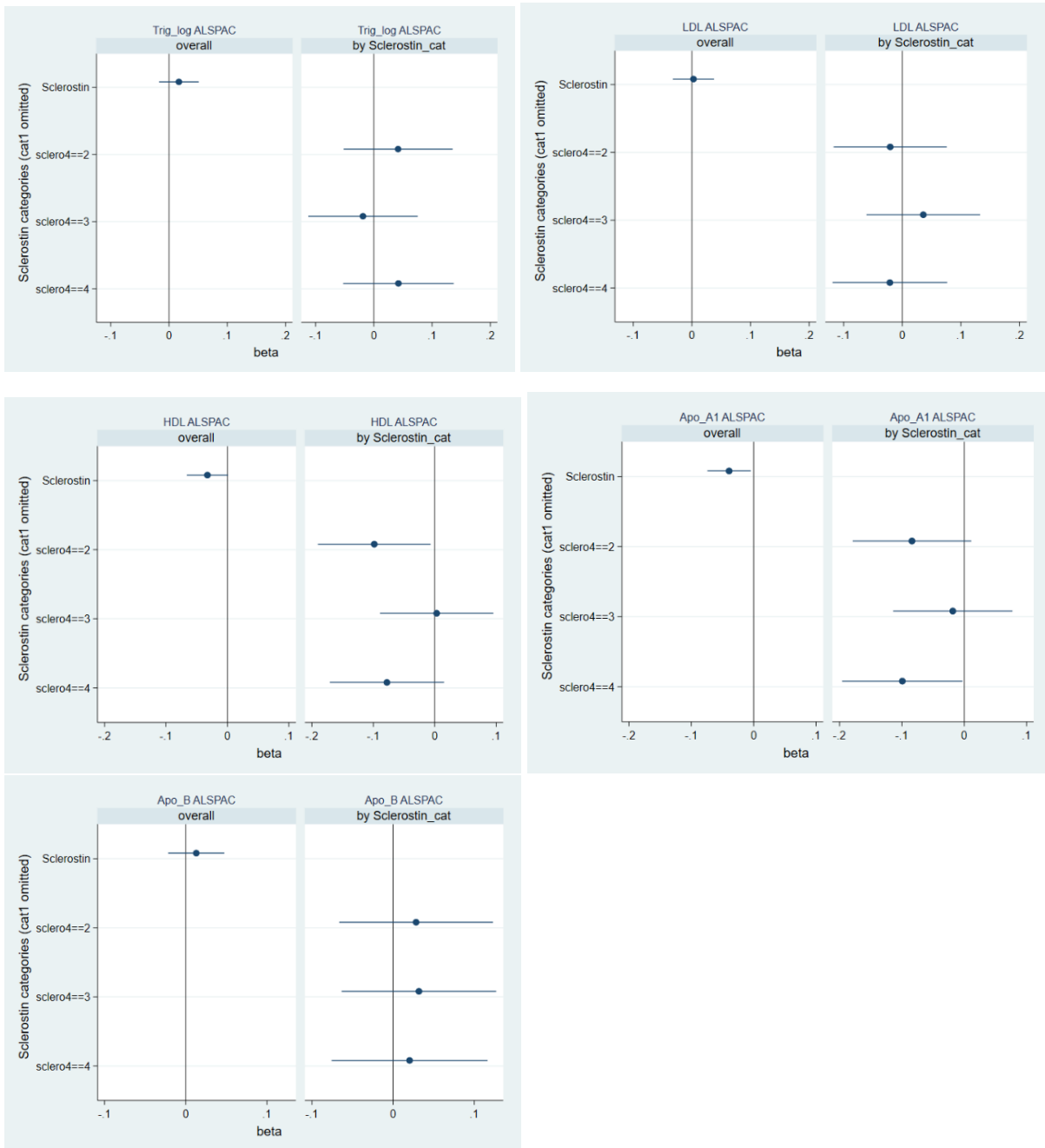
**Supplementary Figure 2: Associations between sclerostin versus clinical risk factors (LURIC). Overall sclerostin (continuous measure) vs categorical sclerostin.