

SUPPLEMENTARY DATA

Table 1 of the supplementary data

Comparison of the Healthy Heart Score components between participants in the development cohorts (HPFS, NHS), CARDIA, JHS, and the validation (ENRICA) cohort<sup>a</sup>

	Men					Women				
	HPFS	ENRICA		CARDIA	JHS	NHS	ENRICA		CARDIA	JHS
		Overall cohort	Participants without prior chronic diseases				Overall cohort	Healthy cohort		
Age, y	52 ± 9	47 ± 16	45 ± 16	25 ± 4	52 ± 12	52 ± 7	48 ± 17	46 ± 16	25 ± 4	53 ± 13
Smoking, %										
Never	49	39	40	57	62	44	56	54	57	78
Past	42	32	30	13	21	35	19	20	14	13
Current	9	29	30	30	17	21	25	26	29	9
Body mass index, kg/m <sup>2</sup>	25 ± 3	27 ± 4	27 ± 4	24 ± 4	29 ± 6	25 ± 4	26 ± 5	26 ± 5	25 ± 6	32 ± 7
Waist circumference, cm										
Physical activity, h/wk	2 ± 2	4 ± 4	4 ± 4	3 ± 2	1 ± 2	2 ± 2	2 ± 2	2 ± 2	2 ± 2	1 ± 2
Alcohol, g/d	11 ± 14	14 ± 19	13 ± 19	13 ± 17	8 ± 18	6 ± 10	4 ± 10	4 ± 10	5 ± 10	2 ± 7
Dietary components, serving/d										
Fruit and vegetables	5 ± 3	3 ± 2	3 ± 2	3 ± 2	7 ± 4	6 ± 3	3 ± 2	3 ± 2	4 ± 3	7 ± 5
Sugar-sweetened beverages	0 ± 1	1 ± 1	1 ± 1	2 ± 2	2 ± 2	0 ± 1	1 ± 1	1 ± 1	1 ± 2	2 ± 2

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Red and processed meats	1 ± 1	2 ± 1	2 ± 1	3 ± 2	3 ± 2	1 ± 1	1 ± 1	1 ± 1	3 ± 2	2 ± 2
Cereal fiber, g/d	6 ± 3	9 ± 4	9 ± 4	3 ± 3	2 ± 3	4 ± 2	8 ± 4	8 ± 4	3 ± 3	2 ± 3
Nuts	1 ± 1	0 ± 1	0 ± 1	1 ± 1	0.5 ± 1	0.3 ± 1	0.2 ± 1	0.2 ± 1	0.5 ± 1	0.4 ± 1
Diet score	1 ± 2	0 ± 2	0 ± 2	-4 ± 4	-4 ± 4	4 ± 2	1.5 ± 3	1.5 ± 3	-3 ± 5	-2 ± 5
Healthy Heart Score <sup>b</sup>	7	7 ± 1	7 ± 1	5 ± 1	8 ± 1	7	7 ± 2	6 ± 2	4 ± 1	7 ± 1

CARDIA, Coronary Artery Risk Development in Young Adults; ENRICA, Study on Nutrition and Cardiovascular Risk in Spain; HPFS, Health Professionals Follow-up Study; JHS, Jackson Heart Study; NHS, Nurses’ Health Study.

<sup>a</sup>Unless otherwise indicated, data are expressed as mean ± standard deviation.

<sup>b</sup>Standard deviations for mean Healthy Heart Score values were not available in the original publication by Chiuve et al.<sup>1</sup>

**Table 2 of the supplementary data**

Performance of the HHS in all-cause mortality prediction at mean follow-up (12 years) in the ENRICA cohort

	Men	Women
	Total (n = 5649)	Total (n = 6292)
<i>Overall cohort</i>		
All-cause mortality	525 (9.29)	413 (6.56)
HHS association, HR	3.9 (3.1, 4.9)	3.2 (2.7, 3.9)
<i>Calibration</i>		
Slope (95%CI)	1.4 (1.3, 1.5)	1.05 (0.97, 1.13)
<i>Discrimination</i>		
Harrel c-statistic	0.88 (0.86, 0.89)	0.88 (0.86, 0.89)
Gonen & Heller smoothed c-statistic	0.84 (0.83, 0.85)	0.83 (0.82, 0.84)
<i>Participants without prior chronic diseases</i>	Total (n = 4794)	Total (n = 5434)
All-cause mortality	304 (6.34)	260 (4.78)
HHS association, HR	4.0 (3.5, 4.5)	3.0 (2.7, 3.3)
<i>Calibration</i>		
Slope	1.4 (1.3, 1.5)	1.1 (1.0, 1.2)
<i>Discrimination</i>		
Harrel c-statistic	0.88 (0.86, 0.89)	0.89 (0.87, 0.91)
Gonen & Heller smoothed c-statistic	0.84 (0.82, 0.85)	0.83 (0.82, 0.84)

95%CI, 95% confidence interval; HHS, Healthy Heart Score; HR, hazard ratio.

