



Supplemental material

Plasma copper concentration is associated with cardiovascular mortality in male kidney transplant recipients

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1. Table of content.

- **Table S1.** Baseline characteristics of male KTR.....3
- **Table S2.** Baseline characteristics of female KTR.5
- **Table S3.** Effect-modification of pre-specified baseline characteristics on the associations of plasma copper concentration with cardiovascular mortality in KTR.....7
- **Table S4.** Association of plasma copper concentration with all-cause mortality, non-cardiovascular mortality and graft failure in KTR.....8
- **Table S5.** Sensitivity analyses of the association of plasma copper concentration with risk of cardiovascular mortality in male KTR, after exclusion of patients according to different criteria.....9

Table S1. Baseline characteristics of male KTR.

| | Tertiles of plasma copper concentration ^π | | | <i>p</i> ^γ |
|--|--|---------------------|---------------------|-----------------------|
| | Tertile 1 | Tertile 2 | Tertile 3 | |
| n | 126 | 121 | 123 | — |
| Plasma copper concentration, µmol/L | 12.12 (11.02–12.75) | 14.64 (14.01–15.11) | 17.31 (16.37–18.88) | — |
| Demographic and body composition | | | | |
| Age, years | 50 ± 13 | 54 ± 12 | 55 ± 13 | 0.002 |
| Caucasian ethnicity, n (%) | 124 (98) | 121 (100) | 123 (100) | 0.33 |
| Body mass index, kg/m ² | 25.5 ± 3.7 | 26.8 ± 4.3 | 27.0 ± 4.5 | 0.01 |
| Waist circumference, cms ^a | 97.5 ± 13 | 102 ± 12 | 104 ± 14 | 0.001 |
| Renal allograft function | | | | |
| eGFR, mL/min/1.73 m ² | 53 ± 20 | 52 ± 19 | 54 ± 21 | 0.58 |
| Proteinuria, n ^b (%) ^b | 31 (25) | 38 (31) | 32 (26) | 0.46 |
| Renal transplant | | | | |
| Preemptive transplantation, n (%) | 21 (17) | 17 (14) | 11 (9) | 0.19 |
| Dialysis duration before transplantation, months | 20 (5–49) | 26 (10–51) | 28 (11–50) | 0.26 |
| Living donor, n (%) | 48 (38) | 36 (30) | 43 (35) | 0.38 |
| Donor age, years ^c | 44 ± 15 | 43 ± 16 | 43 ± 16 | 0.69 |
| Donor sex (male), n (%) ^d | 55 (44.4) | 54 (45.4) | 60 (49.6) | 0.69 |
| Time since transplantation, years | 5.83 (2.35–12.2) | 5.84 (1.73–13.3) | 5.28 (1.54–9.99) | 0.73 |
| Immunosuppressive therapy | | | | |
| Prednisolone use, n (%) | 126 (100) | 119 (98) | 122 (99) | 0.22 |
| Calcineurin inhibitor use, n (%) | 73 (58) | 71 (59) | 74 (60) | 0.94 |
| Proliferation inhibitor use, n (%) | 98 (78) | 104 (86) | 105 (85) | 0.16 |
| Acute rejection treatment, n (%) | 39 (31) | 32 (26) | 41 (33) | 0.49 |
| Cardiovascular history | | | | |
| History of cardiovascular disease, n (%) | 24 (19) | 31 (26) | 42 (34) | 0.03 |
| Previous myocardial infarction, n (%) | 4 (3) | 7 (6) | 12 (10) | 0.10 |
| Previous cerebrovascular event, n (%) | 1 (1) | 3 (2) | 6 (5) | 0.13 |
| Previous vascular intervention, n (%) | 11 (9) | 18 (15) | 18 (15) | 0.26 |
| Systolic blood pressure, mmHg | 136 ± 15 | 139 ± 17 | 137 ± 17 | 0.43 |
| Diastolic blood pressure, mmHg- | 84 ± 11 | 84 ± 11 | 85 ± 10 | 0.61 |
| Antihypertensive use, n (%) | 109 (87) | 113 (93) | 110 (89) | 0.20 |
| Total cholesterol, mmol/L | 4.73 ± 0.91 | 5.09 ± 1.15 | 5.15 ± 1.13 | 0.004 |