**



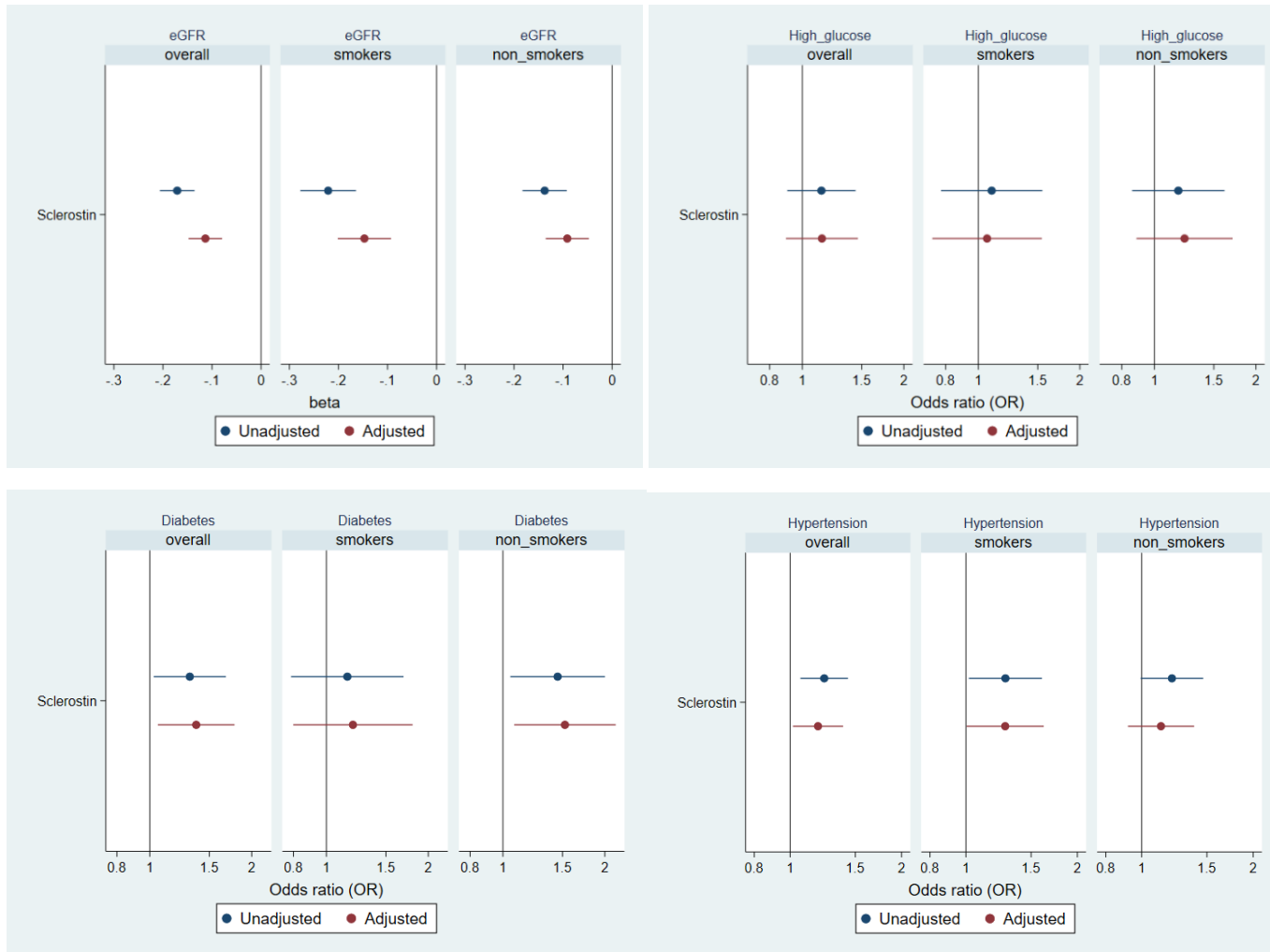
**Supplementary Figure 3: Associations between sclerostin versus lipids (LURIC). Overall sclerostin (continuous measure) vs categorical sclerostin.