

**The Prospective Studies of Atherosclerosis (Proof-ATHERO) consortium:
Design and rationale**

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Electronic Supplementary Material

Table S1. Study acronyms, full study names, and study references in the Proof-ATHERO consortium

Study acronym or first author	Full study name
General population	
AIR [1]	Atherosclerosis and Insulin Resistance Study
ARIC [2]	Atherosclerosis Risk in Communities Study
BRUN [3]	Bruneck Study
CAPS [4]	Carotid Atherosclerosis Progression Study
CCCC [5]	Chin-Shan Community Cardiovascular Cohort
CHS [6]	Cardiovascular Health Study
CMCS-BEIJING [7]	Chinese Multi-Provincial Cohort Study (Beijing)
DIWA [8]	Diabetes and Insulin Resistance in Women Study
EAS [9]	Edinburgh Artery Study
EPICARDIAN [10]	Epidemiología Cardiovascular en los Ancianos en España Study
EVA [11]	Étude sur la Vieillesse Artérielle Study
HOORN [12]	Hoorn Study
INVADE [13]	Interventionsprojekt zerebrovaskuläre Erkrankungen und Demenz im Landkreis Ebersberg
JHS [14]	Jackson Heart Study
KIHD [15]	Kuopio Ischemic Heart Disease Risk Factor Study
MESA [16]	Multi-Ethnic Study of Atherosclerosis
NOMAS-INVEST [17]	Northern Manhattan Study and The Oral Infections and Vascular Disease Epidemiology Study
PIVUS [18]	Prospective Investigation of the Vasculature in Uppsala Seniors Study
PLIC [19]	Presence and Progression of Lesions in Carotid Arteries Study
ROTTERDAM [20]	Rotterdam Study
SAPHIR [21]	Salzburg Atherosclerosis Prevention Program in Subjects at High Individual Risk
High-risk populations	
BK REGISTRY [22]	BK Registry Study
CREED [23]	Cardiovascular Risk Extended Evaluation in Dialysis Patients
CSN [24]	Campania Salute Network
Ekart [25]	Study Ekart et al.
HD-IMT [26]	HD-IMT Study
Honda [27]	Study Honda et al.
IMPROVE [28]	Carotid Intima Media Thickness and IMT-Progression as Predictors of Vascular Events in a High Risk European Population Study
Kato [29]	Study Kato et al.
Landecho [30]	Study Landecho et al.
NIGUARDA-MONZINO [31]	Niguarda-Monzino Study
OSACA2 [32]	Osaka Follow-up Study for Carotid Atherosclerosis 2
Papagianni [33]	Study Papagianni et al.
POPPOSTU [34]	Poznań Prospective Study of Type-1 Diabetic Patients
RIAS [35]	Resistive Index in Atherosclerosis Study
SPARC [36]	SPARC Study
3SCO [37]	Hiroshima-Shobara-Soryo Cohort
Clinical trials	
ACAPS [38]	Asymptomatic Carotid Artery Progression Study
ALLO-IMT [39]	ALLO-IMT Study
ASAP-NL [40]	Atorvastatin vs. Simvastatin on Atherosclerosis Progression Study
ATIC [41]	Anti-oxidant Therapy in Chronic Renal Insufficiency Study
AUDITOR [42]	Atherosclerosis Underlying Development Assessed by Intima-Media Thickness in Patients on Rimonabant Study
BAS [43]	Beijing Atherosclerosis Study
BK REGISTRY II [44]	BK Registry II Study
CAMERA [45]	Carotid Atherosclerosis - Metformin for Insulin Resistance Study
CAPTIVATE [46]	Carotid Atherosclerosis Progression Trial Investigating Vascular ACAT Inhibition
CERDIA [47]	Cerivastatin in Diabetes Trial
CONTRAST [48]	Convective Transport Study
EGE STUDY [49]	Ege Study

