Supplemental Table 1. Diagnostic codes used to ascertain cardiovascular cause of death.

CARDIOVASCULAR DEATH CODES	
ICD10 CODES*	CONDITION
I00-I78	Major cardiovascular diseases
I00-I09,I11,I13,I20-I51	Diseases of heart
I00-I09	Acute rheumatic fever and chronic rheumatic heart diseases
I11	Hypertensive heart disease
I13	Hypertensive heart and renal disease
I20-I25	Ischemic heart diseases
I21-I22	Acute myocardial infarction
I24	Other acute ischemic heart diseases
I20,I25	Other forms of chronic ischemic heart disease
I25.0	Atherosclerotic cardiovascular disease, so described
I20,I25.1-I25.9	All other forms of chronic ischemic heart disease
I26-I51	Other heart diseases
I33	Acute and subacute endocarditis
I30-I31,I40	Diseases of pericardium and acute myocarditis
I50	Heart failure
I26-I28,I34-I38,I42-I49,I51	All other forms of heart disease
I10,I12	Essential (primary) hypertension and hypertensive renal disease
I60-I69	Cerebrovascular diseases
I70	Atherosclerosis
I71-I78	Other diseases of circulatory system
I71	Aortic aneurysm and dissection
I72-I78	Other diseases of arteries, arterioles and capillaries
I80-I99	Other disorders of circulatory system

*Cause of death was ascertained using ICD-9 and ICD-10 codes for deaths occurring pre- and post-1999. Deaths occurring pre-1999 were coded under ICD-9 guidelines were recoded into comparable ICD-10 based underlying cause of death groups by the National Center for Health Statistics.

Supplemental Table 2. Comparison of baseline characteristics between thyroid functional status

categories as defined by thyrotropin levels only.*

	EUTHYROID (n=14,130)	SUBCLINICAL HYPOTHYROID (n=568)
TSH (mIU/L)		
Median	1.49	5.73
[IQR]	[1.00, 2.10]	[5.20, 7.14]
Min-Max	0.39-4.60	4.65-10.0
Age (years)	45.4 ± 19.2	59.0 ± 19.6
		$p<0.001$
Female sex	52.4%	61.8%
		$p<0.001$
Race		
White	40.1%	58.5%
African-American	28.1%	10.4%
Mexican-American	27.6%	27.5%
Other	4.1%	3.7%
		$p<0.001$
Diabetes		
Yes	7.5%	10.4%
No	92.4%	89.4%
Don't Know/Blank	0.1%	0.2%
		$p=0.03$
Active smoking	26.1%	14.1%
		$p<0.001$
eGFR (ml/min/1.73m^2)		
≥60	93.9%	80.8%
30-59	5.7%	17.1%
<30	0.4%	2.1%
		$p<0.001$
ACR (mg/g)		
<30	87.1%	78.5%
30-299	8.9%	13.4%
≥300	1.9%	3.2%
Missing	2.1%	4.9%
		<0.001
Congestive Heart Failure		
Yes	2.9%	7.4%
No	97.1%	92.6%
		<0.001
Hypertension		
Yes	25.4%	35.2%
No	73.8%	64.8%
Don't Know/Blank	0.9%	0.0%
		$p<0.001$
Hypercholesterolemia		
Yes	16.5%	25.5%
No	33.0%	36.3%
Don't Know/Blank	50.6%	38.2%
		$p<0.001$
Prior stroke		
Yes	2.4%	5.6%

No	97.6%	94.4%
Don't Know/Blank	0.0%	0.0%
		p<0.001
Prior MI		
Yes	3.7%	8.3%
No	95.2%	90.5%
Don't Know/Blank	1.2%	1.2%
		p<0.001
BMI (kg/m^2)		
<18.5	2.2%	1.6%
18.5-24.9	38.3%	34.2%
25-29.9	34.4%	35.7%
30-34.9	16.1%	16.6%
35-39.9	5.7%	8.1%
≥40	3.3%	3.9%
		p=0.1
Exogenous thyroid hormone use	1.3%	7.6%
		p<0.001

* Data presented as mean +/- SD or proportions unless otherwise indicated. Significance testing compared between subclinical hypothyroid and euthyroid subjects by 2-sample t-test, Wilcoxon rank sum test, or chi-squared test.

† Thyroid functional status categorized as: euthyroid (TSH within reference range); subclinical hypothyroid (TSH >ULN and ≤10mIU/L).

TSH, thyrotropin; TT4, total thyroxine; eGFR, estimated glomerular filtration rate; ACR, urine albumin/creatinine ratio; MI, myocardial infarction; CHF, congestive heart failure, BMI, body mass index; ULN, upper limit normal.

