Supplementary: Table 2: Cardiovascular Disease Prediction Equations, Populations, Inputs, and Outcomes

CVD Risk Equations	Study participants	Risk factors included in the	Predicted outcomes
		models	
INTERHEART laboratory-	Participants were	Age, Apolipoprotein B: A1,	MI
based <sup>1</sup> .	recruited from 252	smoking status, second-hand	
	centers across 52	smoke, diabetes, high blood	
	countries worldwide	pressure, WHR, psychosocial	
	for a case-control	factors (general stress,	
	study, with cases	depression), dietary factor,	
	and controls	physical activity	
	recruited between		
	1999 and 2003		
INTERHEART non-	Same as above	Age, smoking status, second-	Same as above
laboratory-based <sup>1</sup>		hand smoke, self-reported	
		diabetes, self-reported high	
		blood pressure, family history	
		of heart attack, WHR,	
		psychosocial factors (general	
		stress, depression), dietary	
		factors, physical activity	
PARS <sup>2</sup> .	Irfan cohort (Iranian	Age, sex, total cholesterol,	Fatal (MI or stroke
	adults recruited in	systolic blood pressure,	death) and non-fatal
	2001 and followed	diabetes, smoking, family	CVD (MI and stroke
	for at least ten	history of CVD, WHR	events)
	years)		
SPARS <sup>3</sup>	Same as above	Age, sex, systolic blood	Same as above
		pressure, self-reporting	
		history of diabetes, smoking,	

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		WHR	
EPIC-non-clinical <sup>4</sup>	EPIC-Potsdam	Age, sex, waist	Non-fatal (MI, and
	cohort, German part,	circumference, smoking	stroke), and fatal (MI,
	started in1998	status, self-reported	and stroke)
		hypertension, self-reported	
		diabetes, family history of	
		CVD, and consumption of	
		whole grain, red meat, coffee,	
		high-energy soft drinks, and	
		plant oil	
EPIC-Clinical <sup>4</sup>	Same as above	The above non-clinical inputs	Same as above
		(age, sex, waist	
		circumference, smoking	
		status, self-reported	
		hypertension, self-reported	
		diabetes, family history of	
		CVD, and consumption of	
		whole grain, red meat, coffee,	
		high-energy soft drinks, and	
		plant oil), along with systolic	
		and diastolic blood pressure,	
		total cholesterol, and HDL	
		cholesterol)	
D'Agostino Framingham	US (1968 to 1987)	Age, sex, smoking, history of	MI, angina, coronary
non-laboratory-based <sup>5</sup>		diabetes, systolic blood	insufficiency, CHD,
		pressure, treatment for	cerebrovascular event
		hypertension, BMI	(stroke, TIA), CHF,
			PAD, CVD death

D'Agostino Framingham laboratory-based 2008 <sup>5</sup> WHO 2019 laboratory- based <sup>6</sup> .	Same as above Derived using 85 prospective cohorts	Age, sex, smoking, diabetes, systolic blood pressure, treatment for hypertension, total cholesterol, HDL Age, smoking status, systolic blood pressure, history of diabetes, and total cholesterol	Same as above Fatal or non-fatal MI or CHD; fatal or non-fatal stroke
WHO 2019 Non- laboratory-based <sup>6</sup> .	Same as above	Age, smoking status, systolic blood pressure, BMI	Same as above
Ueda Globo-risk extension laboratory-based <sup>7</sup>	Eight prospective cohorts in the USA: Atherosclerosis Risk in Communities, Cardiovascular Health Study, Framingham Heart Study (original cohort), Framingham Heart Study (offspring cohort), Honolulu Heart Program, Multiple Risk Factor Intervention Trial, Puerto Rico Heart Health Program, and	Age, sex, smoking, blood pressure, diabetes, and total cholesterol.	Fatal and non-fatal CVD (IHD, stroke, MI)

	Women's Health		
	Initiative Clinical		
	Trial.		
Ueda Globo-risk extension	Same as above	Age, sex, smoking, blood	Same as above
non-laboratory-based <sup>7</sup>		pressure, BMI	

PARS: Persian Atherosclerotic Cardiovascular Disease Risk Stratification: SPARS: Simplified Non-Laboratory-Based PARS: EPIC: European Prospective Investigation into Cancer and Nutrition: CVD: Cardiovascular Disease: WHR: Waist-Hip Ratio: MI: Myocardial Infarction: CHD: Coronary Heart Disease: TIA: Transient Ischemic Attack: CHF: Congestive Heart Failure: PAD: Peripheral Artery Disease: IHD: Ischemic Heart Disease: BMI: Body Mass Index: HDL: High-Density Lipoprotein

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