ENHANCE [50]	Ezetimibe and Simvastatin in Hypercholesterolemia Enhances Atherosclerosis Regression Trial
FACIT [51]	Folic Acid and Carotid Intima-media Thickness Study
GRACE [52]	Glucose Reduction and Atherosclerosis Continuing Evaluation Study
Gresele [53]	Study Gresele at al.
HART [54]	Homocysteine and Atherosclerosis Reduction Trial
KIMVASC [55]	KIMVASC Study
LIFE-ICARUS [56]	Losartan Intervention For Endpoint Reduction in Hypertension - Insulin Carotids US Scandinavia Study
Masia [57]	Study Masia et al.
MAVET [58]	Melbourne Atherosclerosis Vitamin E Trial
MEDICLAS [59]	Metabolic Effects of Different Classes of Antiretrovirals Study
MG600 [60]	Effects of Magnesium Supplementation on Vascular Structure and Function in Hypertensive Patients Study
Nakamura II [61]	Study Nakamura et al. II
OPAL [62]	Osteoporosis Prevention and Arterial Effects of Tibolone Study
PERIOCARDIO [63]	PerioCardio Study
PREVEND IT [64]	Prevention of Renal and Vascular Endstage Disease Intervention Trial
RADIANCE I [65]	Rating Atherosclerosis Disease Change by Imaging with a New CETP Inhibitor 1 Trial
RADIANCE II [66]	Rating Atherosclerosis Disease Change by Imaging with a New CETP Inhibitor 2 Trial
REGRESS [67]	Regression Growth Evaluation Statin Study
RIS [68]	Risk Factor Intervention Study
Safarova [69]	Study Safarova at al.
SECURE [70]	Study to Evaluate Carotid Ultrasound Changes in Patients Treated with Ramipril and Vitamin E
STARR [71]	Study of Atherosclerosis with Ramipril and Rosiglitazone
STOP-NIDDM [72]	Study to Prevent Non-Insulin-Dependent Diabetes Mellitus
VITAL [73]	Vital Study
WELCOME [74]	Wessex Evaluation of Fatty Liver and Cardiovascular Markers in NAFLD with Omacor Therapy Trial