**



**Supplementary Figure 4: Associations between sclerostin versus clinical risk factors (ALSPAC). Overall sclerostin (continuous measure) vs categorical sclerostin.**

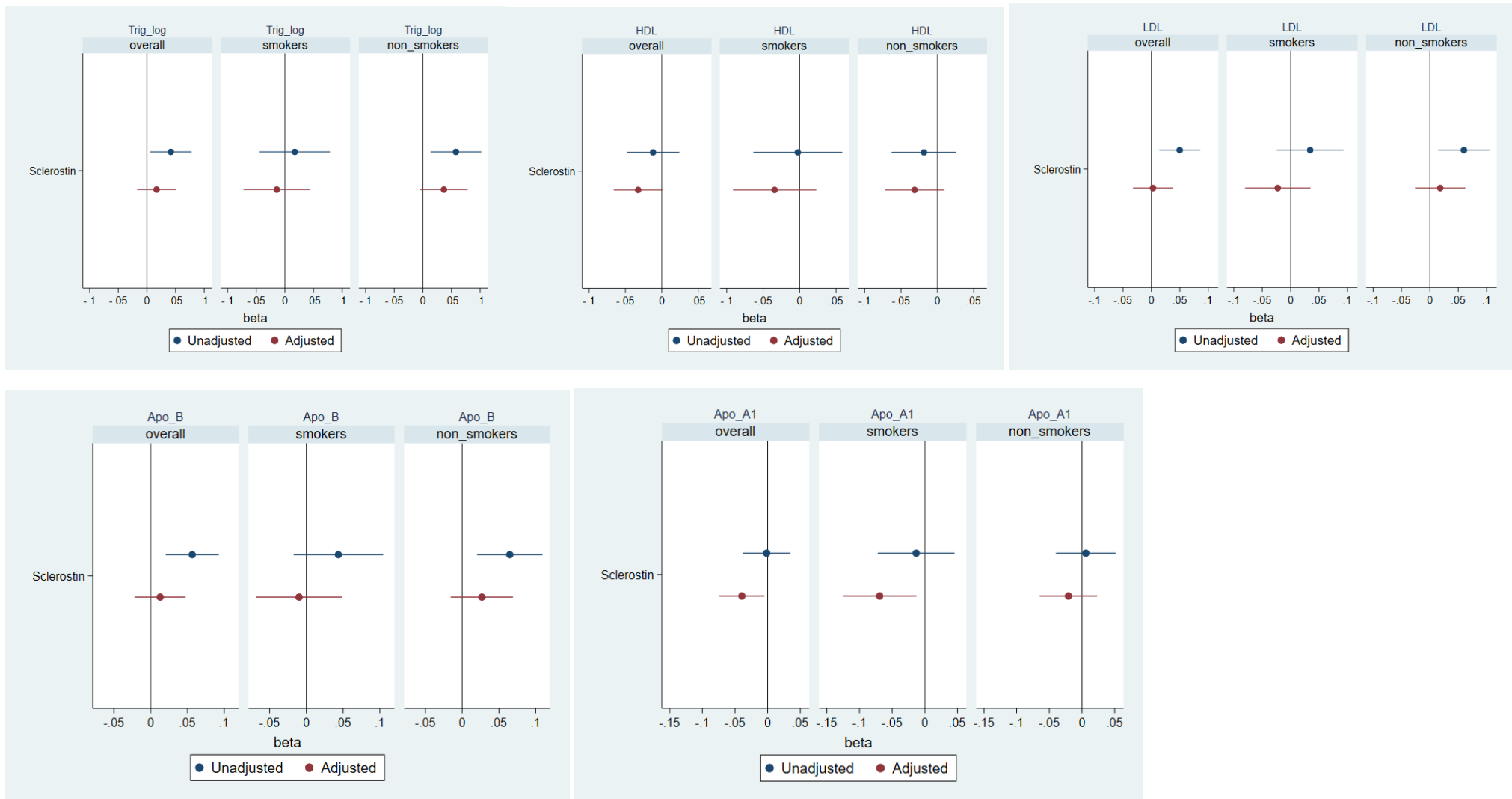