The data are expressed as No. (%) or c-statistic (95%CI)

**Figure 1 of the supplementary data**

Formula to estimate the 20-year Risk of CVD based on lifestyle predictors in women (Nurses' Health Study) and men (Health Professionals Follow-up)

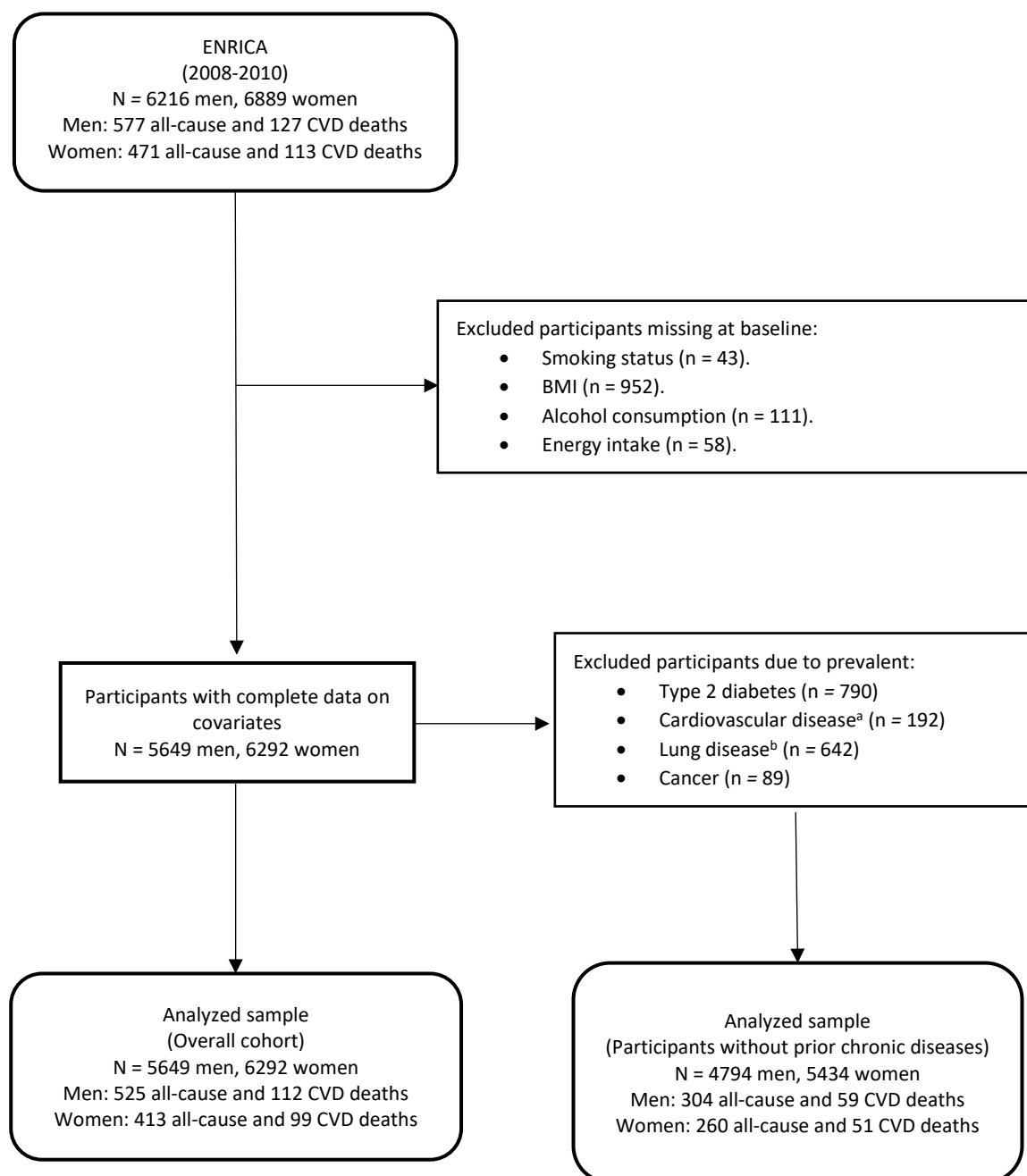
<b>WOMEN</b>
<p><b>20-year CVD risk (%) "Healthy Heart Score"</b> = <math>[1 - 0.9660^{\exp [W - 6.57301]}] \times 100\%</math></p> <p>where <math>W = 0.10820 \times \text{age} + 0.15285 \text{ (if past smoker)} + 0.90138 \text{ (if current smoker)} + 0.04676 \times \text{BMI} - 0.01923 \times \text{g/d of alcohol} + 0.0004 \times (\text{g/d of alcohol})^2 - 0.02951 \times \text{h/wk of physical activity} - 0.05113 \times \text{diet score}^*</math></p> <p>*Diet score = <math>(0.03326 \times \text{g/d of cereal fiber} + 0.18283 \text{ [if fruits + vegetables} \geq 3 \text{ servings/d]} + 0.14522 \text{ [if nuts } 0.1\text{-}1 \text{ servings/d]} + 0.2444 \text{ [if nuts } &gt; 1 \text{ servings/d]} - 0.14631 \times \text{servings/d of sugar-sweetened beverages} - 0.15624 \times \text{servings/d of red and processed meats}) \times 10</math></p>
<b>MEN</b>
<p><b>20-year CVD risk (%) "Healthy Heart Score"</b> = <math>[1 - 0.96368^{\exp [W - 7.2437]}] \times 100\%</math></p> <p>where <math>W = 0.13580 \times \text{age} - 0.0005 \times (\text{age})^2 + 0.06979 \text{ (if past smoker)} + 0.42305 \text{ (if current smoker)} + 0.07424 \times \text{BMI} - 0.00898 \times \text{g/d of alcohol} + 0.0001 \times (\text{grams/d of alcohol})^2 - 0.01755 \times \text{h/wk of physical activity} - 0.06691 \times \text{diet score}^*</math></p>