Table S2. Ascertainment of cIMT in the Proof-ATHERO consortium

Study acronym or first author	cIMT definition									Measurement features									
	Section			Side			Wall			Type		Plaque avoided	Multiple scans	ECG gated	Same machine type	Same sonographer	Central reading	Angle control	Edge detection
	CCA	BIF	ICA	Right	Left	Average	Near	Far	Average	Mean	Max								
General population																			
AIR [1]	●	●	○	●	●	●	○	●	●	●	●	-	-	+	+	+	+	-	+ ^e
ARIC [2]	●	●	●	●	●	●	●	●	●	●	●	-	+	+	+	-	+	+	-
BRUN [3]	●	●	●	●	●	●	○	●	●	●	●	+	-	+	-	+	-	+	-
CAPS [4]	●	○	○	●	●	●	○	●	●	●	○	-	-	+	+	-	+	-	+ ^d
CCCC [5]	●	○	○	●	●	●	○	●	●	○	○	+	+	+	+	-	+	+	-
CHS [6]	●	○	○	●	●	●	○	●	●	○	○	-	+ ^a	-	+	-	+	+	-
CMCS-BEIJING [7]	●	●	●	●	●	●	○	○	●	●	●	+	-	-	-	-	+	+	-/+ ^e
DIWA [8]	●	○	○	●	●	●	○	●	●	●	●	-	-	+	+	+	+	-	+ ^e
EAS [9]	●	○	○	●	●	●	○	●	●	●	●	-	-	-	+	-	+	-	-
EPICARDIAN [10]	●	●	●	●	●	●	○	●	●	●	○	+	+	-	+	+	-	+	-
EVA [11]	●	○	○	●	●	●	○	●	●	●	○	+	-	-	+	-	+	+	+ ^d
HOORN [12]	●	○	○	●	○	●	○	●	●	●	○	+	+	+	+	+	+	+	+ ^d
INVADE [13]	●	○	○	●	●	●	○	●	●	●	○	+	+	-	+	+	+	+	+ ^d
JHS [14]	●	●	●	●	●	●	●	●	●	●	●	-	+	+	+	-	+	+	-
KIHD [15]	●	○	○	●	●	●	○	●	●	●	●	-	-	-	-	-	+	+	+ ^e
MESA [16]	●	○	○	●	●	●	○	○	●	●	●	+	+ ^{ab}	+	+	NR	+	+	+ ^d
NOMAS-INVEST [17]	●	●	●	●	●	●	●	●	●	●	●	+	+ ^b	-	+	+	+	+	+ ^e
PIVUS [18]	●	○	○	●	●	●	○	●	●	●	●	NR	-	+	+	+	+	-	+ ^e
PLIC [19]	●	○	○	●	●	●	○	●	●	●	●	+	+ ^b	+	+	+	+	-	+
ROTTERDAM [20]	●	○	○	●	●	●	○	●	●	●	●	-	+	+	+	-	+	-	-
SAPHIR [21]	●	●	●	●	●	●	○	○	●	●	○	+	+	-	+	+	+	+	-
High-risk populations																			
BK REGISTRY [22]	●	○	○	●	●	●	○	●	●	●	○	+	+	+	+	+	+	+	+ ^e
CREED [23]	●	○	○	○	○	●	○	●	●	●	○	+	-	+	+	+	-	+	-
CSN [24]	●	●	●	●	●	●	●	●	●	○	○	-	-	-	+	-	+	-	-
Ekar [25]	●	●	●	●	●	●	○	●	●	●	○	+	+	-	+	+	+	+	-
HD-IMT [26]	●	○	○	●	○	●	○	●	●	○	○	-	-	+	+	+	-	-	-
Honda [27]	●	○	○	●	●	●	○	●	●	●	●	-	-	-	-	-	-	-	-
IMPROVE [28]	●	●	●	●	●	●	○	●	●	●	●	-	+	+ ^b	+	-	+	+	+ ^e
Kato [29]	●	○	○	○	○	●	○	●	●	●	●	+	-	-	+	+	+	+	+ ^e
Landecho [30]	●	○	○	●	●	●	○	○	●	○	○	+	-	-	-	-	-	-	-
NIGUARDA-MONZINO [31]	●	●	●	●	●	●	●	●	●	○	○	-	-	-	-	-	-	+	-
OSACA2 [32]	●	●	●	●	●	●	●	●	●	●	●	-	+ ^b	-	+	-	+	-	-
Papagianni [33]	○	○	○	●	●	●	○	●	●	●	●	+	-	+	+	+	+	-	-
POPPOSTU [34]	●	○	○	●	○	●	○	●	●	●	●	+	+	-	+	+	+	+	+ ^d
RIAS [35]	●	○	○	●	●	●	○	●	●	●	○	+	+	+	+	-	-	-	-
SPARC [36]	●	○	○	●	●	●	○	●	●	●	○	+	+	-	NR	NR	+	-	-
3SCO [37]	●	●	●	●	●	●	●	●	●	●	●	-	-	-	+	-	-	-	-
Clinical trials																			
ACAPS [38]	●	●	●	●	●	●	○	○	●	○	○	-	-	+	+	-	+	+	+ ^e
ALLO-IMT [39]	●	●	●	●	●	●	●	●	●	●	●	-	-	+	+	+	+	+	+ ^{de}
ASAP-NL [40]	●	●	●	●	●	●	●	●	●	●	○	-	-	-	+	-	+	+	+ ^e
ATIC [41]	●	○	○	●	○	●	○	●	●	●	○	+	+	+	+	+	+	-	+ ^d
AUDITOR [42]	●	●	●	●	●	●	○	●	●	●	○	-	-	+	+	-	+	+	-
BAS [43]	●	○	○	○	○	●	○	○	●	●	○	+	-	-	+	-	+	-	-
BK REGISTRY II [44]	●	●	●	○	●	●	○	●	●	●	○	+	+	+	+	+	+	+	+ ^e
CAMERA [45]	●	○	○	●	●	●	○	●	●	●	○	+	-	+	+	+	+	+	+ ^e
CAPTIVATE [46]	●	●	●	●	●	●	●	●	●	●	●	-	+	-	+	-	+	+	+ ^e
CERDIA [47]	●	●	●	●	○	●	○	○	●	●	●	+	-	+	+	-	+	+	+ ^e
CONTRAST [48]	●	○	○	●	●	●	●	●	●	●	●	-	+	+	-	-	+	+	-