**Supplementary Figure 5: Associations between sclerostin versus lipids (ALSPAC). Overall sclerostin (continuous measure) vs categorical sclerostin.**

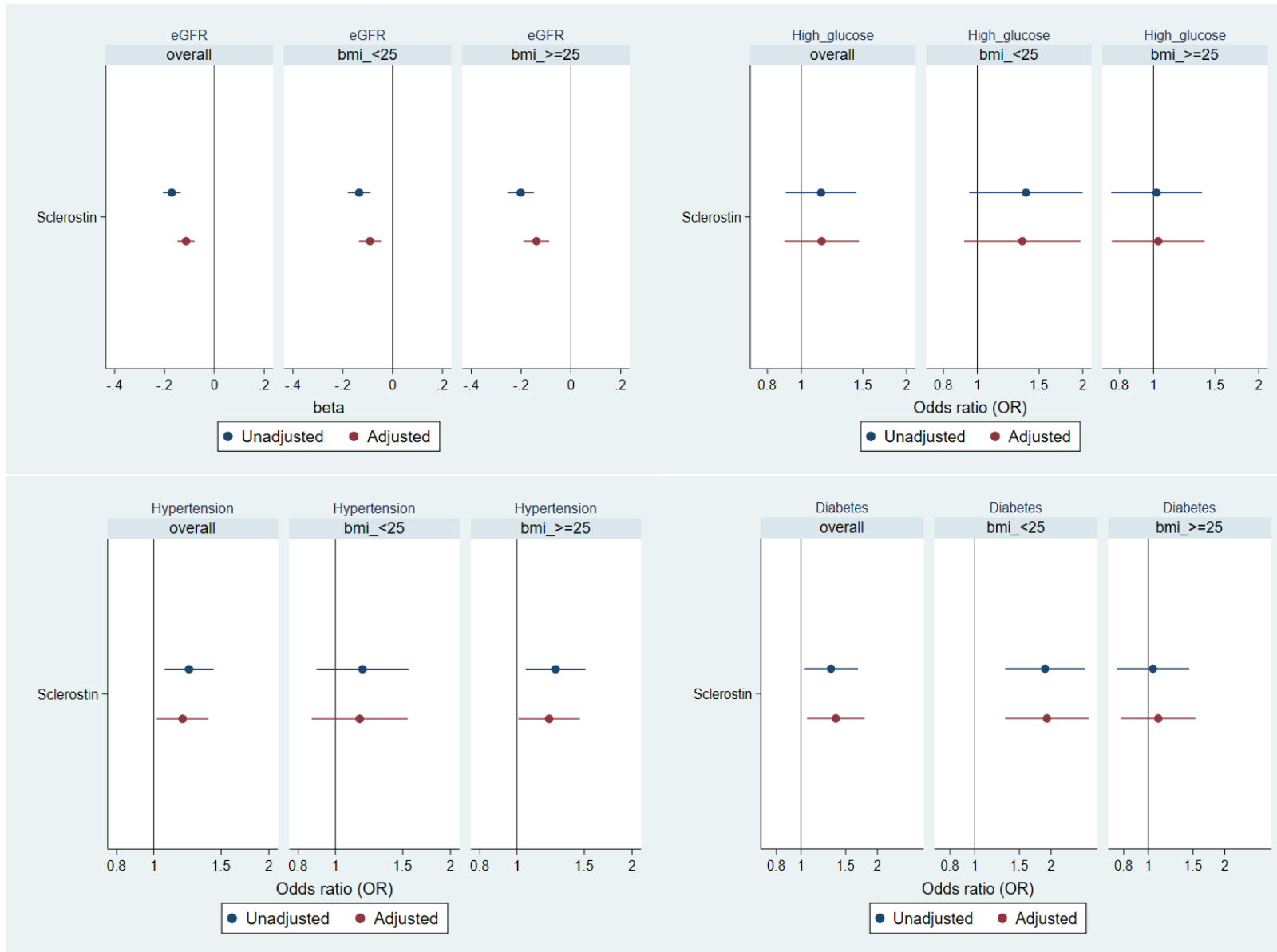