| | | | | |
|---|--------------------|---------------------|----------------------|--------|
| Low-density lipoprotein-cholesterol, mmol/L ^b | 2.70 ± 0.75 | 3.01 ± 1.01 | 3.10 ± 0.94 | 0.001 |
| High-density lipoprotein-cholesterol, mmol/L ^b | 1.25 ± 0.41 | 1.30 ± 0.42 | 1.22 ± 0.38 | 0.24 |
| Triglycerides, mmol/L | 1.85 ± 0.91 | 2.02 ± 1.26 | 2.01 ± 1.19 | 0.42 |
| Statin use, n (%) | 67 (53) | 68 (56) | 60 (49) | 0.51 |
| Diabetic subjects, n (%) | 19 (15) | 27 (22) | 39 (32) | 0.01 |
| Hemoglobin, mmol/L | 8.41 (1.07) | 8.41 (1.03) | 8.41 (1.14) | 0.99 |
| Inflammation and oxidative stress | | | | |
| Leukocyte count, 10 ⁹ /L ^b | 8.05 (6.60–9.55) | 7.40 (6.40–9.10) | 7.70 (6.35–9.65) | 0.34 |
| High-sensitivity C-reactive protein, nmol/L ^f | 11.02 (4.72–22.03) | 25.18 (12.59–49.57) | 77.11 (25.18–141.63) | <0.001 |
| Plasma malondialdehyde, µmol/L ^g | 2.57 (2.02–3.54) | 2.27 (1.78–4.04) | 2.50 (2.01–4.28) | 0.41 |
| Lifestyle | | | | |
| Smoking behavior, n (%) ^h | | | | 0.76 |
| Current | 17 (14) | 17 (14) | 18 (16) | |
| Previous | 52 (44) | 60 (50) | 47 (42) | |
| Never | 49 (42) | 42 (35) | 46 (41) | |
| Alcohol intake >30g/day, n (%) ⁱ | 4 (4) | 9 (8) | 9 (8) | 0.28 |
| SQUASH score, minutes/week × intensity | 5805 (2528–7946) | 6240 (3840–10440) | 4720 (1320–8610) | 0.007 |

^aTertile 1: <0.86 mg/L. Tertile 2: 0.86–1.00 mg/L, Tertile 3: >1.00 mg/L. ^bDifferences were tested by ANOVA for continuous variables with normal distribution, Kruskal–Wallis test for continuous variables with non–normal distribution and by χ^2 test for categorical variables. Data available in ^a360, ^b369, ^c363, ^d364, ^e353, ^f350, ^g366, ^h346 and ⁱ337 KTR. KTR, kidney transplant recipients; eGFR, estimated glomerular filtration rate; SQUASH, Short QUestionnaire to ASsess Health–enhancing physical activity.

Table S2. Baseline characteristics of female KTR.

