**Table S2 – Definition of each type of disease**

|  |  |
| --- | --- |
| Coronary artery disease diagnoses (CACS) | Abbreviation |
| No evidence of coronary calciumMinimal coronary calcium burden (1-10)Mild coronary calcium burden (10-100)Moderate coronary calcium burden (>100-400)Extensive coronary calcium burden (>400) | No CCBMinimal CCBMild CCBMod CCBExtensive CCB |
| Coronary artery disease diagnosis (CTA) |  |
| Mild CAD (< 50% luminal narrowing)Moderate CAD (>50% luminal narrowing)Significant CAD (> 75% luminal narrowing) | Mild CADMod CADSignificant CAD |
| Number of vessels involved |  |
| One vesselTwo vesselsThree vesselsFour vessels | Single vesselDouble vesselTriple vesselQuadruple vessel |
| Type of plaque |  |
| CalcifiedNon-calcifiedMixed | CalcifiedNon-calcifiedMixed |
| Aortic dilatation | > 40 mm in males> 35 mm in females |
| High PVC Burden | > 720 PVCs/24 hours (measured on a Holter) |
| \*Coronary artery definitions were based on reports by Rumberger et al.[[1]](#footnote-1) and Tsiflikas et al.(31)Aortic dilatation definitions were based on Braverman et al. and included dilated ascending aorta.(25) \*\*Sajadleh et al. report that frequent PVCs (> 30/hour) are a significant predictor of combined (HR 2.47, 95% CI, 1.29 to 4.68, p = 0.006) and cardiovascular (hazard ratio 2.85, 95% CI, 1.16 to 7.0, p = 0.023) event rates, after adjustment for conventional risk factors.(24) |

1. Rumberger JA, Brundage BH, Rader DJ, Kondos G. Electron beam computed tomographic coronary calcium scanning: a review and guidelines for use in asymptomatic persons. *Mayo Clin Proc*. 1999;74(3):243-52. [↑](#footnote-ref-1)