EGE STUDY [49]	● ○ ○	● ● ●	○ ● ●	● ○	+	NR	NR	+	+	NR	NR	NR
ENHANCE [50]	● ● ●	● ● ●	○ ● ●	● ●	-	+ ^c	-	+	-	+	+	+ ^e
FACIT [51]	● ○ ○	○ ○ ●	○ ○ ●	● ●	-	+	+	+	-	+	+	+ ^d
GRACE [52]	● ● ●	● ● ●	● ● ●	● ●	-	+	-	-	-	+	+	-
Gresele [53]	● ○ ○	● ○ ●	● ○ ●	● ●	+	-	-	+	+	+	+	+ ^d
HART [54]	● ● ●	● ● ●	● ● ●	● ●	-	+	-	-	-	+	+	-
KIMVASC [55]	● ○ ○	● ● ●	○ ● ●	● ○	+	-	-	+	+	+	-	-
LIFE-ICARUS [56]	● ○ ○	● ● ●	○ ● ●	● ○	+	+ ^b	+	+	+	+	+	+ ^e
Masia [57]	● ○ ○	● ● ●	○ ● ●	● ●	NR	NR	NR	NR	NR	NR	NR	NR
MAVET [58]	● ○ ○	○ ○ ●	○ ○ ●	○ ●	NR	+	+	+	+	+	+	-
MEDICLAS [59]	● ○ ○	● ○ ●	○ ○ ●	● ○	+	+	-	+	+	+	-	-
MG600 [60]	● ○ ○	● ● ●	○ ○ ●	● ●	+	+	+	+	+	-	-	-
Nakamura II [61]	● ● ●	● ● ●	○ ● ●	● ●	+	-	+	+	+	+	+	-
OPAL [62]	● ● ●	● ● ●	● ● ●	● ●	-	+	+	+	-	+	+	-
PERIOCARDIO [63]	● ○ ○	● ● ●	○ ● ●	● ●	-	+	+	+	-	+	+	+ ^e
PREVEND IT [64]	● ○ ○	○ ● ●	○ ● ●	● ○	+	+	+	+	-	+	+	+ ^d
RADIANCE I [65]	● ● ●	● ● ●	● ● ●	● ●	-	+ ^c	+	+	-	+	+	+ ^e
RADIANCE II [66]	● ● ●	● ● ●	● ● ●	● ●	-	+ ^c	+	+	-	+	+	+ ^e
REGRESS [67]	● ● ●	● ● ●	● ● ●	● ●	-	-	-	-	-	+	+	+ ^d
RIS [68]	● ● ○	● ○ ●	○ ● ●	● ●	+	+	+	+	+	+	+	+ ^d
Safarova [69]	● ○ ○	● ● ●	○ ● ●	● ○	+	-	+	+	+	+	+	+ ^e
SECURE [70]	● ● ●	● ● ●	● ● ●	○ ●	-	+	-	-	-	+	+	-
STARR [71]	● ● ●	● ● ●	● ● ●	● ●	-	+	-	-	-	+	+	-
STOP-NIDDM [72]	● ○ ○	● ● ●	○ ● ●	● ●	NR	+	+	+	-	NR	NR	NR
VITAL [73]	● ○ ○	● ○ ●	○ ● ●	● ○	NR	NR	NR	NR	NR	NR	NR	NR
WELCOME [74]	● ○ ○	● ● ●	○ ● ●	● ○	+	+	+	+	+	+	+	+ ^d

