

Supplemental Material

Hepatocyte growth factor is associated with greater risk of extra-coronary calcification: Results from the Multi-Ethnic Study of Atherosclerosis

Table S1. Multivariable-adjusted association of HGF with AVC extent and progression stratified by sex

	Women		Men	
	AVC extent	AVC progression	AVC extent	AVC progression
	Percent difference (95% CI)	Percent change (95% CI)	Percent difference (95% CI)	Percent change (95% CI)
HGF tertiles 1	Reference	Reference	Reference	Reference
HGF tertiles 2	3 (-5, 12)	3 (-1, 8)	-5 (-16, 7)	3 (-2, 9)
HGF tertiles 3	9 (-1, 20)	0 (-5, 6)	30 (11, 51)^b	10 (2, 18)^b

Abbreviations: AVC, Aortic valve calcification; CI, Confidence interval; HGF, Hepatocyte growth factor. ECC extent at baseline and ECC progression at 2 years were derived from multivariable-adjusted linear mixed-effects models with robust variance estimation.

Percent difference and change were calculated from $[\text{Exp}(\beta) - 1] \times 100$.

The model was adjusted for age, sex, race/ethnicity, field center, education, physical activity, smoking, pack-years of smoking, BMI, health insurance, total cholesterol, HDL-C, use of lipid-lowering medication, systolic blood pressure, use of antihypertensive medication, diabetes and eGFR.

Significant interaction for AVC: $P < 0.001$.

Statistically significant results at: ^a $P < 0.001$; ^b $P < 0.01$; ^c $P < 0.05$.

Table S2. Multivariable-adjusted association of HGF with MAC extent and progression stratified by race/ethnicity

	Extent	Progression	Extent	Progression
	Percent difference (95% CI)	Percent change (95% CI)	Percent difference (95% CI)	Percent change (95% CI)
	White		Chinese-American	
HGF tertiles 1	Reference	Reference	Reference	Reference
HGF tertiles 2	8 (-4, 22)	8 (0, 16)^c	-13 (-24, 0)^c	-1 (-6, 4)
HGF tertiles 3	31 (12, 54)^b	8 (0, 18)	21 (-8, 60)	18 (0, 39)^c
	Black		Hispanic	
HGF tertiles 1	Reference	Reference	Reference	Reference
HGF tertiles 2	-8 (-18, 3)	3 (-3, 10)	11 (-2, 27)	-7 (-15, 2)
HGF tertiles 3	6 (-8, 23)	9 (0, 19)^c	27 (10, 47)^b	7 (-4, 18)

Abbreviations: MAC, Mitral annular calcification; CI, Confidence interval; HGF, Hepatocyte growth factor.

ECC extent at baseline and ECC progression at 2 years were derived from multivariable-adjusted linear mixed-effects models with robust variance estimation.

Percent difference and change were calculated from $[\text{Exp}(\beta) - 1] \times 100$.

The model was adjusted for age, sex, race/ethnicity, field center, education, physical activity, smoking, pack-years of smoking, BMI, health insurance, total cholesterol, HDL-C, use of lipid-lowering medication, systolic blood pressure, use of antihypertensive medication, diabetes and eGFR.

Significant interaction by race/ethnicity for MAC, $P = 0.04$.

Statistically significant results at: ^a $P < 0.001$; ^b $P < 0.01$; ^c $P < 0.05$.

Table S3. Multivariable-adjusted association of HGF with DTAC extent and progression stratified by race/ethnicity

	Extent	Progression	Extent	Progression
	Percent difference (95% CI)	Percent change (95% CI)	Percent difference (95% CI)	Percent change (95% CI)
	White		Chinese-American	
HGF tertiles 1	Reference	Reference	Reference	Reference
HGF tertiles 2	8 (-11, 31)	1 (-8, 12)	1 (-30, 44)	-4 (-19, 13)
HGF tertiles 3	18 (-7, 49)	17 (5, 30)^b	38 (-17, 128)	9 (-16, 42)
	Black		Hispanic	
HGF tertiles 1	Reference	Reference	Reference	Reference
HGF tertiles 2	12 (-8, 37)	8 (-3, 21)	-4 (-25, 24)	8 (-5, 23)
HGF tertiles 3	32 (4, 67)^c	20 (6, 37)^b	10 (-17, 46)	13 (-1, 29)

Abbreviations: CI, Confidence interval; DTAC, Descending thoracic aortic calcification; HGF, Hepatocyte growth factor.

ECC extent at baseline and ECC progression at 2 years were derived from multivariable-adjusted linear mixed-effects models with robust variance estimation.

Percent difference and change were calculated from $[\text{Exp}(\beta) - 1] \times 100$.

The model was adjusted for age, sex, race/ethnicity, field center, education, physical activity, smoking, pack-years of smoking, BMI, health insurance, total cholesterol, HDL-C, use of lipid-lowering medication, systolic blood pressure, use of antihypertensive medication, diabetes and eGFR.

Significant interaction by race/ethnicity for DTAC, $P = 0.001$.

Statistically significant results at: ^a $P < 0.001$; ^b $P < 0.01$; ^c $P < 0.05$.