

Supplementary Material

Genetic variants associated with NAFLD do not associate with measures of sub-clinical atherosclerosis. Results from the IMPROVE study

Luigi Castaldo^{1,2,*}, Federica Laguzzi³, Rona J. Strawbridge^{4,5,6}, Damiano Baldassarre^{7,8}, Fabrizio Veglia⁷, Lorenzo Vigo⁷, Elena Tremoli⁷, Ulf de Faire³, Per Eriksson⁶, Andries Smit⁹, Jiri Aubrecht¹⁰, Karin Leander³, Matteo Pirro¹¹, Philip Giral¹², Alberto Ritieni², Giovanni Di Minno¹, Anders Mälarstig⁶ & Bruna Gigante⁶, on behalf of IMPROVE study group.

¹Department of Clinical Medicine and Surgery, University of Naples "Federico II", Naples, Italy,

²Department of Pharmacy, University of Naples "Federico II", Naples, Italy,

³Unit of Cardiovascular and Nutritional Epidemiology, Institute of Environmental Medicine, Karolinska Institutet

⁴Mental Health and Wellbeing, Institute of Health and Wellbeing, University of Glasgow
Glasgow, UK

⁵Health Data Research UK

⁶Cardiovascular Medicine, Dept of Medicine, Karolinska Institutet, Stockholm, Sweden.

⁷Centro Cardiologico Monzino, IRCCS, Milan, Italy

⁸Department of Medical Biotechnology and Translational Medicine, University of Milan, Milan, Italy

⁹Department of Medicine, Division of vascular medicine University Medical Center Groningen, Groningen, The Netherlands

¹⁰Takeda Pharmaceuticals International Co., Cambridge, Massachusetts, USA.

¹¹Unit of Internal Medicine, Department of Medicine, University of Perugia, Perugia, Italy

¹²Unités de Prévention Cardiovasculaire, Assistance Publique-Hôpitaux de Paris, Service Endocrinologie-Metabolisme, Groupe Hôpitalier Pitie-Salpetriere, Paris, France

*luigi.castaldo2@unina.it

1. Complete list of IMPROVE study group

- *Dipartimento di Scienze Farmacologiche e Biomolecolari, Università di Milano, Milan, Italy:* C.R. Sirtori, S. Castelnovo, L. Calabresi.
- *Centro Cardiologico Monzino, IRCCS, Milan Italy:* M. Amato, B. Frigerio, A. Ravani, D. Sansaro, D. Coggi, CC. Tedesco, A. Bonomi,
- *Cardiovascular Medicine Unit. Dept of Medicine Karolinska Institutet and Karolinska University Hospital Solna, Sweden:* A. Silveira, L. Nilsson, P. Fahlstadius.
- *University College of London, Department of Medicine, Rayne Institute, London, United Kingdom:* J. Cooper, J. Acharya, S.E. Humphries.
- *Foundation for Research in Health Exercise and Nutrition, Kuopio Research Institute of Exercise Medicine, Kuopio, Finland:* K. Huttunen, E. Rauramaa, H Pekkarienen, I.M. Penttila, J. Törrönen, R. Rauramaa.
- *Department of Medicine, University Medical Center Groningen, Groningen & Isala Clinics Zwolle, Department of Medicine; the Netherlands:* A.I. van Gessel, A.M van Roon, G.C. Teune, W.D. Kuipers, M. Bruin, A. Nicolai, P. Haarsma-Jorritsma, D.J. Mulder, H.J.G. Bilo, G.H. Smeets, A.J. Smit.

- *Assistance Publique - Hôpitaux de Paris; Service Endocrinologie-Metabolisme, Groupe Hospitalier Pitié-Salpêtrière, Unités de Prévention Cardiovasculaire, Paris, France: J.L. Beaudeau, J.F. Kahn, V. Carreau, A. Kontush, P. Giral.*
- *Institute of Public Health and Clinical Nutrition, University of Eastern Finland, Kuopio Campus: J. Karppi, T. Nurmi, K. Nyyssönen, R. Salonen, T.P. Tuomainen, J. Tuomainen, J. Kauhanen, S. Kurl.*
- *Internal Medicine, Angiology and Arteriosclerosis Diseases, Department of Clinical and Experimental Medicine, University of Perugia, Perugia, Italy: G. Vaudo, A. Alaeddin, D. Siepi, G. Lupattelli, E. Mannarino.*

2. Ethics

The study was designed in accordance with the rules of Good Clinical Practice, and with the ethical principles established in the Declaration of Helsinki. Each participant provided two different informed consents; one for general participation in the study and one for genotyping. The study was approved by the Institutional Review Board (IRB) at each one of the seven recruiting centers: (1) the Regional Ethics Review Board at Karolinska Institutet, Stockholm Sweden, (2) IRB at the Groupe Hospitalier Pitié-Salpêtrière, Paris, France, (3) the IRB Comitato Etico delle Aziende Sanitarie della regione Umbria, Perugia and (4) the IRB at the Ospedale Niguarda Ca'Granda, Milano, both in Italy, (5) the IRB at the University Hospital Groningen, Groningen, the Netherlands, (6) the IRB Hospital District of Northern Savo and (7) and the IRB at University of Eastern Finland, both in Kuopio, Finland. Each participant provided two different written consents one for general participation in the study and one for genotyping.

