

Supplementary Material

Vitamin K1 and Progression of Cardiovascular Calcifications in Hemodialysis Patients: The VitaVasK Randomized Controlled Trial

Turgay Saritas^{1A}, Sebastian Reinartz^{2A}, Thilo Krüger³, Markus Ketteler⁴, Orfeas Liangos^{5,6}, Laura Labriola⁷, Peter Stenvinkel⁸, Christoph Kopp⁹, Ralf Westenfeld¹⁰, Pieter Evenepoel¹¹, Robert Siepmann², Stephanie Wied¹², Ralf-Dieter Hilgers^{12B}, Leon Schurgers^{13B}, Jürgen Floege^{1B} for the VitaVasK Investigators

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Table S1: VitaVasK Trial Synopsis

Protocol Title	Vitamin K1 to slow vascular calcification in hemodialysis patients (VitaVasK)
Study Code	VitaVasK
EudraCT No.	2010-021264-14
Study No.	10-003
Principal Investigators	<ul style="list-style-type: none"> • Prof. Dr. Jürgen Floege, RWTH Aachen University Hospital, Germany • Dr. Christoph Kopp, University of Erlangen, Germany • Prof. Dr. Michel Jadoul, University of Brussels, Belgium • PD Dr. Orfeas Liangos, Clinical Center of Coburg, Germany • Prof. Dr. Peter Stenvinkel, Karolinska University Hospital, Stockholm, Sweden • PD Dr. Ralf Westenfeld, University of Düsseldorf, Germany • Prof. Dr. Pieter Evenepoel, UZ Leuven, Belgium
Study Period	Recruitment Period: 6 years Intervention Period: 18 months
Phase	III
Objectives	The aim of the study is to show that a vitamin K1-based therapy attenuates the progression of thoracic aortic and coronary artery calcification compared to standard treatment
Study Design	Prospective, randomized, multicenter, multinational, controlled clinical trial using a two-arm parallel group design and 18-month treatment phase
Inclusion Criteria	<ul style="list-style-type: none"> • Male or female ≥ 18 years of age • Not less than 6 months on hemodialysis • Cardiovascular calcification present (coronary artery volume score > 100) • Written consent to take part in the study • Life expectancy not less than 18 months
Exclusion Criteria	<ul style="list-style-type: none"> • Known hypersensitivity against vitamin K1 • Intake of Vitamin K • History of thrombosis (except shunt occlusion) • Intake of vitamin K antagonists at baseline or in the 3 months prior to baseline • Inflammatory bowel disease • Short-bowel syndrome • Significant liver dysfunction • Any condition likely to impair vitamin K absorption (i.e. chronic pancreatitis) • Malignancy other than non-melanoma skin tumors • More than one stent in one coronary artery plus one or more stents in an additional artery

	<ul style="list-style-type: none"> • Hemoglobin < 70 g/L • Pulse > 100/min (resting heart rate) • Women who are pregnant or breastfeeding • Women without sufficient contraception • Alcohol or drug abuse • Mental condition rendering the subject unable to understand the nature, scope and possible consequences of the study • Subject unlikely to comply with protocol, e.g. uncooperative attitude, inability to return for follow-up visits and unlikelihood of completing the study • Participation in a parallel clinical trial or participation in another clinical trial within the previous 3 months • Subjects who are in any state of dependency to the sponsor or the investigators • Employees of the sponsor or the investigators • Subjects who have been committed to an institution by legal or regulatory order
Treatment	<p>Arm 1: Standard treatment (usual care) Arm 2: Vitamin K1 (phylloquinone), thrice weekly p.o. (5 mg)</p>
Efficacy	<p><u>Primary Endpoints:</u></p> <ol style="list-style-type: none"> 1. Progression of thoracic aortic calcification (absolute change in the volume score at the 18-month MSCT versus the baseline MSCT) 2. Progression of coronary artery calcification (absolute change in the volume score at the 18-month MSCT versus the baseline MSCT) <p><u>Secondary Endpoints:</u></p> <ol style="list-style-type: none"> 1. Progression of thoracic aortic calcification (absolute change in the Agatston score at the 18-month MSCT versus the baseline MSCT) 2. Progression of coronary artery calcification (absolute change in the Agatston score at the 18-month MSCT versus the baseline MSCT) 3. Progression of aortic valve calcification (absolute change in the Agatston and volume scores at the 18-month MSCT versus the baseline MSCT) 4. Progression of mitral valve calcification (absolute change in the Agatston and volume scores at the 18-month MSCT versus the baseline MSCT) 5. Mortality from any cause within 18 months after start of treatment 6. Major adverse cardiovascular events: myocardial infarction, stroke, acute coronary syndrome, embolism, symptom-driven revascularization, death from cardiovascular cause within 18 months after start of treatment
Safety	<p>Clinical and laboratory safety variables include:</p>