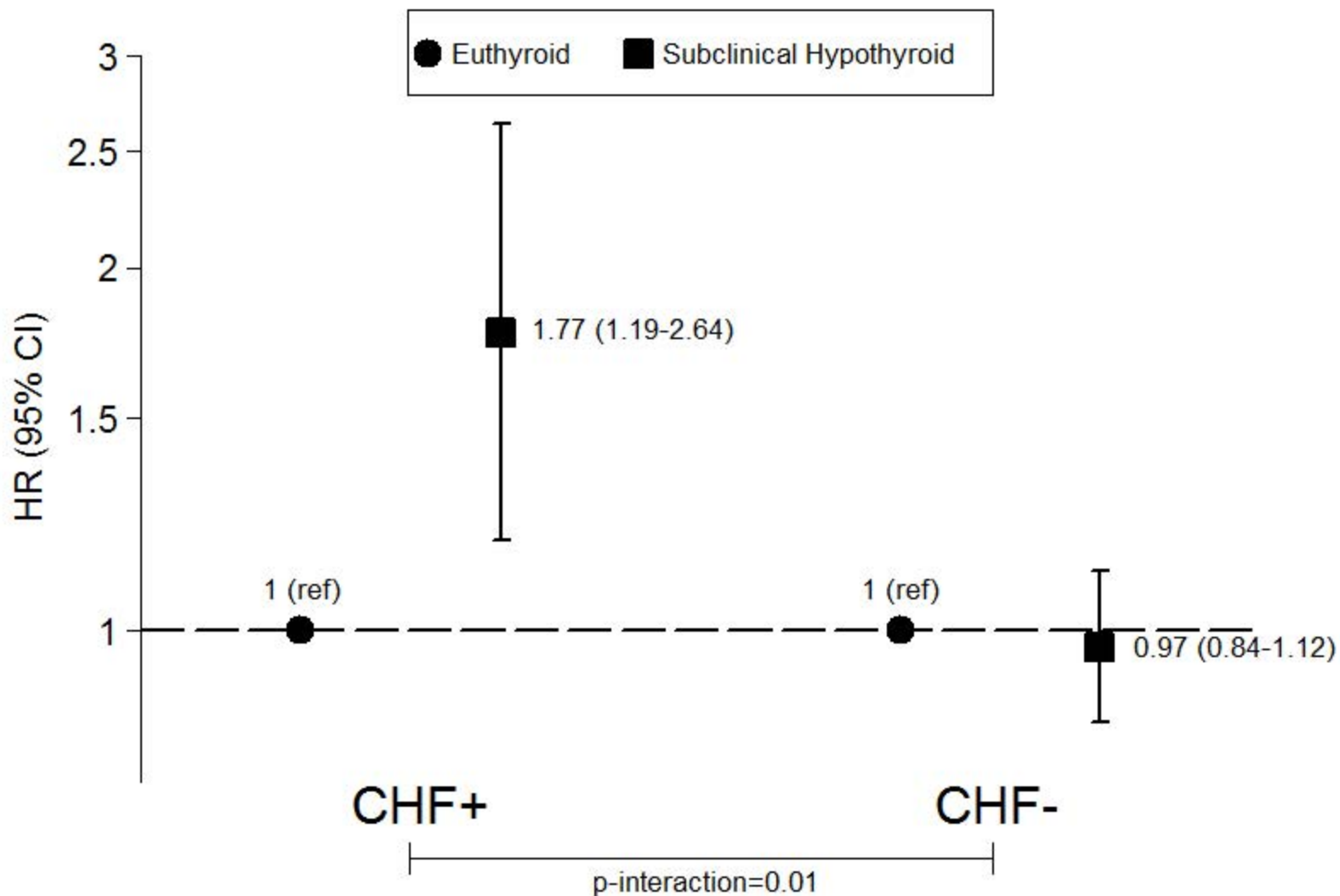1 **Supplemental Figure Legends**

2

3 **Supplemental Figure 1.** Comparison of the association between subclinical hypothyroidism (thyrotropin

4 [TSH] >assay upper limit of normal and ≤10mIU/L) vs. euthyroidism (TSH within referent range) with

5 all-cause mortality, stratified by pre-existing congestive heart failure (CHF) status. Analyses adjusted for

6 age, sex, race/ethnicity, diabetes, smoking, hypertension, hypercholesterolemia, prior stroke, prior

7 myocardial infarction, body mass index, albumin/creatinine ratio, and estimated glomerular filtration rate

8 (each specified as per Table 1). Statistical significance of effect modification was assessed by likelihood

9 ratio testing.

10

11 **Supplemental Figure 2.** Comparison of the association between subclinical hypothyroidism (thyrotropin

12 [TSH] >assay upper limit of normal and ≤10mIU/L) vs. euthyroidism (TSH within referent range) with

13 all-cause mortality, stratified by race (black vs. non-black). Analyses adjusted for age, sex, diabetes,

14 smoking, hypertension, hypercholesterolemia, prior stroke, prior myocardial infarction, pre-existing CHF,

15 body mass index, albumin/creatinine ratio, and estimated glomerular filtration rate (each as specified in

16 Table 1). Statistical significance of effect modification was assessed by likelihood ratio testing.

17

All-Cause Mortality

All-Cause Mortality

● Euthyroid ■ Subclinical Hypothyroid

HR (95% CI)

1.48 (0.96-2.28)

1 (ref)

1 (ref)

0.98 (0.85-1.14)

Black

Non-Black

p-interaction=0.08