SUPPLEMENTARY DATA

Table 1 of the supplementary data. Medications of the study population at baseline and at 5 years according to the UKPDS risk category

	Low risk (n = 126)	Intermediate risk (n = 228)	High risk (n = 235)
Antiplatelet agent			
Baseline	40 (31.7)	66 (28.9)	93 (39.6)
5 years	43 (71.8)*	126 (70.4)[b]	142 (79.8)[c]
Lipid-lowering agent			
Baseline	54 (42.9)	77 (33.8)	71 (30.2)
5 years	57 (67.1)[a]	101 (56.4)[b]	120 (67.4)[c]
ACEI or ARB			
Baseline	43 (34.1)	76 (33.3)	75 (31.9)
5 years	31 (36.9)[a]	68 (38.2)[b]	89 (50.0)[c]
Beta-blocker			
Baseline	9 (7.1)	16 (7.0)	28 (11.9)
5 years	12 (14.3)*	25 (14.0)[b]	45 (25.3)[c]
Calcium channel blocker			
Baseline	29 (23.0)	48 (21.1)	69 (29.4)
5 years	30 (35.7)[a]	61 (34.3) [b]	81 (45.5)‡

ACEI*;* angiotensin converting enzyme inhibitor; ARB*;* angiotensin receptor blocker; UKPDS*;* United Kingdom Prospective Diabetes Study.

The data are expressed as No. (%).

[a]Data were available in 85 patients for lipid-lowering and antiplatelet agents and in 84 for ACEI or ARB, beta-blockers, and calcium channel blockers.

[b]Data were available in 179 patients for lipid-lowering and antiplatelet agents and 178 for ACEI or ARB, beta-blocker, and calcium channel blockers.

[c]Data were available in 178 patients.

Table 2 of the supplementary data. Medications of the study population at baseline and at 5 years according to the degree of stenosis on CCTA

		Nonobstructive CAD (n = 234)	Obstructive CAD (n = 184)
Antiplatelet agent			
Baseline	44 (25.7)	75 (32.1)	80 (43.5)
5 years	53 (43.1)[a]	131 (74.9)[b]	127 (88.2)[c]
Lipid-lowering agent			
Baseline	53 (31.0)	91 (38.9)	58 (31.5)
5 years	58 (47.2)[a]	104 (59.4)[b]	116 (80.6)[c]
ACEI or ARB			
Baseline	43 (25.1)	74 (31.6)	77 (41.8)
5 years	42 (34.1)[a]	77 (44.3)[b]	69 (48.3)[c]
Beta-blocker			
Baseline	10 (5.8)	16 (6.8)	27 (14.7)
5 years	11 (8.9)[a]	16 (9.2)[b]	55 (38.5)[c]
Calcium channel blocker			
Baseline	38 (22.2)	55 (23.5)	53 (28.8)
5 years	32 (26.0)[a]	52 (29.9)[b]	88 (61.5)[c]

ACEI, angiotensin converting enzyme inhibitor; ARB, angiotensin receptor blocker; CAD, coronary artery disease; CCTA, coronary computed tomography angiography.

The data are expressed as No. (%).

[a]Data on medication status were available in 123.

[b]Data on medication status were available in 175 for lipid-lowering agent and antiplatelet agent, and 174 for ACEI or ARB, beta-blocker, and calcium channel blocker.

[c]Data on medication status were available in 144 for lipid-lowering agent and antiplatelet agent, and 143 for ACEI or ARB, beta-blocker, and calcium channel blocker.

Table 3 of the supplementary data. Harrell c-index, net reclassification index, and integrated discrimination index for the primary outcome on top of the Framingham risk, Globorisk score systems

Model	Harrell c-index	95%CI	*P**
Model 0: Framingham risk category	0.584	0.529 to 0.640	Reference
Model 1: model 0 + degree of stenosis by CCTA	0.671	0.616 to 0.726	.002
Model 2: model 0 + CACS by CCTA	0.648	0.592 to 0.703	.009
Model 3: model 0 + degree of stenosis and CACS by CCTA	0.685	0.631 to 0.740	< .001
Model	Harrell c-index	95%CI	*P**
Model 0: Globorisk category	0.709	0.651 to 0.766	Reference
Model 1: model 0 + degree of stenosis by CCTA	0.748	0.693 to 0.803	.018
Model 2: model 0 + CACS by CCTA	0.729	0.671 to 0.788	.097
Model 3: model 0 + degree of stenosis and CACS by CCTA	0.750	0.695 to 0.804	.017