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|--|--|
| | <ul style="list-style-type: none">• History and physical examination• Frequency, type, severity and duration of adverse events• Assessment of laboratory parameters (sodium, potassium, calcium, phosphate, glucose, pH, triglycerides, AST, ALT, iPTH, 25-OH vitamin D₃) |
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Table S2. Calcification mass (in mg) at baseline of all participants included in the analysis of the VitaVask study.

Calcification mass (mg)	Control (N = 23)	Vitamin K1 (N = 17)
Thoracic aorta calcification mass (mg)	1444.5 ± 1419.7	1218.8 ± 3091.8
Coronary artery calcification mass (mg)	334.1 ± 255.7	317.8 ± 266.7
Aortic valve calcification mass (mg)	31.1 ± 53.2	25 ± 32.2
Mitral valve calcification mass (mg)	317 ± 722.7	347.4 ± 684.4

Values are expressed as mean values ± standard deviation.

Table S3: Primary study endpoints: P-values yielded by the sensitivity analyses.

Progression of thoracic aortic calcification volume score			
Parameter:	Model 1	Model 2	Model 3
Time	<.0001	<.0001	<.0001
Group	0.1228	0.2296	0.0664
Time & group	0.0850	0.0903	0.0966
Center	0.5678	0.0689	0.5806
Gender	.	0.3601	0.3746
Age	.	0.0186	0.0123
Smoker	.	.	0.3045
Diabetes mellitus	.	.	0.1335
Progression of coronary artery calcification volume score			
Parameter:	Model 1	Model 2	Model 3
Time	0.0025	0.0034	0.0054
Group	0.1457	0.3183	0.3952
Time & group	0.1913	0.2067	0.2564
Center	0.5279	0.5784	0.7678
Gender	.	0.5202	0.8483
Age	.	0.8196	0.6795
Smoker	.	.	0.0365
Diabetes mellitus	.	.	0.0241

Model 1: adjusted for center. Model 2: adjusted for center, gender and age. Model 3: adjusted for center, gender, age, smoking status and diabetes mellitus.

Table S4. Secondary endpoint thoracic aortic calcification Agatston score: changes in Agatston scores between baseline, 12 and 18 months in participants of the VitaVask study

		Model 1	Model 2	Model 3
Changes in Agatston score versus baseline within groups				
Vitamin K	Baseline vs. 12 months	601.0 (334.3), 0.0774	578.6 (343.6), 0.0976	578.3 (344.3), 0.0987
	Baseline vs. 18 months	885.5 (420.5), 0.0396	853.7 (438.7), 0.0566	859.9 (439.5), 0.0555
Control	Baseline vs. 12 months	1102.7 (279.3), 0.0002	1101.9 (281.3), 0.0002	1082.7 (295.8), 0.0006
	Baseline vs. 18 months	2051.6 (356.7), <.0001	2058.5 (358.9), <.0001	2035.8 (368.9), <.0001
Changes in Agatston score versus baseline between groups				
Vitamin K vs. control	Baseline vs. 12 months	501.7 (435.6), 0.2542	523.3 (444.0), 0.2435	504.4 (453.9), 0.2713
	Baseline vs. 18 months	1166.1 (551.4), 0.0388	1204.7 (566.8), 0.0379	1175.9 (573.8), 0.0452

Data are linear mixed model estimates (standard error, SE) and p-value.

Model 1: adjusted for center. Model 2: adjusted for center, gender and age. Model 3: adjusted for center, gender, age, smoking status and diabetes mellitus.

Progression of thoracic aortic calcification Agatston score. P-values yielded by the sensitivity analyses.