\*Diet score =  $(0.01816 \times \text{g/d of cereal fiber} + 0.08819 [\text{if fruits + vegetables} \geq 3 \text{ servings/d}] + 0.00535 [\text{if nuts } 0.1\text{-}1 \text{ servings/d}] + 0.14285 [\text{if nuts} > 1 \text{ servings/d}] - 0.14734 \times \text{servings/d of sugar-sweetened beverages} - 0.07112 \times \text{servings/d of red and processed meats}) \times 10$

BMI, body mass index; CVD, cardiovascular disease.

**Figure 2 of the supplementary data**

Flow diagram of included participants from the ENRICA study.



BMI, body mass index; CVD, cardiovascular disease.

<sup>a</sup>Myocardial infarction, heart failure, or stroke.

<sup>b</sup>Asthma, chronic obstructive pulmonary disease.

**Figure 3 of the supplementary data**

Formula to estimate the 12-year risk of CVD death based on lifestyle predictors in women and men from the ENRICA cohort (adjusting only the baseline survival).

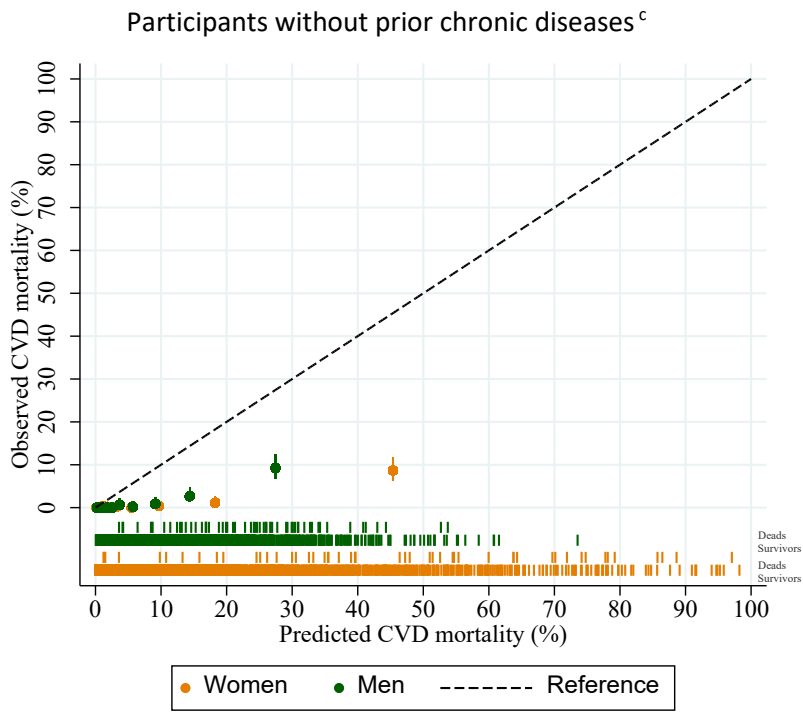
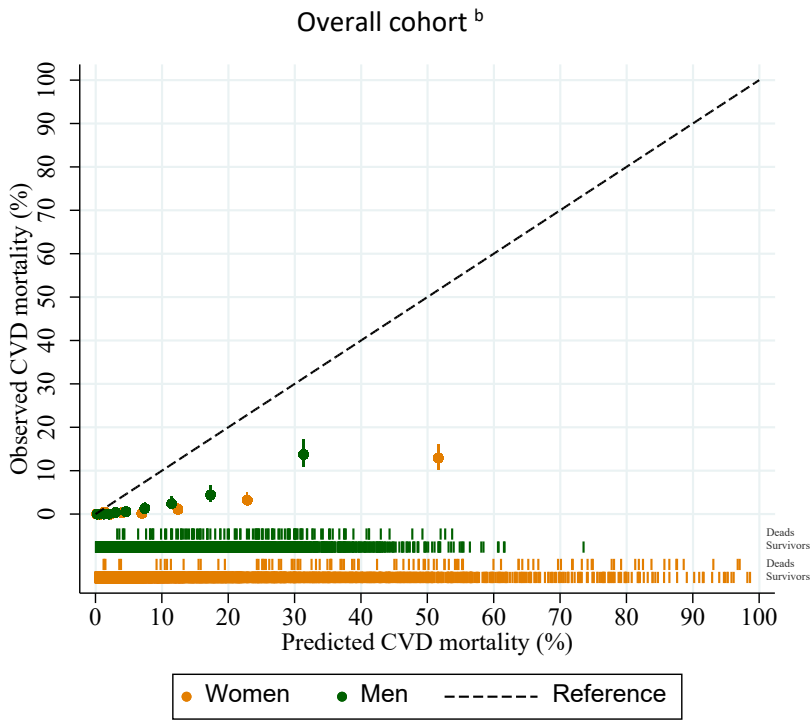
<b>WOMEN</b>
<p><b>12-year CVD risk (%) “Healthy Heart Score-CVDm”</b> = <math>[1 - 0.9999937^{(\exp(W))}] \times 100\%</math></p> <p>where <math>W = 0.10820 \times \text{age} + 0.15285 \text{ (if past smoker)} + 0.90138 \text{ (if current smoker)} + 0.04676 \times \text{BMI}</math>  <math>- 0.01923 \times \text{g/d of alcohol} + 0.0004 \times (\text{grams/d of alcohol})^2 - 0.02951 \times \text{hs/wk of physical activity}</math>  <math>- 0.05113 \times \text{diet score}^*</math></p> <p>*Diet score = <math>(0.03326 \times \text{g/d of cereal fiber} + 0.18283 \text{ [if fruits + vegetables} \geq 3 \text{ servings/d]} + 0.14522</math>  <math>\text{[if nuts 0.1-1 servings/d]} + 0.2444 \text{ [if nuts } &gt; 1 \text{ servings/d]} - 0.14631 \times \text{servings/d of sugar-sweetened}</math>  <math>\text{beverages} - 0.15624 \times \text{servings/d of red and processed meats}) \times 10</math></p>
<b>MEN</b>
<p><b>12-year CVD risk (%) “Healthy Heart Score-CVDm”</b> = <math>[1 - 0.9999935^{(\exp(W))}] \times 100\%</math></p> <p>where <math>W = 0.13580 \times \text{age} - 0.0005 \times (\text{age})^2 + 0.06979 \text{ (if past smoker)} + 0.42305 \text{ (if current smoker)}</math>  <math>+ 0.07424 \times \text{BMI} - 0.00898 \times \text{g/d of alcohol} + 0.0001 \times (\text{g/d of alcohol})^2 - 0.01755 \times \text{h/wk of physical}</math>  <math>\text{activity} - 0.06691 \times \text{diet score}^*</math></p>

\*Diet score =  $(0.01816 \times \text{g/d of cereal fiber} + 0.08819 [\text{if fruits + vegetables} \geq 3 \text{ servings/d}] + 0.00535 [\text{if nuts } 0.1\text{-}1 \text{ servings/d}] + 0.14285 [\text{if nuts} > 1 \text{ servings/d}] - 0.14734 \times \text{servings/d of sugar-sweetened beverages} - 0.07112 \times \text{servings/d of red and processed meats}) \times 10$

BMI, body mass index; CVD, cardiovascular disease; CVDm, cardiovascular disease model.