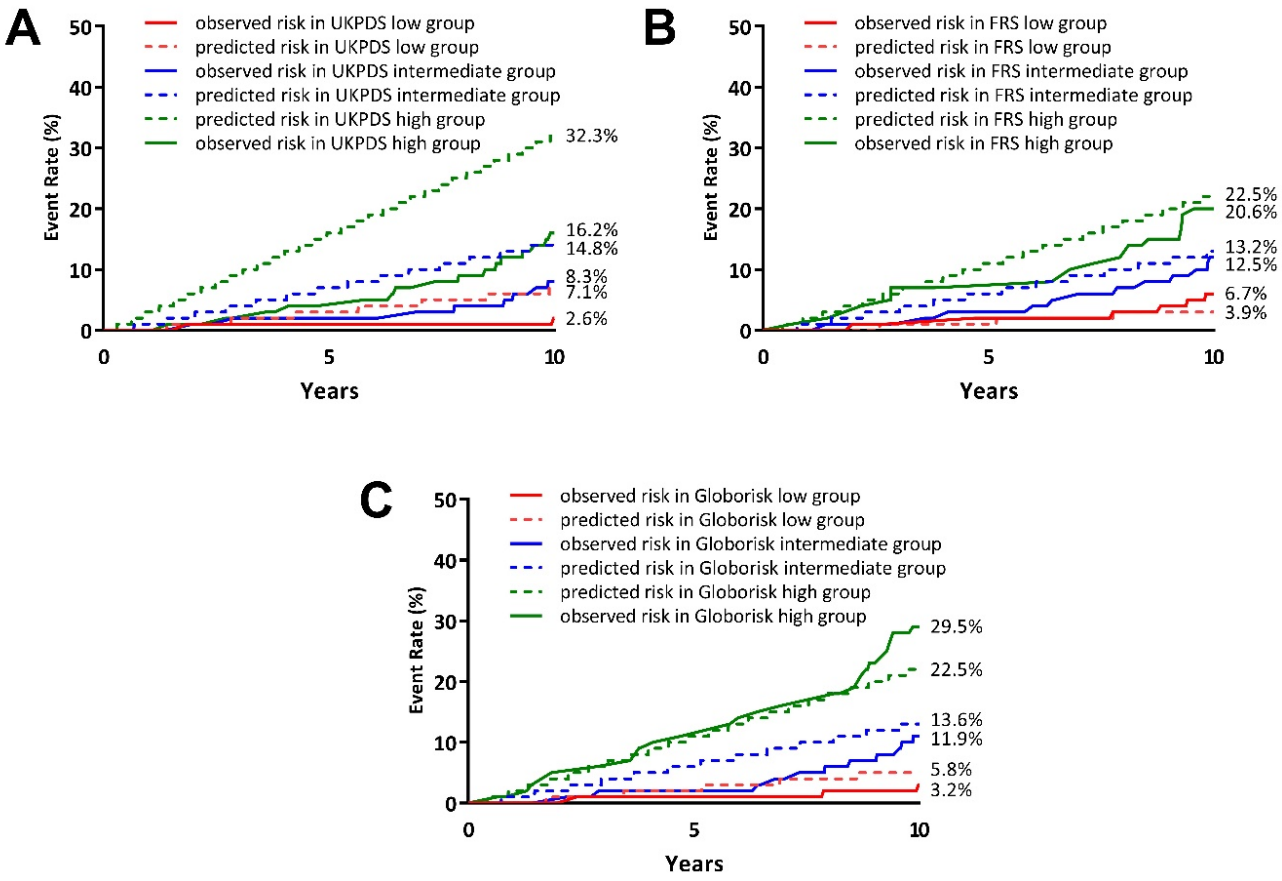
Model	NRI (95%CI)	*P*	IDI (95%CI)	*P*
Model 0: Framingham risk category	Reference	Reference	Reference	Reference
Model 1: model 0 + degree of stenosis by CCTA	0.269 (−0.021 to 0.523)	0.096	0.039 (0.013 to 0.081)	< .001
Model 2: model 0 + CACS by CCTA	0.379 (0.002 to 0.580)	0.043	0.027 (0.004 to 0.069)	.010
Model 3: model 0 + degree of stenosis and CACS by CCTA	0.352 (−0.002 to 0.623)	0.054	0.045 (0.017 to 0.096)	< .001
Model	NRI (95%CI)	P	IDI (95%CI)	*P*
Model 0: Globorisk category	Reference	Reference	Reference	Reference
Model 1: model 0 + degree of stenosis by CCTA	0.379 (−0.090 to 0.462)	0.317	0.011 (−0.001 to 0.050)	.076
Model 2: model 0 + CACS by CCTA	0.371 (−0.064 to 0.469)	0.527	0.002 (−0.003 to 0.022)	.430
Model 3: model 0 + degree of stenosis and CACS by CCTA	0.379 (−0.086 to 0.482)	0.316	0.011 (−0.0002 to 0.057)	.054

CACS, coronary artery calcium score; CI, confidence interval; IDI, integrated discrimination index; NRI, net reclassification index.