Parameter:	Model 1	Model 2	Model 3
Time	<.0001	<.0001	<.0001
Group	0.1122	0.2095	0.0566
Time & group	0.0993	0.0975	0.1107
Center	0.5751	0.0676	0.5701
Gender	.	0.3355	0.3496
Age	.	0.0196	0.0124
Smoker	.	.	0.2846
Diabetes mellitus	.	.	0.1219

Model 1: adjusted for center. Model 2: adjusted for center, gender and age. Model 3: adjusted for center, gender, age, smoking status and diabetes mellitus.

Table S5: Secondary endpoint coronary artery calcification Agatston score: changes in Agatston scores between baseline, 12 and 18 months in participants of the VitaVask study.

		Model 1	Model 2	Model 3
Changes in Agatston score versus baseline within groups				
Vitamin K	Baseline vs. 12 months	210.1 (154.2), 0.1783	209.9 (158.3), 0.1899	209.5 (159.3), 0.1938
	Baseline vs. 18 months	224.9 (189.5), 0.2398	225.2 (197.7), 0.2592	228.6 (198.5), 0.2543
Control	Baseline vs. 12 months	502.6 (129.9), 0.0003	502.6 (130.9), 0.0003	473.0 (138.1), 0.0011
	Baseline vs. 18 months	790.8 (166.1), <.0001	791.3 (167.5), <.0001	764.6 (172.6), <.0001
Changes in Agatston score versus baseline between groups				
Vitamin K vs control	Baseline vs. 12 months	292.5 (201.6), 0.1521	292.6 (205.4), 0.1596	263.5 (210.8), 0.2165
	Baseline vs. 18 months	565.8 (252.0), 0.0284	566.1 (259.1), 0.0329	536.0 (263.0), 0.0462

Data are linear mixed model estimates (standard error, SE) and p-value.

Model 1: adjusted for center. Model 2: adjusted for center, gender and age. Model 3: adjusted for center, gender, age, smoking status and diabetes mellitus.

Progression of coronary artery calcification Agatston score. P-values yielded by the sensitivity analyses.

Parameter:	Model 1	Model 2	Model 3
Time	0.0006	0.0008	0.0014
Group	0.1554	0.3292	0.3688
Time & group	0.0863	0.0978	0.1266
Center	0.5898	0.6469	0.8037
Gender	.	0.4858	0.8424
Age	.	0.7619	0.7482
Smoker	.	.	0.0321
Diabetes mellitus	.	.	0.0291

Model 1: adjusted for center. Model 2: adjusted for center, gender and age. Model 3: adjusted for center, gender, age, smoking status and diabetes mellitus.

Table S6: Secondary endpoint aortic valve volume score: changes in volume scores (mm³) between baseline, 12 and 18 months in participants of the VitaVask study.

		Model 1	Model 2	Model 3
Changes in volume score versus baseline within groups				
Vitamin K	Baseline vs. 12 months	5.2 (15.2), 0.7325	4.4 (15.6), 0.7785	4.4 (14.7), 0.7630
	Baseline vs. 18 months	19.0 (18.5), 0.3107	17.7 (19.3), 0.3648	17.3 (18.1), 0.3431
Control	Baseline vs. 12 months	19.5 (12.4), 0.1208	19.5 (12.5), 0.1236	28.9 (12.3), 0.0224
	Baseline vs. 18 months	55.1 (15.9), 0.0010	55.0 (16.1), 0.0011	64.5 (15.5), 0.0001
Changes in volume score versus baseline between groups				
Vitamin K vs control	Baseline vs. 12 months	14.3 (19.6), 0.4690	15.1 (20.0), 0.4531	24.4 (19.1), 0.2070
	Baseline vs. 18 months	36.1 (24.4), 0.1446	37.4 (25.1), 0.1424	47.2 (23.8), 0.0527

Data are linear mixed model estimates (standard error, SE) and p-value.

Model 1: adjusted for center. Model 2: adjusted for center, gender and age. Model 3: adjusted for center, gender, age, smoking status and diabetes mellitus.

Progression of aortic valve volume score. P-values yielded by the sensitivity analyses.