Figure 4 of the supplementary data

Calibration plots (95%CI) of the HHS for the prediction of CVD mortality at mean follow-up (12 years) among the overall ENRICA cohort and in participants without prior chronic diseases<sup>a</sup> using the same baseline survival as in the original cohort for CVD risk at 20 years (ie, assuming all events occurred in the first 12 years of follow-up).



95%CI, 95% confidence interval; HHS, Healthy Heart Score; CVDm, cardiovascular disease model; CVD, cardiovascular disease.

<sup>a</sup>Participants free of type 2 diabetes, cardiovascular disease (myocardial infarction, heart failure, stroke), lung disease (asthma, chronic obstructive pulmonary disease), and cancer at baseline.

<sup>b</sup>n = 211/N = 11941 (men 112/5649, women 99/6292).

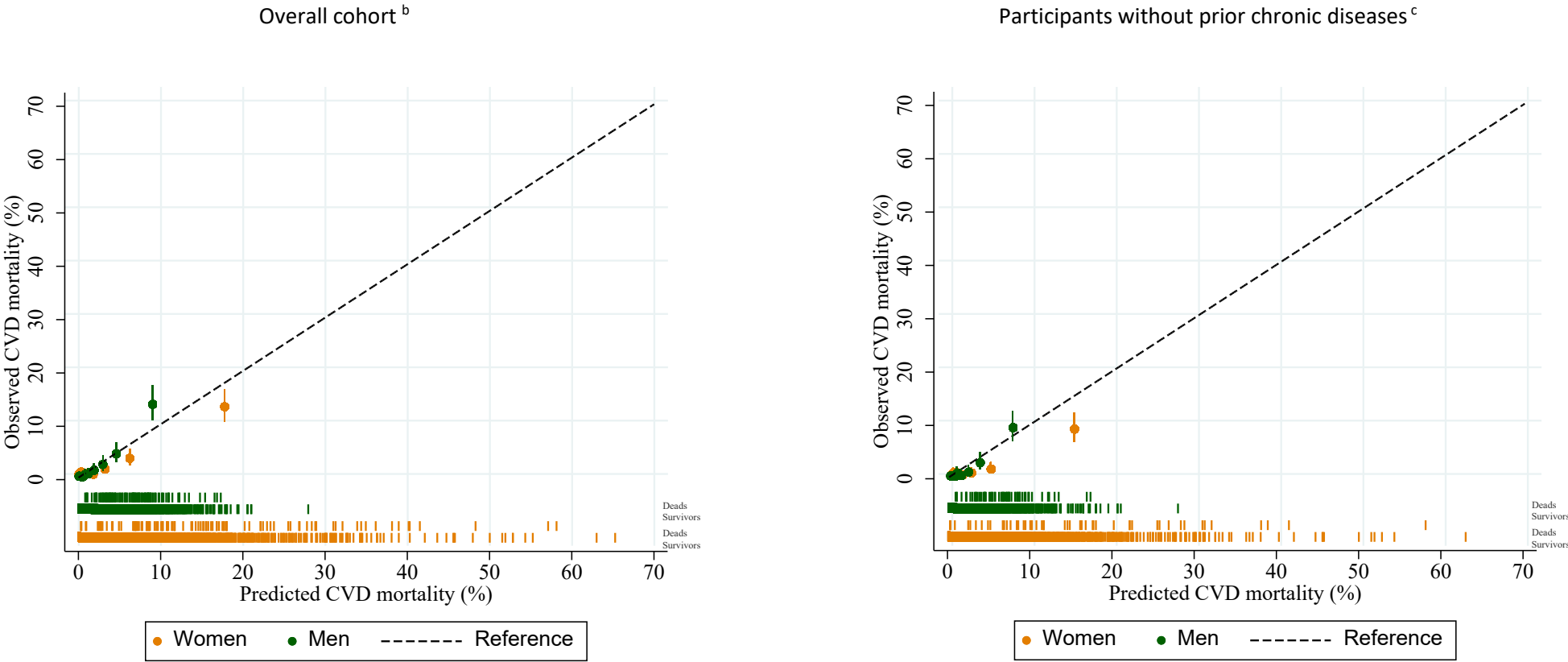
<sup>c</sup>n = 110/N = 10228 (men 59/4794, women 51/5434). Baseline survival function for men, 0.96368; baseline survival function for women 0.9660.