**Supplementary Figure 6: Associations between sclerostin and clinical risk factors by smoking status in ALSPAC mothers.**

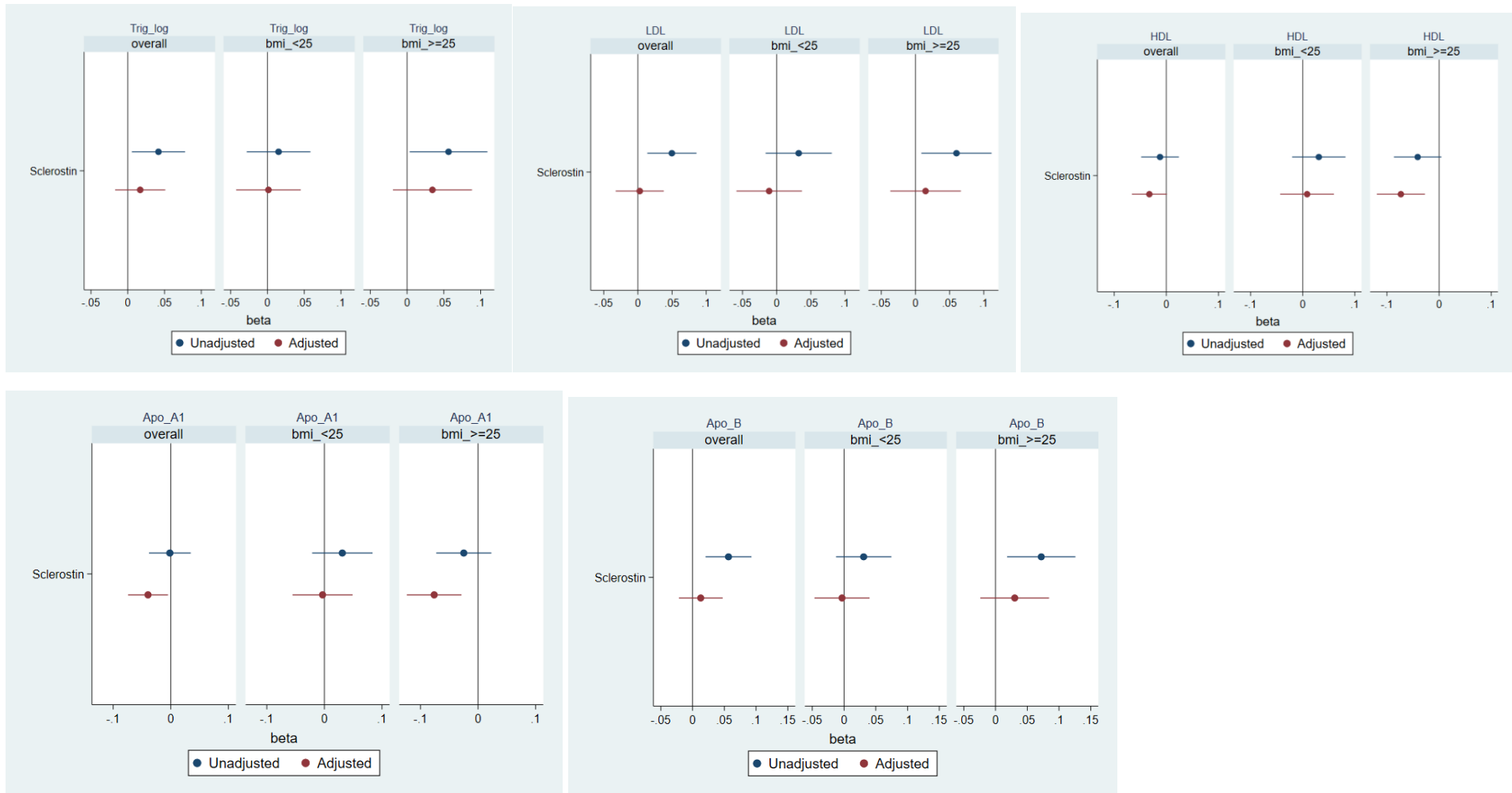




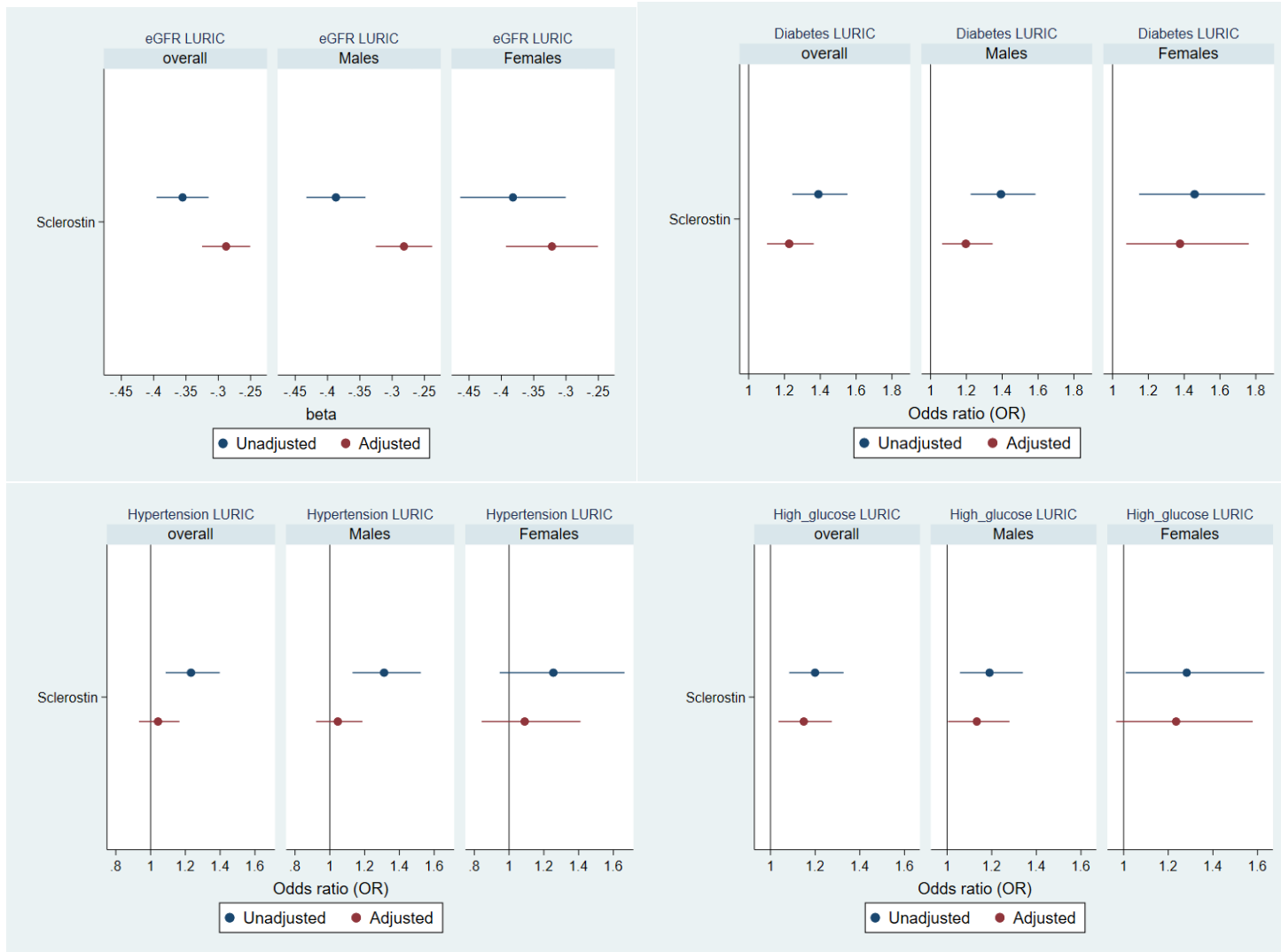