Parameter:	Model 1*	Model 2 **	Model 3 ***
Time	0.0059	0.0084	0.0025
Group	0.4696	0.3172	0.8730
Time & group	0.2982	0.2960	0.1439
Center	0.5443	0.4226	0.0958
Gender	.	0.3948	0.6272
Age	.	0.3009	0.1137
Smoker	.	.	0.2237
Diabetes mellitus	.	.	0.3243

Model 1: adjusted for center. Model 2: adjusted for center, gender and age. Model 3: adjusted for center, gender, age, smoking status and diabetes mellitus.

Table S7: Secondary endpoint mitral valve volume score: changes in volume scores (mm³) between baseline, 12 and 18 months in participants of the VitaVask study.

		Model 1	Model 2	Model 3
Changes in volume score versus baseline within groups				
Vitamin K	Baseline vs. 12 months	80.9 (71.6), 0.2630	87.4 (73.4), 0.2387	87.5 (73.5), 0.2389
	Baseline vs. 18 months	159.1 (88.8), 0.0784	170.6 (92.4), 0.0700	170.0 (92.5), 0.0714
Control	Baseline vs. 12 months	160.5 (63.2), 0.0138	160.4 (63.6), 0.0145	146.7 (65.3), 0.0287
	Baseline vs. 18 months	258.4 (79.9), 0.0020	259.6 (80.4), 0.0021	247.0 (81.6), 0.0037
Changes in volume score versus baseline between groups				
Vitamin K vs control	Baseline vs. 12 months	79.6 (95.5), 0.4079	73.1 (97.1), 0.4551	59.3 (98.3), 0.5490
	Baseline vs. 18 months	99.3 (119.4), 0.4089	89.0 (122.5), 0.4704	77.1 (123.4), 0.5347

Data are linear mixed model estimates (standard error, SE) and p-value.

Model 1: adjusted for center. Model 2: adjusted for center, gender and age. Model 3: adjusted for center, gender, age, smoking status and diabetes mellitus.

Progression of mitral valve volume score. P-values yielded by the sensitivity analyses.

Parameter:	Model 1*	Model 2 **	Model 3 ***
Time	0.0039	0.0037	0.0054
Group	0.7810	0.4245	0.3456
Time & group	0.6731	0.7318	0.8065
Center	0.6488	0.0652	0.7818
Gender	.	0.5533	0.7484
Age	.	0.3665	0.2293
Smoker	.	.	0.1697
Diabetes mellitus	.	.	0.3883

Model 1: adjusted for center. Model 2: adjusted for center, gender and age. Model 3: adjusted for center, gender, age, smoking status and diabetes mellitus.

Table S8. Changes in Vitamin K and dp-ucMGP levels between baseline, 4 weeks, 12 and 18 months in participants of the VitaVask study.

Groups	Time points	Vitamin K level	Dp-ucMGP level
		Parameter estimates (standard error, SE)	
Vitamin K	Baseline	0.8 (0.4)	1574.8 (112.7)
	4 weeks	3.9 (0.4)	574.3 (114.9)
	12 months	3.2 (0.5)	534.2 (152.4)
	18 months	5.3 (0.6)	487.4 (185.1)
Control	Baseline	0.8 (0.3)	1448.0 (115.6)
	4 weeks	0.6 (0.3)	1579.9 (109.2)
	12 months	0.5 (0.3)	1673.4 (110.1)
	18 months	0.7 (0.4)	1472.3 (139.8)
Changes in levels versus baseline between groups			
Groups	Time points	Vitamin K level	Dp-ucMGP level
Vitamin K vs control	Baseline to 4 weeks	-3.2 (0.5), <.0001	1132.4 (173.9), <.0001
	Baseline to 12 months	-2.6 (0.8), 0.0006	1265.9 (233.6), <.0001
	Baseline to 18 months	-4.6 (0.9), <.0001	1111.7 (265.6), <.0001