| | Tertiles of plasma copper concentration ^a | | | <i>p</i> [¶] |
|--|--|---------------------|---------------------|-----------------------|
| | Tertile 1 | Tertile 2 | Tertile 3 | |
| <i>n</i> | 97 | 96 | 97 | — |
| Plasma copper concentration, µmol/L | 13.69 (13.06–14.64) | 16.68 (16.05–17.31) | 20.46 (19.20–23.60) | — |
| Demographic and body composition | | | | |
| Age, years | 54 ± 12 | 54 ± 13 | 52 ± 14 | 0.57 |
| Caucasian ethnicity, <i>n</i> (%) | 97 (100) | 95 (99) | 97 (100) | 0.33 |
| Body mass index, kg/m ² | 26.4 ± 4.9 | 26.8 ± 5.6 | 27.5 ± 6.1 | 0.33 |
| Waist circumference, cms ^a | 93 ± 14 | 94 ± 15 | 98 ± 18 | 0.05 |
| Renal allograft function | | | | |
| eGFR, mL/min/1.73 m ² ^b | 52 ± 21 | 50 ± 19 | 48 ± 21 | 0.39 |
| Proteinuria, <i>n</i> (%) | 12 (12) | 18 (19) | 20 (21) | 0.28 |
| Renal transplant | | | | |
| Preemptive transplantation, <i>n</i> (%) | 17 (18) | 17 (18) | 20 (21) | 0.83 |
| Dialysis duration before transplantation, months | 22 (8–47) | 26 (11–48) | 22 (8–48) | 0.73 |
| Living donor, <i>n</i> (%) | 36 (37) | 35 (37) | 31 (32) | 0.72 |
| Donor age, years ^c | 44 ± 15 | 42 ± 16 | 43 ± 15 | 0.63 |
| Donor sex (male), <i>n</i> (%) ^d | 54 (56) | 51 (56) | 60 (64) | 0.47 |
| Time since transplantation, years | 5.02 (2.15–12.5) | 5.90 (2.72–12.1) | 4.48 (1.62–12.3) | 0.52 |
| Immunosuppressive therapy | | | | |
| Prednisolone use, <i>n</i> (%) | 96 (99) | 94 (98) | 96 (99) | 0.70 |
| Calcineurin inhibitor use, <i>n</i> (%) | 57 (59) | 48 (50) | 59 (61) | 0.27 |
| Proliferation inhibitor use, <i>n</i> (%) | 81 (84) | 82 (85) | 79 (81) | 0.76 |
| Acute rejection treatment, <i>n</i> (%) | 16 (17) | 23 (24) | 22 (23) | 0.40 |
| Cardiovascular history | | | | |
| History of cardiovascular disease, <i>n</i> (%) | 15 (16) | 22 (23) | 24 (25) | 0.24 |
| Previous myocardial infarction, <i>n</i> (%) | 3 (3) | 3 (3) | 3 (3) | 0.99 |
| Previous cerebrovascular event, <i>n</i> (%) | 5 (5) | 6 (6) | 3 (3) | 0.55 |
| Previous vascular intervention, <i>n</i> (%) | 6 (6) | 9 (9) | 3 (3) | 0.20 |
| Systolic blood pressure, mmHg | 133 ± 17 | 135 ± 20 | 133 ± 19 | 0.80 |
| Diastolic blood pressure, mmHg | 80 ± 10 | 82 ± 12 | 80 ± 10 | 0.33 |
| Antihypertensive use, <i>n</i> (%) | 81 (84) | 82 (85) | 85 (88) | 0.72 |
| Total cholesterol, mmol/L | 5.22 ± 1.11 | 5.35 ± 1.23 | 5.44 ± 1.20 | 0.42 |

| | | | | |
|--|-------------------|--------------------|---------------------|--------|
| Low-density lipoprotein-cholesterol, mmol/L | 2.95 ± 0.96 | 3.06 ± 0.94 | 3.15 ± 1.02 | 0.36 |
| High-density lipoprotein-cholesterol, mmol/L | 1.52 ± 0.52 | 1.58 ± 0.50 | 1.56 ± 0.53 | 0.72 |
| Triglycerides, mmol/L | 1.82 ± 0.83 | 1.85 ± 0.85 | 1.98 ± 0.93 | 0.39 |
| Statin use, n (%) | 54 (56) | 56 (58) | 46 (47) | 0.28 |
| Diabetic subjects, n (%) | 21 (22) | 22 (23) | 28 (29) | 0.46 |
| Hemoglobin, mmol/L | 8.11 (0.91) | 7.71 (0.94) | 7.70 (0.93) | 0.002 |
| Inflammation and oxidative stress | | | | |
| Leukocyte count, 10 ⁹ /L ^b | 7.50 (6.10–9.30) | 7.10 (5.50–8.93) | 8.30 (6.60–11.1) | 0.01 |
| High-sensitivity C-reactive protein, nmol/L ^f | 8.57 (3.81–15.05) | 15.24 (8.57–35.24) | 40.00 (18.57–95.71) | <0.001 |
| Plasma malondialdehyde, µmol/L ^b | 2.62 (2.07–3.66) | 2.50 (1.90–3.87) | 2.64 (1.90–3.61) | 0.77 |
| Lifestyle | | | | |
| Smoking behavior, n (%) ^h | | | | 0.93 |
| Current | 9 (10) | 9 (10) | 8 (9) | |
| Previous | 44 (45) | 40 (43) | 42 (45) | |
| Never | 38 (42) | 45 (48) | 43 (46) | |
| Alcohol intake >30g/day, n (%) ^h | 3 (3) | 1 (1) | 2 (2) | 0.87 |
| SQUASH score, minutes/week × intensity | 5040 (2040–6870) | 4560 (2130–6611) | 4560 (1800–6960) | 0.68 |