**Supplementary Figure 7: Associations between sclerostin versus lipids stratified by smoking status in ALSPAC.**



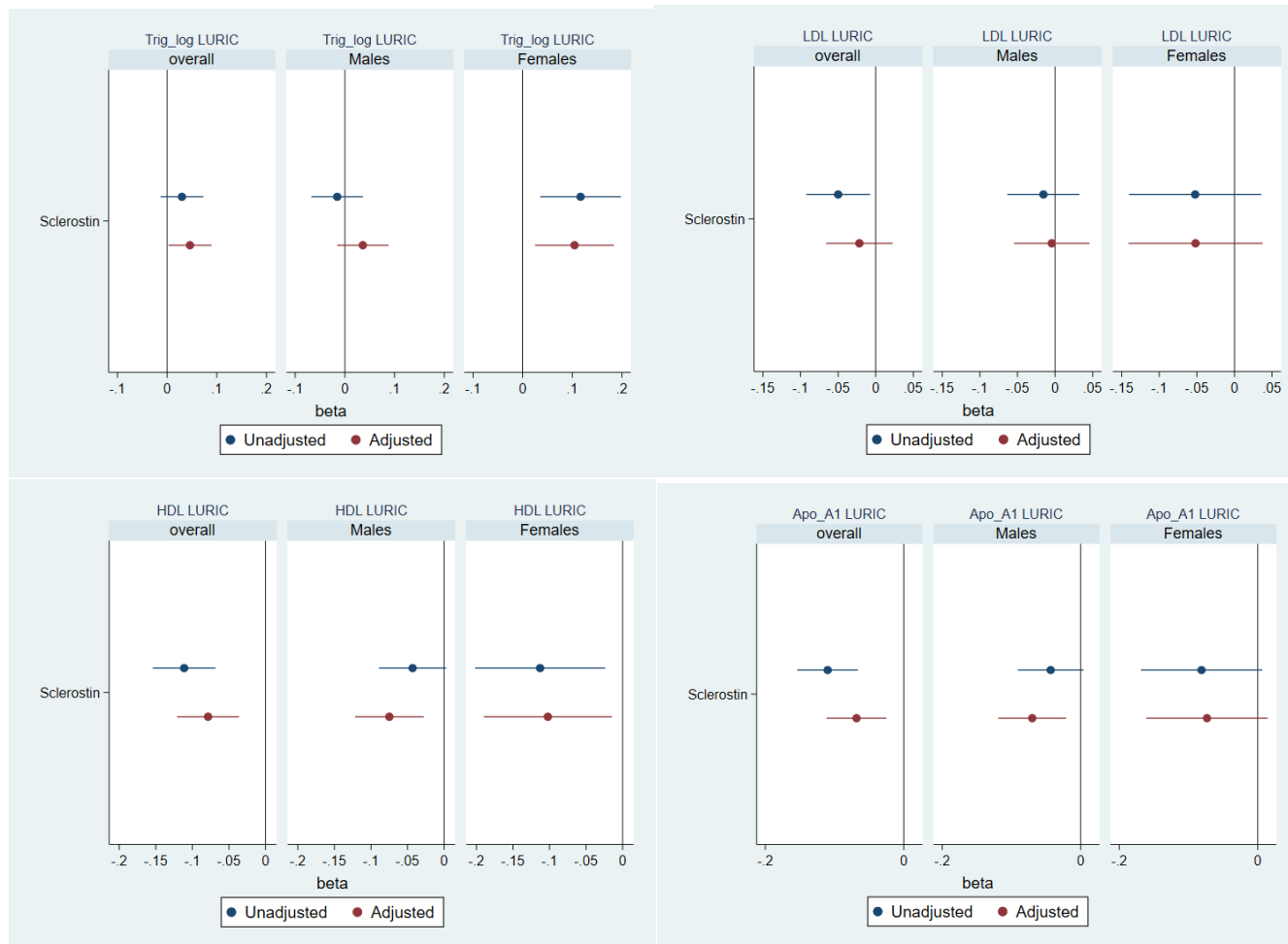
**Supplementary Figure 8: Associations between sclerostin and clinical risk