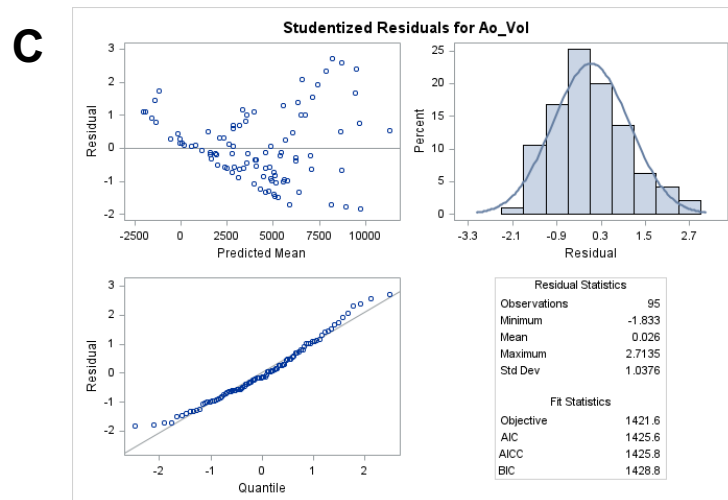
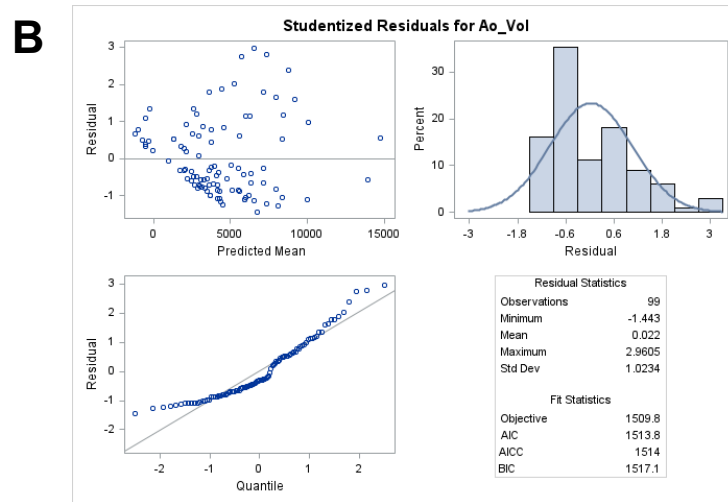
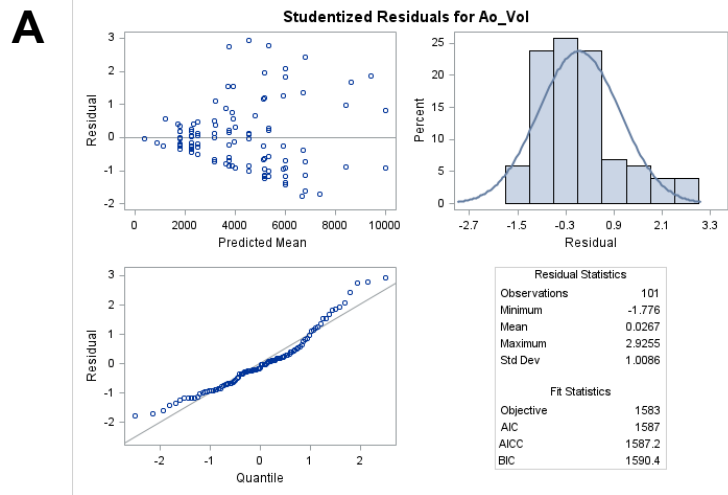
Data are linear mixed model estimates (standard error, SE) and p-values. The model was adjusted for center.

Table S9: Evolution of serum phosphate, intact parathyroid hormone and bone-specific alkaline phosphatase concentrations during the study period.