●=provided, ○=not provided; BIF=carotid bifurcation, CCA=common carotid artery, cIMT=carotid intima-media thickness, ECG=electrocardiography, ICA=internal carotid artery, IMT=intima-media thickness. Full study names and references are provided in **Table S1**. ^aICA only. ^bOnly in a subset of the study population. ^cOnly at baseline and final follow-up. ^dAutomated. ^eSemi-automated.

Table S3. Ascertainment of carotid plaque in the Proof-ATHERO consortium

Study acronym or first author	Parameters					Detailed information on carotid plaque definition
	Status	Amount	Thickness	Area	Density ^a	
General population						
AIR [1]	●	●	●	●	●	Distinct area with an IMT >50% thicker than that of neighbouring sites
ARIC [2]	●	●	○	○	○	If two of three conditions are met: (1) wall shape (protrusion into the lumen, loss of alignment, rough boundary), (2) wall texture (brighter echoes than adjacent boundaries), and (3) wall thickness (IMT ≥1.5 mm)
BRUN [3]	●	●	●	○	○	Based on (1) wall surface (protrusion into the lumen or roughness of the arterial boundary) and (2) wall texture (echogenicity)
CAPS [4]	●	○	○	○	○	Focal protrusion of ≥1.8 mm
CCCC [5]	●	●	○	○	○	Grading as (1) normal or no observable plaque, (2) one small plaque with diameter stenosis <30%, (3) one medium plaque with 30-49% diameter stenosis or multiple small plaques, (4) one large plaque with 50-99% diameter stenosis or multiple plaques with at least one medium plaque, and (5) 100% occlusion
CHS [6]	●	○	○	○	●	Definition based on the greatest wall protrusion (i.e. IMT) and grading based on lesion surface, echogenicity, and texture characteristics as (1) no plaque (i.e. smooth surface and normal density and morphology), (2) high-risk plaque (i.e. irregular/ulcerated surface, echolucent, or heterogeneous texture), and (3) intermediate-risk plaque (i.e. any other combinations of lesion characteristics)
CMCS-BEIJING [7]	●	○	●	●	○	IMT ≥1.3 mm or focal structure encroaching into arterial lumen of ≥0.5 mm or ≥50% of surrounding IMT
EAS [9]	●	○	●	○	○	IMT >1.2 mm with advanced atherosclerotic plaque defined as IMT >2 mm
EVA [11]	●	●	●	○	○	Localised echo structures encroaching into the vessel lumen with a distance ≥1 mm between media-adventitia interface and lesion surface facing the lumen
INVADE [13]	●	○	○	○	○	Focal structure encroaching into the arterial lumen ≥0.5 mm or ≥50% of the surrounding IMT, or IMT >1.5 mm as measured from the media-adventitia interface to the intima-lumen interface
JHS [14]	●	○	○	○	○	If two of three conditions are met: (1) wall shape (protrusion into the lumen, loss of alignment, rough boundary), (2) wall texture (brighter echoes than adjacent boundaries), and (3) wall thickness (IMT ≥1.5 mm)
KIHD [15]	●	○	○	○	○	Distinct area either with mineralisation (bright echo, often producing a typical echogenic shadow) or with focal protrusion into the lumen
MESA [16]	●	○	○	○	●	Discrete, focal thickening ≥1.5 mm or ≥50% greater than the surrounding IMT
NOMAS-INVEST [17]	●	●	●	○	○	Focal wall thickening or protrusion into the lumen >50% greater than the surrounding thickness
PIVUS [18]	●	○	●	●	○	Local thickening of the intima-media by >50% vs. surrounding IMT
PLIC [19]	●	○	○	○	○	Focal plaque >1.3 mm in longitudinal resolution, lateral, or medial angle
ROTTERDAM [20]	●	○	○	○	○	Focal widening relative to adjacent segments, with protrusion into the lumen with calcified deposits or both calcified and non-calcified material
SAPHIR [21]	●	○	○	○	○	Grading as (1) normal, (2) vessel wall thickening <1 mm, (3) one minimal plaque ≤2 mm, (4) two moderate plaques ≤3 mm, (5) severe plaque >3 mm, and (6) completely obstructed lumen
High-risk populations						
BK REGISTRY [22]	●	○	●	○	○	Focal structure encroaching into arterial lumen by ≥50% of surrounding IMT or thickness >1.2 mm
CSN [24]	●	○	○	○	○	IMT >1.5 mm
IMPROVE [28]	●	●	●	●	○	IMT ≥1.5 mm
Kato [29]	●	○	○	○	○	IMT >1 mm
Landecho [30]	●	○	○	○	○	Echogenic structures encroaching on the vessel's lumen with a distinct area 50% greater than the IMT of neighbouring sites
NIGUARDA-MONZINO [31]	●	●	●	○	○	IMT ≥1.5 mm

