Supplemental Material

Modeled PFOA Exposure and Coronary Artery Disease, Hypertension, and High Cholesterol in Community and Worker Cohorts

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Figure S1. Timing of surveys and time periods covered by retrospective and prospective analyses.
Figure S2. Retrospective Serum PFOA concentration estimates.
Figure S3. HR and 95% CI for prospective analysis, combined cohorts, cumulative exposure with Bayesian calibration, all ages, both genders. Quintile cut points (in µg/ml•yr) were: hypertension: <0.213, 0.213-<0.349, 0.349-<0.673, 0.673-<1.823, ≥1.823; hypercholesterolemia: <0.215, 0.215-<0.352, 0.352-<0.656, 0.656-<1.763, ≥1.763; coronary artery disease: <0.218, 0.218-<0.396, 0.396-<0.775, 0.775-<2.143, ≥2.143. Models were stratified by single-year birth year and controlled for gender and the interaction between gender and age. Models also controlled for years of schooling (not time-varying; <12 years, high school diploma/GED, some college, or bachelor’s degree or higher), race (white vs. non-white or missing), smoking (time-varying; current, former, none), smoking duration (time varying), smoking pack years (time-varying linear term created by multiplying the self-reported number of packs smoked per day by the smoking duration to that point), regular alcohol consumption (time-varying; current, former, none), BMI (at time of first study survey; underweight, normal, overweight, obese), and self-reported type 2 diabetes (time-varying according to reported age at diagnosis).
Table S4. HR and 95% CI for hypertension, retrospective analysis, cumulative exposure, community cohort only. Models were stratified by single-year birth year and were either stratified by gender or controlled for gender and the interaction between gender and age. Models also controlled for years of schooling (not time-varying; <12 years, high school diploma/GED, some college, or bachelor’s degree or higher), race (white vs. non-white or missing), smoking (time-varying; current, former, none), smoking duration (time varying), smoking pack years (time-varying linear term created by multiplying the self-reported number of packs smoked per day by the smoking duration to that point), regular alcohol consumption (time-varying; current, former, none), BMI (at time of first study survey; underweight, normal, overweight, obese), and self-reported type 2 diabetes (time-varying according to reported age at diagnosis).
Figure S5. HR and 95% CI for hypertension, retrospective analysis, cumulative exposure, combined cohorts, both genders, all ages, varying end year. Models were stratified by single-year birth year and controlled for gender and the interaction between gender and age. Models also controlled for years of schooling (not time-varying; <12 years, high school diploma/GED, some college, or bachelor’s degree or higher), race (white vs. non-white or missing), smoking (time-varying; current, former, none), smoking duration (time varying), smoking pack years (time-varying linear term created by multiplying the self-reported number of packs smoked per day by the smoking duration to that point), regular alcohol consumption (time-varying; current, former, none), BMI (at time of first study survey; underweight, normal, overweight, obese), and self-reported type 2 diabetes (time-varying according to reported age at diagnosis).
Figure S6. HR and 95% CI for hypercholesterolemia, retrospective analysis, cumulative exposure, community cohort only. Models were stratified by single-year birth year and were either stratified by gender or controlled for gender and the interaction between gender and age. Models also controlled for years of schooling (not time-varying; <12 years, high school diploma/GED, some college, or bachelor’s degree or higher), race (white vs. non-white or missing), smoking (time-varying; current, former, none), smoking duration (time varying), smoking pack years (time-varying linear term created by multiplying the self-reported number of packs smoked per day by the smoking duration to that point), regular alcohol consumption (time-varying; current, former, none), BMI (at time of first study survey; underweight, normal, overweight, obese), and self-reported type 2 diabetes (time-varying according to reported age at diagnosis).
Figure S7. HR and 95% CI for hypercholesterolemia, retrospective analysis, yearly exposure, combined cohorts, both genders, all ages, varying end year. Models were stratified by single-year birth year and controlled for gender and the interaction between gender and age. Models also controlled for years of schooling (not time-varying; <12 years, high school diploma/GED, some college, or bachelor’s degree or higher), race (white vs. non-white or missing), smoking (time-varying; current, former, none), smoking duration (time varying), smoking pack years (time-varying linear term created by multiplying the self-reported number of packs smoked per day by the smoking duration to that point), regular alcohol consumption (time-varying; current, former, none), BMI (at time of first study survey; underweight, normal, overweight, obese), and self-reported type 2 diabetes (time-varying according to reported age at diagnosis).
Figure S8. HR and 95% CI for coronary artery disease, retrospective analysis, cumulative exposure, community cohort only. Models were stratified by single-year birth year and were either stratified by gender or controlled for gender and the interaction between gender and age. Models also controlled for years of schooling (not time-varying; <12 years, high school diploma/GED, some college, or bachelor’s degree or higher), race (white vs. non-white or missing), smoking (time-varying; current, former, none), smoking duration (time varying), smoking pack years (time-varying linear term created by multiplying the self-reported number of packs smoked per day by the smoking duration to that point), regular alcohol consumption (time-varying; current, former, none), BMI (at time of first study survey; underweight, normal, overweight, obese), and self-reported type 2 diabetes (time-varying according to reported age at diagnosis).
Figure S9. HR and 95% CI for coronary artery disease, retrospective analysis, yearly exposure, combined cohorts, men only, all ages, varying end year. Models were stratified by single-year birth year and were restricted to men. Models controlled for years of schooling (not time-varying; <12 years, high school diploma/GED, some college, or bachelor’s degree or higher), race (white vs. non-white or missing), smoking (time-varying; current, former, none), smoking duration (time varying), smoking pack years (time-varying linear term created by multiplying the self-reported number of packs smoked per day by the smoking duration to that point), regular alcohol consumption (time-varying; current, former, none), BMI (at time of first study survey; underweight, normal, overweight, obese), and self-reported type 2 diabetes (time-varying according to reported age at diagnosis).