Supplemental Table 1. Diabetes as an effect modifier of the relationship between T50 and cardiovascular disease

T50	*No. of Events (total =309)	Event Rate, per 100 PY	HR (95% CI)
No History of Diabetes			
Per SD decrease	109	1.93	1.26 (0.95, 1.67)
Tertile 3 368-552 minutes	30	1.34	1.00 (reference)
Tertile 2 313-367 minutes	34	1.32	1.61 (0.79, 3.31)
Tertile 1 114-312 minutes	45	3.26	1.73 (0.89, 3.38)
p-value for trend (using tertile median values)			*0.08*
History of Diabetes			
Per SD decrease	202	7.25	1.21 (0.95, 1.53)
Tertile 3 368-552 minutes	35	5.53	1.00 (reference)
Tertile 2 313-367 minutes	68	8.77	1.57 (0.75, 3.26)
Tertile 1 114-312 minutes	99	7.35	2.04 (1.04, 4.03)
p-value for trend (using tertile median values)			*0.05*

*From full case-cohort n=681. Unless otherwise noted, values are provided as hazards ratios (with 95% confidence intervals) for CVD event Model: systolic blood pressure, age, sex, race, pre-existing CVD or diabetes, smoking, BMI, total cholesterol/HDL cholesterol ratio, kidney allograft vintage and type (deceased vs. living donor), calcineurin inhibitor use, lipid lowering drug use, eGFR, natural log urinary albumin/creatinine, and natural log plasma hsCRP

Supplemental Table 2. Diabetes as an effect modifier of the relationship between fetuin-A and cardiovascular disease

Fetuin-A	*No. of Events (total =309)	Event Rate, per 100 PY	HR (95% CI)
No History of Diabetes			
Per SD decrease	109	1.93	1.10 (0.82, 1.48)
Tertile 3 >0.46-0.71 g/L	32	1.88	1.00 (reference)
Tertile 2 >0.38-0.46 g/L	40	1.83	1.28 (0.68, 2.40)
Tertile 1 0.19-0.38 g/L	37	2.09	1.17 (0.57, 2.37)
p-value for trend (using tertile median values)			*0.65*
History of Diabetes			
Per SD decrease	202	7.25	1.48 (1.10, 1.98)
Tertile 3 >0.46-0.71 g/L	32	6.62	1.00 (reference)
Tertile 2 >0.38-0.46 g/L	60	5.12	2.11 (0.95, 4.68)
Tertile 1 0.19-0.38 g/L	110	9.42	3.58 (1.63, 7.86)
p-value for trend (using tertile median values)			*<0.01*

*From case-cohort n=681. Unless otherwise noted, values are provided as hazards ratios (with 95% confidence intervals) for CVD event Model: systolic blood pressure, age, sex, race, pre-existing CVD or diabetes, smoking, BMI, total cholesterol/HDL cholesterol ratio, kidney allograft vintage and type (deceased vs. living donor), calcineurin inhibitor use, lipid lowering drug use, eGFR, natural log urinary albumin/creatinine, and natural log plasma hsCRP.