Table list

Supplementary Table S1. Distribution of c-IMT and ICCAD measures across rs738409 (C/G), rs10401969 (T/C), and rs1260326 (C/T) genotype groups in the different ALT quartiles.

Supplementary Table S2. Association of rs10401969 (T/C) with measures of c-IMT and ICCAD in the different ALT quartiles.

Supplementary Table S1. Distribution of c-IMT and ICCAD measures across rs738409 (C/G), rs10401969 (T/C), and rs1260326 (C/T) genotype groups in the different ALT quartiles.

Quartile	n		rs738409			rs10401969		rs1260326		
			CC	CG	GG	TT	CT+CC	CC	CT	TT
			(n=623)	(n=227)	(n=26)	(n=786)	(n=90)	(n=265)	(n=433)	(n=178)
I	876	c-IMT _{mean}	0.85	0.87	0.78	0.85	0.85	0.86	0.85	0.83
			(0.74-0.99)	(0.73-1.01)	(0.73-0.95)	(0.74-1.00)	(0.70-0.97)	(0.75-0.99)	(0.75-1.00)	(0.72-0.98)
		c-IMT _{max}	1.85	1.94	1.8	1.88	1.84	1.93	1.85	1.85
			(1.45-2.55)	(1.45-2.61)	(1.39-2.31)	(1.45-2.59)	(1.39-2.42)	(1.45-2.55)	(1.45-2.59)	(1.39-2.41)
		c-IMT _{mean-max}	1.21	1.22	1.13	1.21	1.22	1.23	1.22	1.17
			(1.04-1.41)	(1.04-1.48)	(1.00-1.36)	(1.04-1.42)	(1.04-1.41)	(1.05-1.42)	(1.05-1.42)	(1.02-1.42)
ICCAD	7.68	7.8	7.27	7.68	7.81	7.79	7.64	7.64		
	(7.17-8.27)	(7.20-8.30)	(6.92-7.89)	(7.15-8.24)	(7.22-8.34)	(7.20-8.25)	(7.15-8.30)	(7.10-8.15)		
			CC	CG	GG	TT	CT+CC	CC	CT	TT
			(n=632)	(n=274)	(n=23)	(n=827)	(n=102)	(n=279)	(n=413)	(n=237)
II	929	c-IMT _{mean}	0.85	0.85	0.88	0.85	0.84	0.86	0.85	0.84
			(0.74-0.98)	(0.76-0.99)	(0.74-1.04)	(0.75-0.98)	(0.74-1.03)	(0.74-1.02)	(0.75-0.97)	(0.74-0.98)
		c-IMT _{max}	1.85	1.88	1.93	1.85	1.84	1.85	1.85	1.85
			(1.45-2.50)	(1.39-2.42)	(1.48-2.42)	(1.45-2.42)	(1.39-2.61)	(1.45-2.61)	(1.48-2.42)	(1.39-2.41)
		c-IMT _{mean-max}	1.18	1.16	1.22	1.18	1.2	1.2	1.18	1.16
			(1.05-1.39)	(1.05-1.41)	(1.00-1.54)	(1.05-1.39)	(1.07-1.45)	(1.05-1.45)	(1.05-1.37)	(1.03-1.38)
ICCAD	7.67	7.79	7.89	7.69	7.8	7.81	7.69	7.6		
	(7.18-8.24)	(7.28-8.34)	(7.11-8.30)	(7.21-8.27)	(7.22-8.38)	(7.27-8.35)	(7.21-8.27)	(7.17-8.24)		
			CC	CG	GG	TT	CT+CC	CC	CT	TT
			(n=546)	(n=235)	(n=20)	(n=691)	(n=110)	(n=253)	(n=373)	(n=175)
III	801	c-IMT _{mean}	0.85	0.86	0.87	0.85	0.87	0.86	0.85	0.85
			(0.74-0.98)	(0.73-1.01)	(0.75-0.94)	(0.73-1.00)	(0.76-1.03)	(0.74-1.00)	(0.73-0.99)	(0.74-1.02)