Papagianni [33]	●	○	○	○	○	Faint grey echoes or bright white echoes protruding into the arterial lumen
SPARC [36]	●	○	○	●	○	Focal thickening >1 mm
Clinical trials						
BK REGISTRY II [44]	●	○	●	○	○	Localised thickening >1.2 mm not involving the whole carotid artery
CAMERA [45]	●	●	○	○	○	IMT ≥1.5 mm or focal encroachment into the arterial lumen ≥0.5 mm
CONTRAST [48]	●	●	○	○	○	Grading as (1) no plaque, (2) minimal plaque, (3) moderate plaque, and (4) severe plaque, where a moderate or severe plaque was generally defined as a focal structure that encroaches into the arterial lumen or demonstrates a thickness >1.5 mm
EGE STUDY [49]	●	○	●	○	○	NR
ENHANCE [50]	●	○	○	○	○	IMT >1.3 mm
LIFE-ICARUS [56]	●	○	○	○	○	Semi-quantitative grading of the amount of atherosclerotic lesions as (1) none, (2) very few, (3) few, (4) some, and (5) several
Masia [57]	●	○	○	○	○	NR
MG600 [60]	●	○	○	○	○	IMT ≥1.5 mm
WELCOME [74]	●	○	○	○	○	Focal thickening ≥50% greater than the surrounding wall or focal region with IMT >1.5 mm protruding into the lumen distinct from adjacent boundary

● =provided, ○ =not provided; IMT, intima-media thickness; NR, not reported. Full study names and references are provided in **Table S1**. *Density according to the Gray-Weale classification.

Table S4. Assessment of prevalent and incident disease in the Proof-ATHERO consortium