**P* was calculated by the paired difference in the Harrell C-index with model 0.

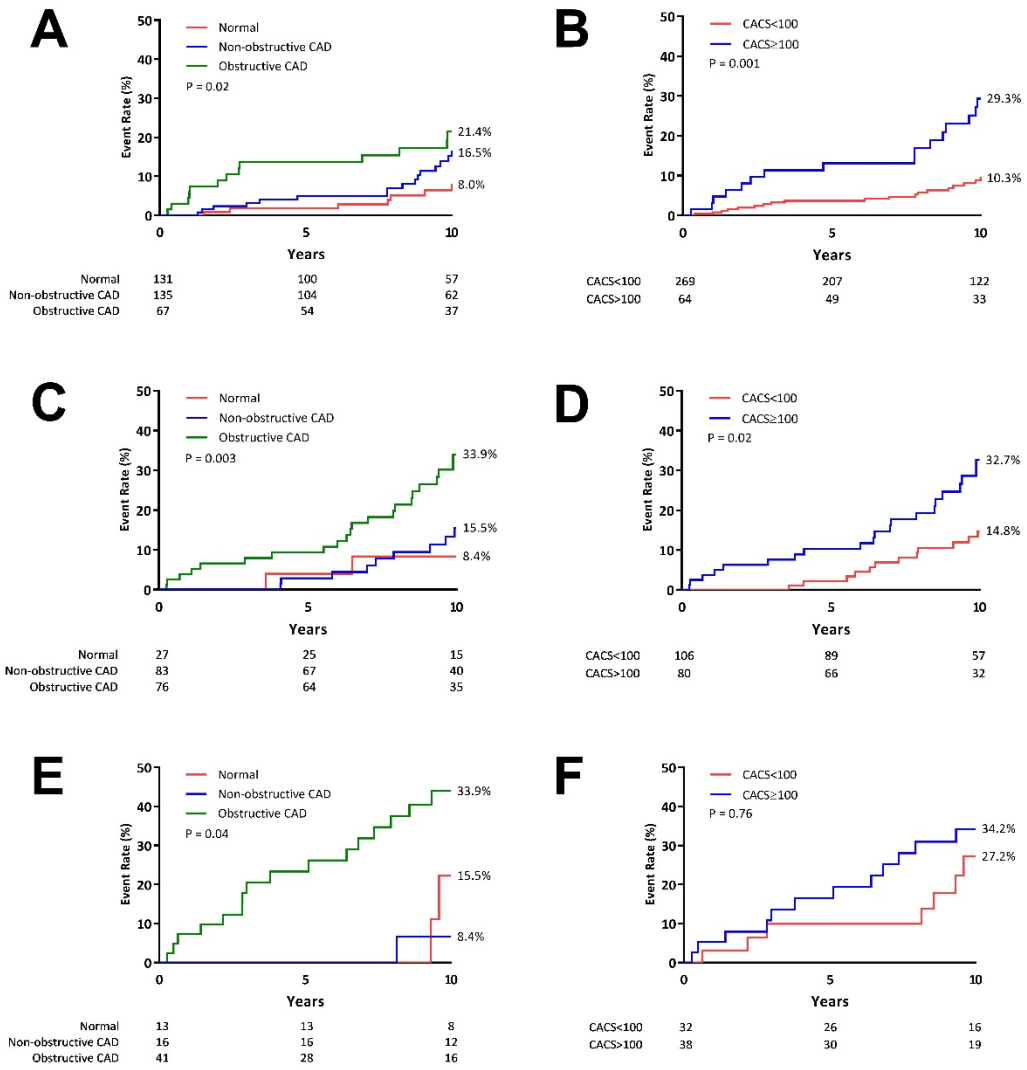
Risk percentile cutoffs for NRI according to the approximate 20th and 80th percentiles of predicted risk based on model 0 were 15.3% and 20.5% for the Framingham risk score, 3.6% and 11.8% for the Globorisk score.

Figure 1 of the supplementary data. Actual and predicted event curves for the composite outcome of cardiac death, myocardial infarction, unstable angina requiring hospitalization, and revascularization according to (A) the UKPDS risk group (B) the Framingham risk score group, and actual and predicted event curves for the cardiac death according to (C) the Globorisk group.