^aTertile 1: <0.97 mg/L. Tertile 2: 0.97–1.13 mg/L, Tertile 3: >1.13 mg/L. ^bDifferences were tested by ANOVA for continuous variables with normal distribution, Kruskal–Wallis test for continuous variables with non–normal distribution and by χ^2 test for categorical variables. Data available in ^a278, ^b289, ^c279, ^d281, ^e282, ^f274, ^g275 and ^h261 KTR. KTR, kidney transplant recipients; eGFR, estimated glomerular filtration rate; SQUASH, Short QUestionnaire to ASsess Health–enhancing physical activity.

Table S3. Effect-modification of pre-specified baseline characteristics on the associations of plasma copper concentration with cardiovascular mortality in KTR.

| Pre-specified potential effect-modifiers | <i>p</i> interaction |
|--|----------------------|
| Sex, male | 0.01 |
| Body mass index, kg/m ² | 0.69 |
| Systolic blood pressure, mmHg | 0.97 |
| Total cholesterol, mmol/L | 0.64 |
| Low-density lipoprotein-cholesterol, mmol/L | 0.47 |
| High-density lipoprotein-cholesterol, mmol/L | 0.08 |
| High-sensitivity C-reactive protein, nmol/L | 0.16 |
| Leukocyte count, 10 ⁹ /L | 0.48 |

Cox-proportional hazards regression analyses were performed with the inclusion of multiplicative interaction terms. KTR, kidney transplant recipients.

Table S4. Association of plasma copper concentration with all-cause mortality, non-cardiovascular mortality and graft failure in KTR.