Study acronym or first author	Prevalent disease			Incident events		
	CHD	Stroke	Diabetes	CHD	Stroke	Death
General population						
AIR [1]	+	+	++	++	++	*
ARIC [2]	++	++	++	++	++	**
BRUN [3]	++	++	++	++	++	**
CAPS [4]	+	+	+	++	++	**
CCCC [5]	++	++	++	NR	++	*
CHS [6]	++	++	++	++	++	**
CMCS-BEIJING [7]	++	++	++	++	++	**c
DIWA [8]	+	+	++	++	++	*
EAS [9]	++	+	+	++	++	**c
EPICARDIAN [10]	++	++	++	++	++	*
EVA [11]	+	+	++	++ ^b	++ ^b	**
HOORN [12]	+ / ++	+ / ++	++	++	++	**
INVADE [13]	++	++	++	++	++	**
JHS [14]	+	+	++	+	+	— ^a
KIHD [15]	++	+	++	++	++	**
MESA [16]	+	— ^a	++	++	++	**
NOMAS-INVEST [17]	+	+	++	++	++	**
PIVUS [18]	+	+	+ / ++	++	++	**
PLIC [19]	NR	NR	++	NR	NR	NR
ROTTERDAM [20]	++	++	++	++	++	**
SAPHIR [21]	++	++	++	++	++	**
High-risk populations						
BK REGISTRY [22]	++	—	++	++	++	*/**
CREED [23]	NR	NR	NR	++	++	**
CSN [24]	++	++	++	++	++	**
Ekart [25]	NR	—	NR	NR	NR	NR
HD-IMT [26]	NR	NR	NR	NR	NR	NR
Honda [27]	NR	++	NR	++ ^b	++ ^b	**
IMPROVE [28]	++	++	++	++	++	**
Kato [29]	++	++	++	++	++	**
Landecho [30]	++	++	++	++	++	**
NIGUARDA-MONZINO [31]	++	++	++	++	++	**
OSACA2 [32]	+	+	++	++	++	*
Papagianni [33]	++	+	++	++	+	*/**
POPSTU [34]	++	+	++	++	++	*
RIAS [35]	++	++	++	++	++	**
SPARC [36]	NR	NR	NR	++	++	**
3SCO [37]	++	++	++	++	++	**
Clinical trials						
ACAPS [38]	+	+	+	++	++	**
ALLO-IMT [39]	+	++	+	++	++	*
ASAP-NL [40]	—	—	++	—	—	—
ATIC [41]	+ / ++	+ / ++	+ / ++	— ^a	— ^a	— ^a
AUDITOR [42]	—	—	++	—	—	—
BAS [43]	+	+	+	—	+	—
BK REGISTRY II [44]	++	—	++	++	++	*/**
CAMERA [45]	++	+	++	++	++	**
CAPTIVATE [46]	—	—	++	—	—	—
CERDIA [47]	++	—	++	++	++	**
CONTRAST [48]	+	+	+	++	++	**
EGE STUDY [49]	NR	NR	NR	++	++	**
ENHANCE [50]	— ^a	++	++	++	++	**
FACIT [51]	+	+	+	—	—	*
GRACE [52]	++	++	++	++	++	**
Gresele [53]	++	++	++	++	++	**
HART [54]	++	++	++	++	++	**
KIMVASC [55]	— ^a	— ^a	NR	NR	—	NR

LIFE-ICARUS [56]	++	++	++	++	++	**
Masia [57]	NR	NR	++	NR	–	NR
MAVET [58]	– ^a	– ^a	– ^a	–	–	–
MEDICLAS [59]	–	–	–	+	+	*
MG600 [60]	++	++	++	++	++	**
Nakamura II [61]	NR	NR	NR	NR	NR	NR
OPAL [62]	+	+	+	+	+	*
PERIOCARDIO [63]	+	+	+	+	+	**
PREVEND IT [64]	+	– ^a	+	++	++	*
RADIANCE I [65]	+	–	++	++	++	**
RADIANCE II [66]	+	–	++	++	++	**
REGRESS [67]	++	–	++	– ^a	– ^a	– ^a
RIS [68]	++	++	++	++	++	**
Safarova [69]	++	++	++	++	++	*
SECURE [70]	++	++	++	++	++	**
STARR [71]	++	++	++	++	++	**
STOP-NIDDM [72]	++	NR	++	++	++	NR
VITAL [73]	+	+	++	++	++	**
WELCOME [74]	++	++	++	++	++	**

–, not provided; +, self-report only; ++, self-report supplemented by objective criteria (e.g.: electrocardiography, echocardiography, enzymes, imaging); *, based on death certificate only; **, based on death certificate supplemented by medical record; CHD, coronary heart disease; NR, not reported; Full study names and references are provided in **Table S1**. ^aRecorded but not provided. ^bFatal events only. ^cCardiovascular disease only. Coronary heart disease is classified as International Classification of Diseases-10 coding I20-I25, including myocardial infarction and angina pectoris. Stroke is classified as International Classification of Diseases-10 coding I61-I69.

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