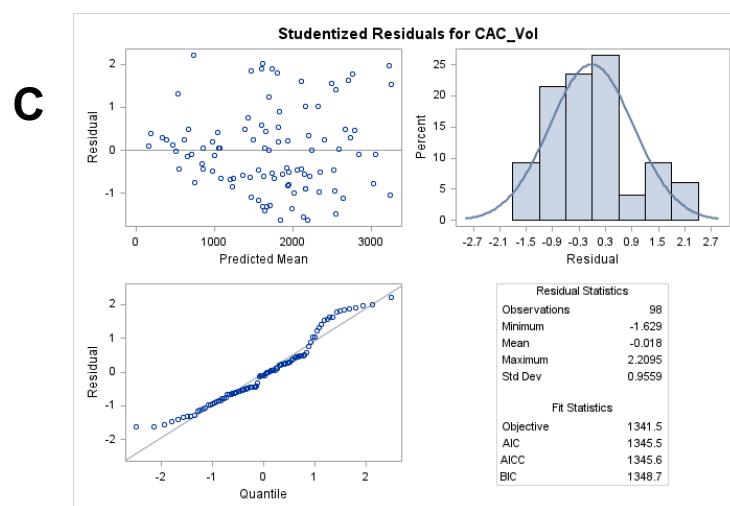
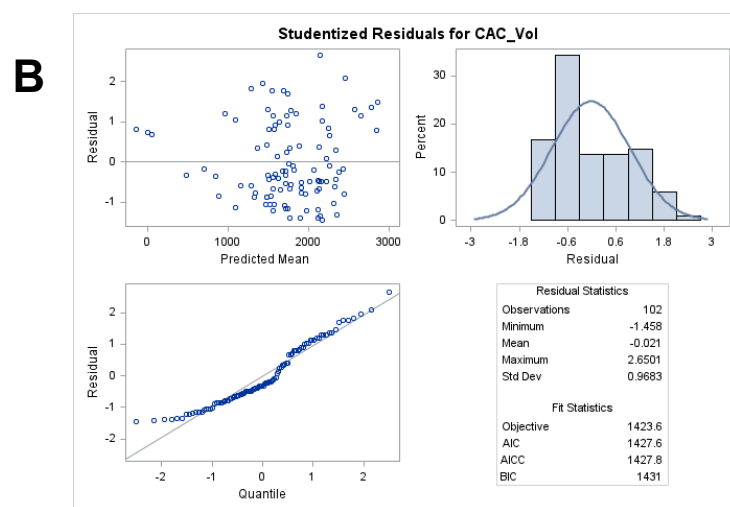
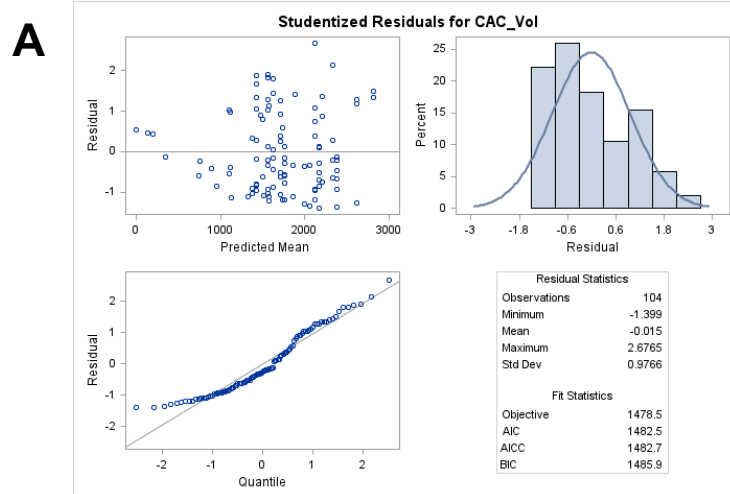
Parameter	Time Point	Control group	Vitamin K1 group
Serum phosphate, mmol/L	Baseline	1.8 ± 0.5	1.9 ± 1.2
	12 months	1.7 ± 0.6	1.6 ± 0.5
	18 months	1.6 ± 0.5	1.6 ± 0.4
Serum-intact parathyroid hormone, ng/L	Baseline	265 ± 307	536 ± 427
	12 months	246 ± 208	263 ± 314
	18 months	204 ± 141	520 ± 307
Serum bone-specific alkaline phosphatase, U/I	Baseline	27 ± 23	36 ± 33
	12 months	24 ± 16	35 ± 40
	18 months	20 ± 11	28 ± 29

Data are means ± SD.

Normal values for serum phosphate range from 0.81 to 1.45 mmol/L, for serum-intact parathyroid hormone range from 15 to 65 ng/L, and for serum bone-specific alkaline phosphatase range from 15 to 42 U/I.



Supplemental Figure S1: Residual plots for the outcome parameter thoracic aortic calcification. A: adjusted for center. B: adjusted for center, gender and age. C: adjusted for center, gender, age, smoking status and diabetes mellitus.



Supplemental Figure S2: Residual plots for the outcome parameter coronary artery calcification. A: adjusted for center. B: adjusted for center, gender and age. C: adjusted for center, gender, age, smoking status and diabetes mellitus.