

Immunothrombosis and new-onset atrial fibrillation in the general population: the Rotterdam Study

Martijn J. Tilly^a, MD, Sven Geurts^a, MD, Samantha J. Donkel^b, MD, M. Arfan Ikram^a, PhD,

Natasja M.S. de Groot^c, PhD, Moniek P.M. de Maat^b, PhD, *Maryam Kavousi^a, PhD

^a Department of Epidemiology, Erasmus MC University Medical Center Rotterdam, Rotterdam, The Netherlands

^b Department of Hematology, Erasmus MC University Medical Center Rotterdam, Rotterdam, The Netherlands

^c Department of Cardiology, Erasmus MC University Medical Center Rotterdam, Rotterdam, The Netherlands

Corresponding author: Maryam Kavousi

Erasmus MC, University Medical Center Rotterdam, office Na-2714

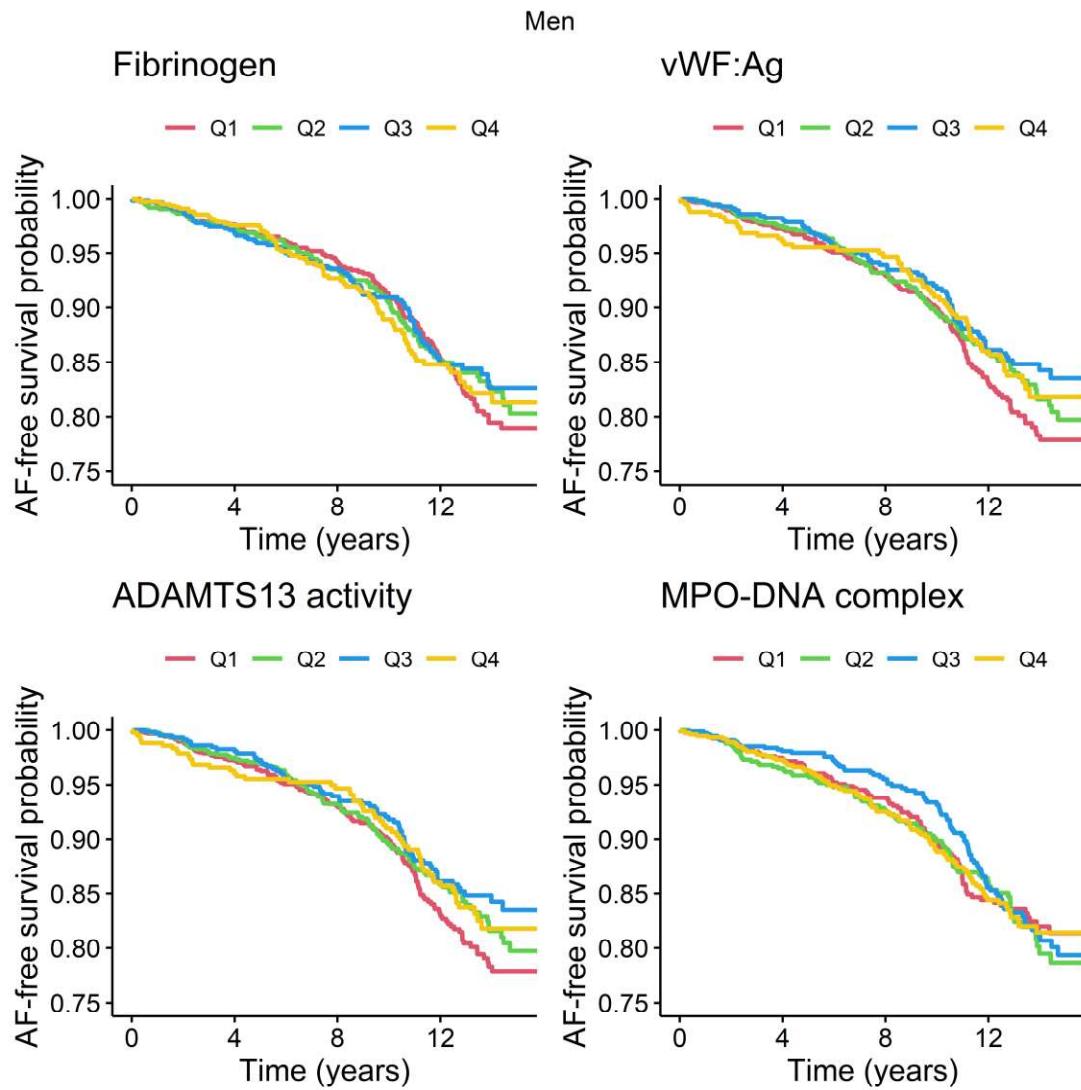
PO Box 2040, 3000 CA Rotterdam, The Netherlands