Cambios a la figura 4

Cambiar “Deads” por “Nonsurvivors”

Figure 5 of the supplementary data

Calibration plots (95%CI) of the HHS for the prediction of CVD mortality at mean follow-up (12 years) among ENRICA participants assuming a 12-year baseline survival function 4 times higher than at 20 years in the original development cohorts (ie, assuming most of the events occurred beyond 12 years of follow-up).



95%CI, 95% confidence interval; HHS, Healthy Heart Score; CVDm, cardiovascular disease model; CVD, cardiovascular disease.

<sup>a</sup>Participants free of type 2 diabetes, cardiovascular disease (myocardial infarction, heart failure, stroke), lung disease (asthma, chronic obstructive pulmonary disease), and cancer at baseline

<sup>b</sup>n = 211/N = 11 941 (men 112/5649, women 99/6292).

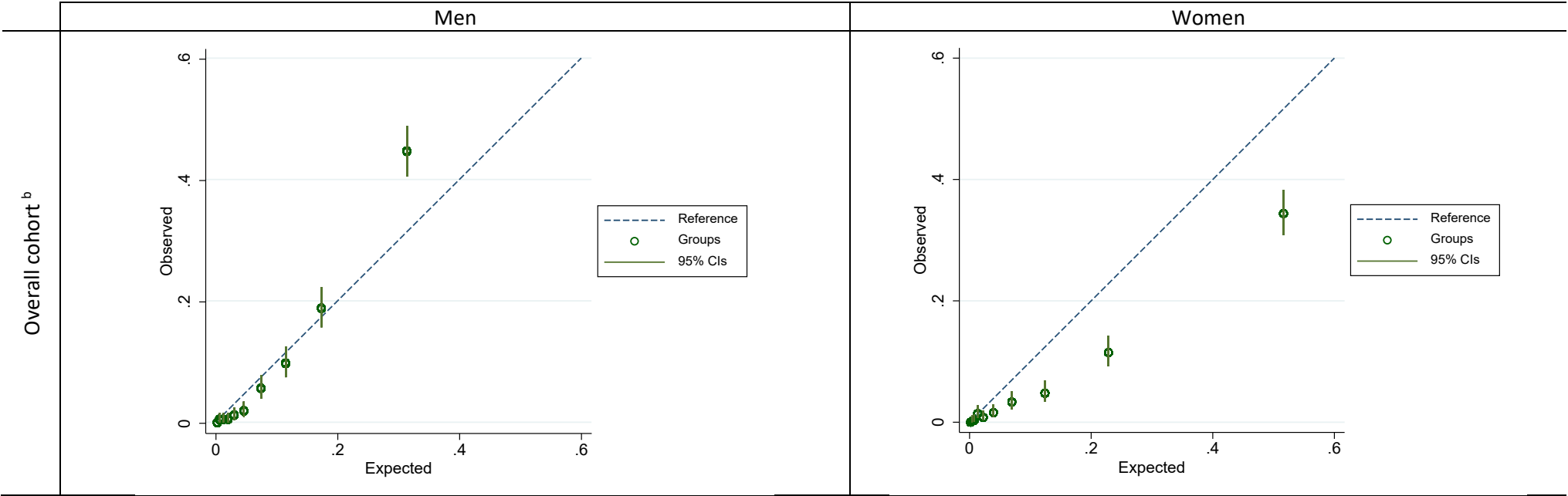
<sup>c</sup>n = 110/N = 10 228 (men 59/4794, women 51/5434). Baseline survival function for men, 0.99092; baseline survival function for women 0.9915.