| | Copper plasma concentration (ln, per 1-SD increase) | | | | | | | | |
|-------------------------------------|---|-----------|------|----------|-----------|------|------------|-----------|------|
| | Overall KTR | | | Male KTR | | | Female KTR | | |
| | HR | 95% CI | p | HR | 95% CI | p | HR | 95% CI | p |
| All-cause mortality | | | | | | | | | |
| Crude | 1.16 | 0.99–1.37 | 0.07 | 1.39 | 1.08–1.79 | 0.01 | 1.07 | 0.83–1.39 | 0.59 |
| Model 1 | 1.15 | 0.96–1.39 | 0.14 | 1.22 | 0.94–1.58 | 0.13 | 1.09 | 0.83–1.44 | 0.53 |
| Model 2 | 1.18 | 0.99–1.43 | 0.07 | 1.27 | 0.98–1.62 | 0.07 | 1.10 | 0.82–1.46 | 0.53 |
| Model 3 | 1.16 | 0.96–1.39 | 0.12 | 1.27 | 0.99–1.64 | 0.06 | 1.09 | 0.82–1.44 | 0.55 |
| Model 4 | 1.11 | 0.92–1.33 | 0.30 | 1.17 | 0.91–1.50 | 0.22 | 1.04 | 0.78–1.38 | 0.80 |
| Model 5 | 1.13 | 0.95–1.35 | 0.18 | 1.23 | 0.95–1.59 | 0.12 | 1.04 | 0.80–1.36 | 0.76 |
| Model 6 | 1.12 | 0.91–1.38 | 0.27 | 1.15 | 0.87–1.51 | 0.33 | 1.11 | 0.79–1.55 | 0.55 |
| Non-cardiovascular mortality | | | | | | | | | |
| Crude | 1.04 | 0.84–1.29 | 0.72 | 1.03 | 0.74–1.43 | 0.88 | 1.06 | 0.77–1.44 | 0.74 |
| Model 1 | 0.98 | 0.77–1.24 | 0.85 | 0.88 | 0.64–1.24 | 0.48 | 1.08 | 0.77–1.51 | 0.67 |
| Model 2 | 1.01 | 0.80–1.23 | 0.90 | 0.97 | 0.69–1.36 | 0.85 | 1.07 | 0.75–1.52 | 0.73 |
| Model 3 | 0.98 | 0.78–1.24 | 0.88 | 0.95 | 0.69–1.31 | 0.76 | 1.07 | 0.76–1.51 | 0.69 |
| Model 4 | 0.95 | 0.74–1.20 | 0.65 | 0.87 | 0.63–1.21 | 0.42 | 1.00 | 0.72–1.42 | 0.95 |
| Model 5 | 0.97 | 0.77–1.23 | 0.82 | 0.90 | 0.64–1.27 | 0.55 | 1.06 | 0.76–1.49 | 0.72 |
| Model 6 | 1.05 | 0.80–1.37 | 0.73 | 0.95 | 0.66–1.38 | 0.81 | 1.13 | 0.75–1.70 | 0.57 |
| Graft failure | | | | | | | | | |
| Crude | 0.85 | 0.68–1.07 | 0.16 | 0.86 | 0.62–1.18 | 0.35 | 0.82 | 0.58–1.18 | 0.29 |
| Model 1 | 0.85 | 0.67–1.08 | 0.19 | 0.87 | 0.62–1.21 | 0.41 | 0.79 | 0.56–1.11 | 0.17 |
| Model 2 | 0.84 | 0.66–1.07 | 0.15 | 0.93 | 0.66–1.33 | 0.70 | 0.73 | 0.51–1.03 | 0.07 |
| Model 3 | 0.86 | 0.68–1.09 | 0.21 | 0.88 | 0.63–1.22 | 0.44 | 0.77 | 0.54–1.09 | 0.14 |
| Model 4 | 0.79 | 0.61–1.00 | 0.05 | 0.82 | 0.58–1.15 | 0.25 | 0.71 | 0.49–1.02 | 0.06 |
| Model 5 | 0.82 | 0.64–1.04 | 0.09 | 0.84 | 0.60–1.18 | 0.31 | 0.74 | 0.51–1.06 | 0.10 |
| Model 6 | 0.84 | 0.65–1.09 | 0.18 | 0.81 | 0.57–1.16 | 0.25 | 0.80 | 0.54–1.18 | 0.27 |

Model 1: adjustment for age, sex and BMI. Model 2: model 1 + eGFR, time since transplantation and dialysis time before transplantation. Model 3: model 1 + calcineurin inhibitor use, proliferation inhibitor use. Model 4: model 1 + SBP, history of previous cardiovascular disease and hemoglobin.. Model 5: model 1 + total cholesterol, low-density lipoprotein cholesterol, diabetes history. Model 6: model 1 + SQUASH score + high-sensitivity C-reactive protein. KTR, kidney transplant recipients; ln, natural logarithm, SD, standard deviation; HR, hazard ratio; CI, confidence interval; SQUASH, Short QUestionnaire to ASsess Health-enhancing physical activity.

Supplemental Table 5. Sensitivity analyses of the association of plasma copper concentration with risk of cardiovascular mortality in male KTR, after exclusion of patients according to different criteria.

| | Copper plasma concentration (ln, per 1-SD increment) | | | |
|---|--|------|-----------|----------|
| | <i>n</i> events | HR | 95% CI | <i>p</i> |
| With eGFR <30 mL/min/1.73 m ² | 35 | 2.24 | 1.42–3.55 | 0.001 |
| Who died within the 1 st year of follow-up | 30 | 1.74 | 1.10–2.75 | 0.02 |
| Outside -2 and +2 SD of plasma copper concentration | 30 | 1.83 | 1.19–2.81 | 0.01 |

Cox proportional-hazards regression analyses were performed with adjustment for age and body mass index. KTR, kidney transplant recipients; ln, natural logarithm, SD, standard deviation; HR, hazard ratio; CI, confidence interval; eGFR, estimated glomerular filtration rate.