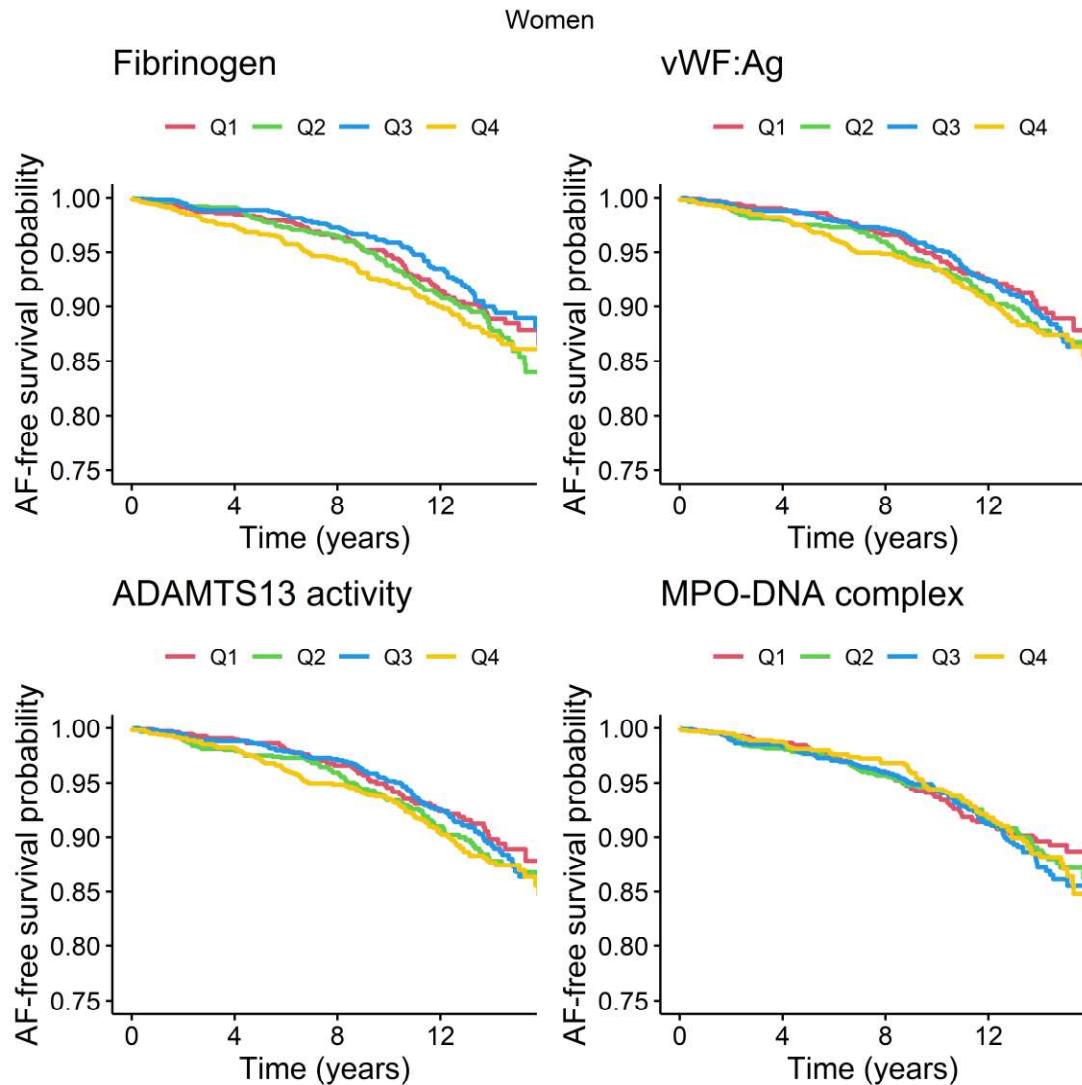
Telephone Number: +31 10 7043997

Email: m.kavousi@erasmusmc.nl

Journal: Clinical Research in Cardiology

Online Resource 5. Association between markers of immunothrombosis and incident atrial fibrillation stratified by sex, per quartile





Adjusted for age, Rotterdam Study cohort, current smoking, alcohol use, renal function, hypertension, use of cardiac therapy, use of lipid-reducing agents, prevalent diabetes mellitus, prevalent heart failure, and prevalent coronary heart disease. Quartiles fibrinogen: $\leq 3.30 \text{ g/L}$, $3.31\text{-}3.80 \text{ g/L}$, $3.81\text{-}4.40 \text{ g/L}$, and $\geq 4.41 \text{ g/L}$. vWF:Ag: $\leq 0.93 \text{ IU/mL}$, $0.94\text{-}1.20 \text{ IU/mL}$, $1.21\text{-}1.60 \text{ IU/mL}$, and $\geq 1.61 \text{ IU/mL}$. ADAMTS13: $\leq 80.31\%$, $80.32\text{-}91.00\%$, $91.01\text{-}101.75\%$, and $\geq 101.76\%$. MPO-DNA complex: $\leq 42 \text{ mAU/mL}$, $42\text{-}53 \text{ mAU/mL}$, $54\text{-}87 \text{ mAU/mL}$, and $\geq 88 \text{ mAU/mL}$.