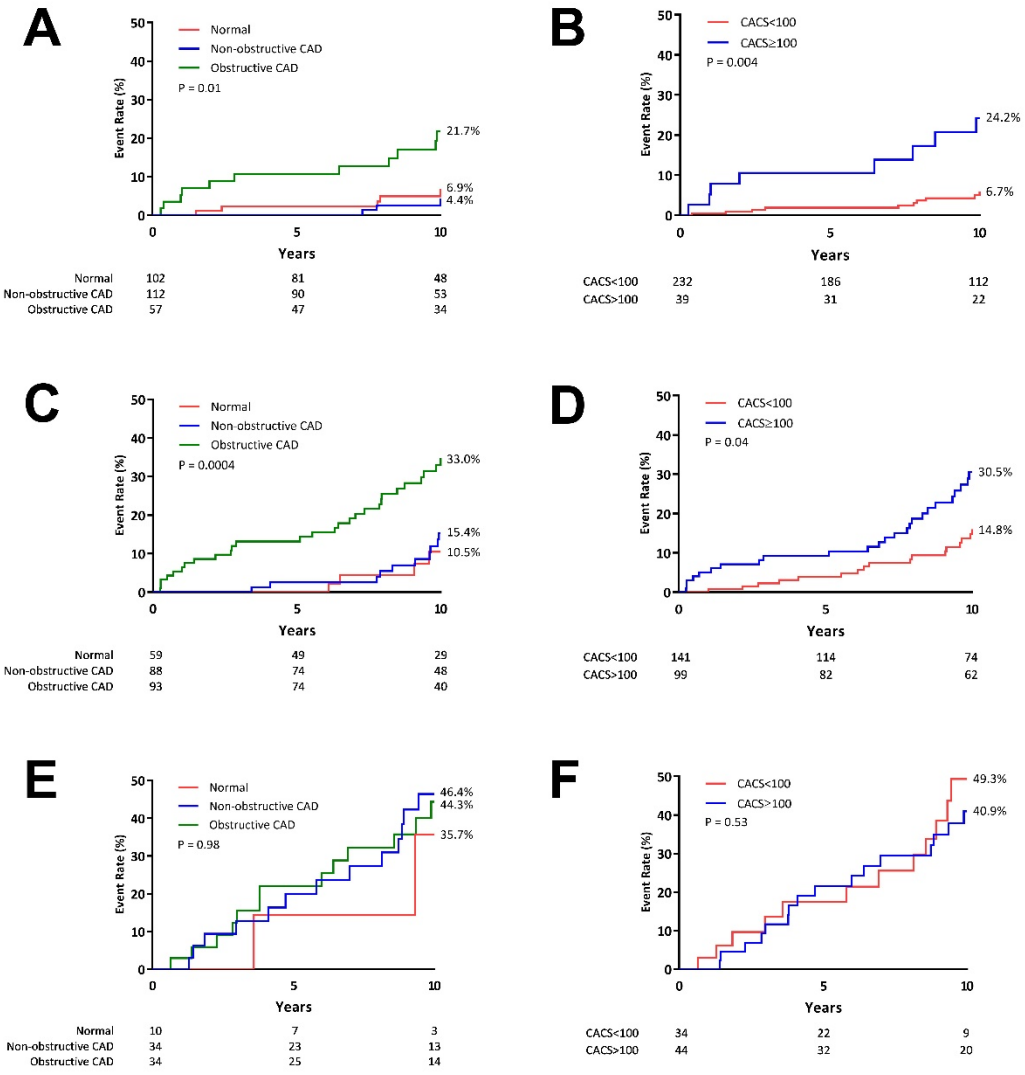
FRS, Framingham risk score; UKPDS, United Kingdom prospective diabetes study.

Figure 2 of the supplementary data. Event curves for the composite outcome of cardiac death, myocardial infarction, unstable angina requiring hospitalization, and revascularization according to the FRS category and severity of coronary artery disease or CACS category on CCTA.



Overall graphs are divided according to the FRS group; low (10-year FRS < 10%; upper), intermediate (10-year FRS 10%-20%; middle), and high risk (10-year FRS ≥ 20%; lower). Left graphs show the event curve according to the severity of CAD on CCTA. Right graphs show the event curve according to the CACS category.
CAD, coronary artery disease; CACS, coronary artery calcium score; CCTA, coronary computed tomography angiography; FRS, Framingham risk score.

Figure 3 of the supplementary data. Event curves for the composite outcome of cardiac death, myocardial infarction, unstable angina requiring hospitalization, and revascularization according to the Globorisk category and severity of coronary artery disease or CACS category on CCTA.



Overall graphs are divided according to the Globorisk of fatal cardiovascular disease; low (Globorisk < 10%; upper), intermediate (Globorisk 10%-20%; middle), and high risk (Globorisk ≥ 20%; lower) groups. Left graphs show the event curve according to the severity of CAD on CCTA. Right graphs show the event curve according to the CACS category.

CAD, coronary artery disease; CACS, coronary artery calcium score; CCTA, coronary computed tomography angiography.