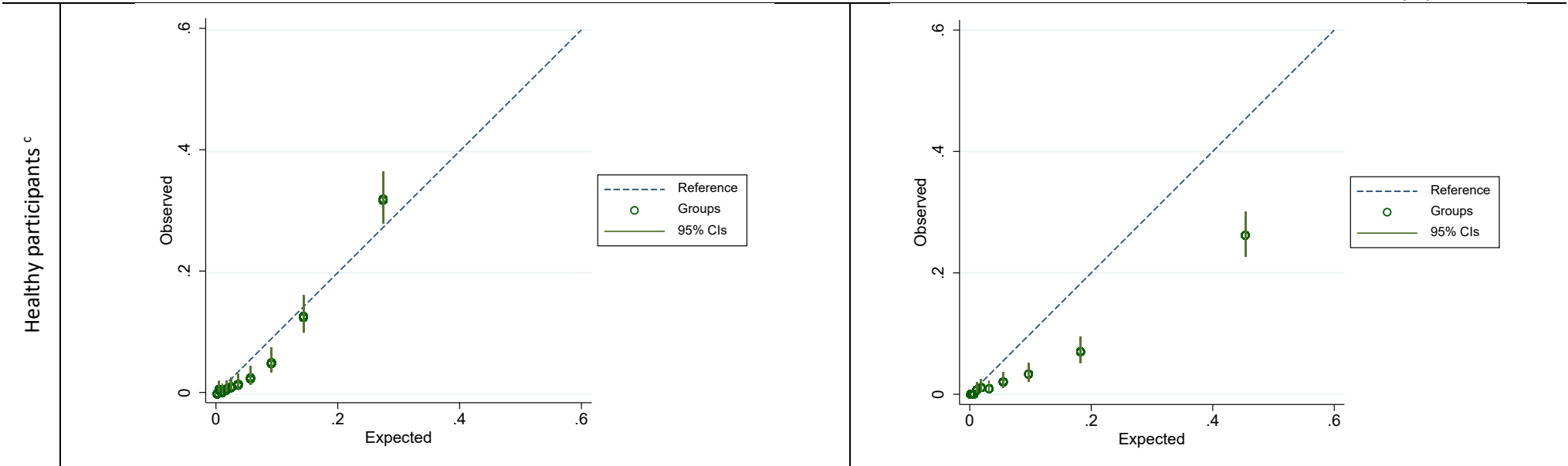
Cambios a la figura 5

Cambiar “Deaths” por “Nonsurvivors”

Figure 6 of the supplementary data

Calibration plots of HHS for the prediction of all-cause mortality at mean follow-up (12 years) among the overall ENRICA cohort and for a subset of participants without prior chronic diseases (apparently “healthy participants”) <sup>a</sup> using the same baseline survival as in the original cohort for CVD-risk at 20 years.





95%CI, 95%confidence interval; HHS, Healthy Hearth Score; CVD, cardiovascular disease.

<sup>a</sup> Participants free of type 2 diabetes, cardiovascular disease (myocardial infarction, heart failure, stroke), lung disease (asthma, chronic obstructive pulmonary disease), and cancer at baseline.

<sup>b</sup> n = 708 / N = 11 941 (men 410/5649, women 298/6292).

<sup>c</sup> n = 412 / N=10 228 (men 229/4794, women 183/5434). Baseline survival function for men, 0.96368; baseline survival function for women 0.9660.