		c-IMT _{max}	1.84 (1.39-2.41)	1.85 (1.39-2.51)	1.8 (1.42-2.59)	1.84 (1.39-2.41)	1.85 (1.48-2.51)	1.85 (1.45-2.5)	1.76 (1.39-2.32)	1.85 (1.35-2.5)
		c-IMT _{mean-max}	1.2 (1.02-1.42)	1.18 (1.03-1.41)	1.2 (1.07-1.33)	1.19 (1.02-1.40)	1.23 (1.06-1.49)	1.22 (1.03-1.42)	1.18 (1.02-1.38)	1.2 (1.03-1.45)
		ICCAD	7.68 (7.19-8.33)	7.78 (7.22-8.29)	7.8 (7.33-8.12)	7.73 (7.20-8.27)	7.78 (7.20-8.46)	7.84 (7.31-8.48)	7.64 (7.14-8.16)	7.64 (7.21-8.29)
			CC (n=453)	CG (n=249)	GG (n=39)	TT (n=631)	CT+CC (n=110)	CC (n=273)	CT (n=330)	TT (n=178)
IV	741	c-IMT _{mean}	0.84 (0.73-0.99)	0.85 (0.76-1.00)	0.78 (0.71-0.88)	0.83 (0.73-1.00)	0.88 (0.78-1.01)	0.86 (0.76-1.00)	0.85 (0.73-1.02)	0.82 (0.74-0.95)
		c-IMT _{max}	1.84 (1.36-2.50)	1.94 (1.45-2.59)	1.67 (1.20-2.22)	1.78 (1.35-2.50)	2.13 (1.67-2.61)	1.93 (1.45-2.51)	1.85 (1.35-2.59)	1.74 (1.39-2.31)
		c-IMT _{mean-max}	1.19 (1.02-1.40)	1.23 (1.04-1.44)	1.1 (0.98-1.28)	1.18 (1.01-1.39)	1.26 (1.11-1.48)	1.23 (1.05-1.43)	1.19 (1.01-1.44)	1.16 (1.02-1.36)
		ICCAD	7.87 (7.34-8.44)	7.92 (7.33-8.46)	7.56 (7.11-8.09)	7.87 (7.32-8.42)	7.84 (7.35-8.51)	7.97 (7.35-8.56)	7.8 (7.34-8.41)	7.72 (7.21-8.31)

Data are reported as median and IQR. Minor allele frequency (%) for each quartile (Q): rs738409-G Q1:16, Q2:17, Q3:17, Q4:22; rs10401969-C Q1:5, Q2:5, Q3:7, Q4:8; rs1260326-T Q1:45, Q2:47, Q3:45, Q4:44. Abbreviations: *n* number of subjects

Supplementary Table S2. Association of rs10401969 (T/C) with measures of c-IMT and ICCAD in the different ALT quartiles.

ù	<i>n</i>	Ultrasonographic measures	Model 1			Model 2		
			β	SE	<i>p</i>	β	SE	<i>p</i>
I	876	c-IMT _{mean}	0.003	0.013	0.765	-0.004	0.009	0.667
		c-IMT _{max}	-0.01	0.019	0.574	-0.021	0.011	0.224
		c-IMT _{mean-max}	0.002	0.011	0.847	-0.006	0.01	0.559
		ICCAD	0.005	0.005	0.309	0.002	0.004	0.697
II	929	c-IMT _{mean}	0.003	0.009	0.704	-0.008	0.008	0.317
		c-IMT _{max}	0	0.168	1	-0.015	0.016	0.33
		c-IMT _{mean-max}	0.006	0.01	0.558	-0.007	0.009	0.432
		ICCAD	0.005	0.005	0.275	-0.001	0.004	0.866
III	801	c-IMT _{mean}	0.012	0.009	0.177	0.003	0.008	0.756
		c-IMT _{max}	0.015	0.017	0.378	-0.002	0.016	0.894
		c-IMT _{mean-max}	0.016	0.01	0.092	0.005	0.009	0.575
		ICCAD	0.005	0.005	0.254	0	0.004	0.958
IV	741	c-IMT _{mean}	0.024	0.01	0.015	0.016	0.009	0.077
		c-IMT _{max}	0.051	0.018	0.004	0.039	0.016	0.018
		c-IMT _{mean-max}	0.031	0.01	0.003	0.022	0.009	0.021
		ICCAD	0.006	0.005	0.227	0.001	0.004	0.769

Abbreviations: *n* number of subjects. Model 1 univariate analysis

Model 2 adjusted for age, sex and population structure All c-IMT variables and ALT were logarithmically transformed before statistical analysis