factors stratified by BMI category in ALSPAC.**

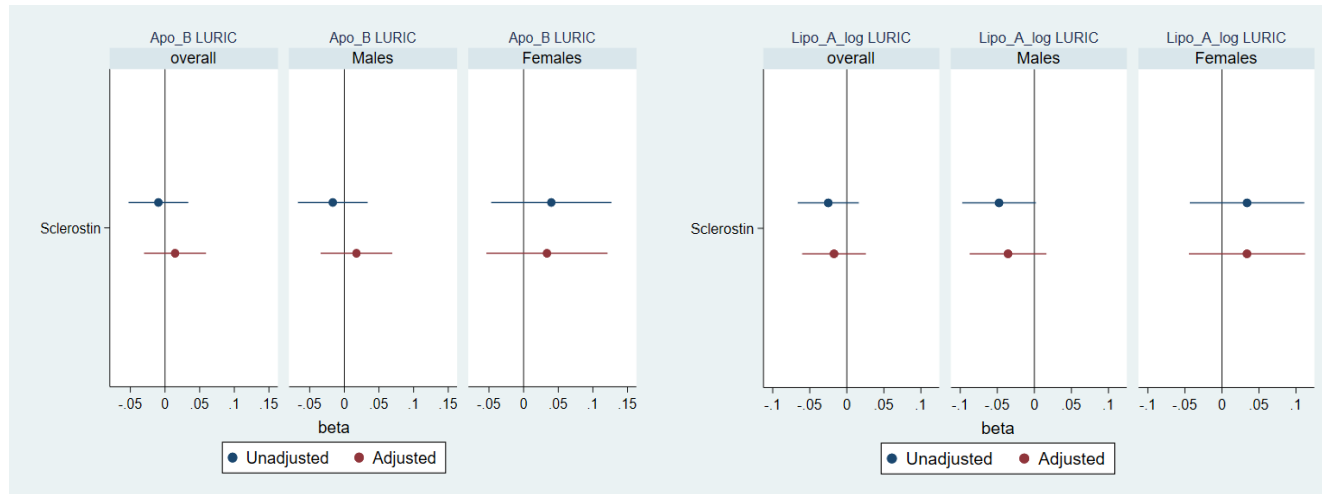


Supplementary Figure 9: Associations between sclerostin versus lipids stratified by BMI category in ALSPAC.



Supplementary Figure 10: Associations between sclerostin and clinical risk factors stratified by sex in LURIC.





**Supplementary Figure 11: Associations between sclerostin versus lipids stratified by sex in LURIC.**