Corrección a la figura 6

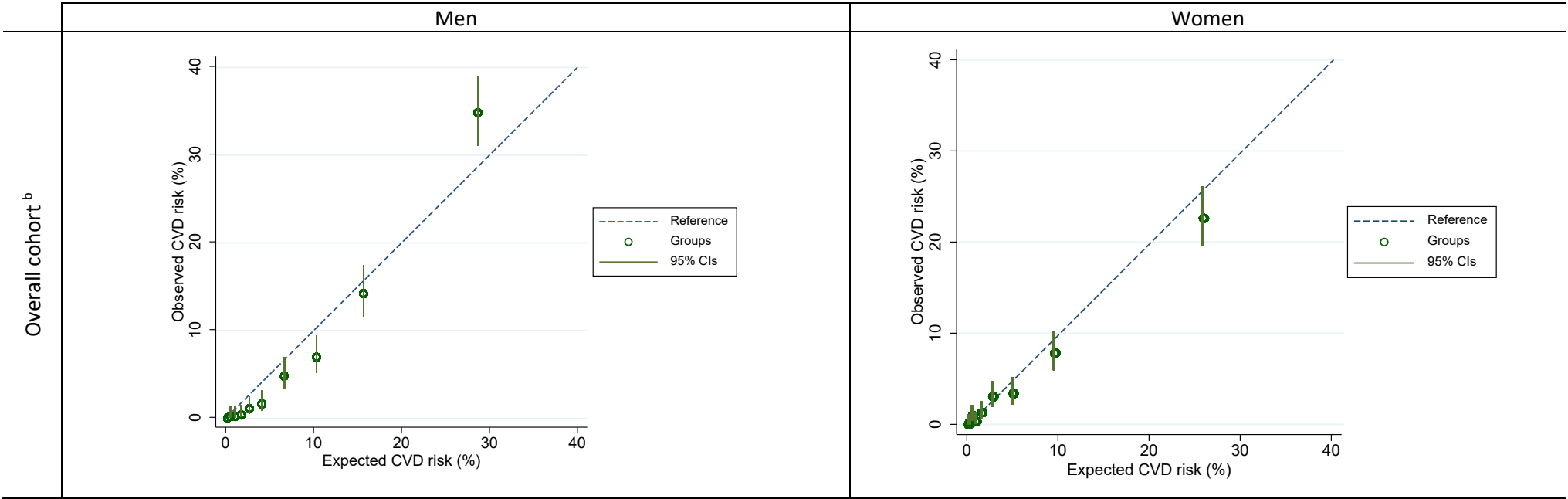
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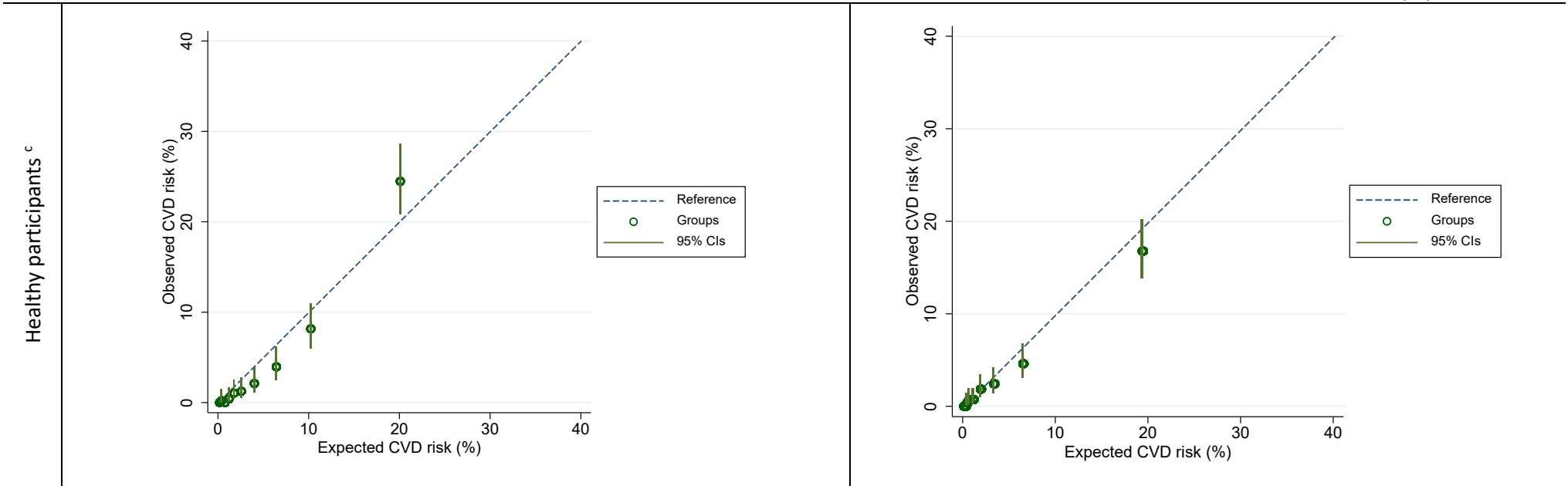
Cambiar “Reference Groups” por “Reference groups”

Cambiar “95% CI” a “95%CI”.

Figure 7 of the supplementary data

Calibration plots of HHS-CVDm for the prediction of all-cause mortality at mean follow-up (12 years) among the overall ENRICA cohort and for a subset of participants without prior chronic diseases (apparently “healthy participants”)a recalibrating by the baseline survival function of the ENRICA cohort.





95%CI, 95%confidence interval; HHS, Healthy Hearth Score; CVD, cardiovascular disease.

<sup>a</sup>Participants free of type 2 diabetes, cardiovascular disease (myocardial infarction, heart failure, stroke), lung disease (asthma, chronic obstructive pulmonary disease), and cancer at baseline.

<sup>b</sup>n = 708/N=11 941 (men 410/5649, women 298/6292).

<sup>c</sup>n = 412/N=10 228 (men 229/4794, women 183/5434). Baseline survival function for men, 0.9999935; baseline survival function for women 0.9999937.

Corrección a la figura 6

Cambiar “Reference Groups” por “Reference groups”

Cambiar “95% CI” a “95%CI”.

*Sotos-Prieto M, et al. Performance and validation of the Healthy Heart Score Model for predicting 12-year cardiovascular mortality in a nationwide Mediterranean population*

### **References of the supplementary data**

1. Chiuve SE, Cook NR, Shay CM, et al. Lifestyle-based prediction model for the prevention of CVD: the Healthy Heart Score. *J Am Heart Assoc*. 2014.  
<https://doi.org/10.1161/JAHA.114.000954>.