Online supplement to: A Prospective Study Investigating Prediagnostic Leukocyte Telomere Length and Risk of Developing Rheumatoid Arthritis in Women. The Journal of Rheumatology. doi:10.3899/jrheum.150184

## ONLINE SUPPLEMENTARY DATA

Supplementary Table 1. Association of LTL with incident RA risk by seropositivity status in the Nurses' Health Studies and the Women's

Health Study combineda

		Seronegative				Seropositive			
	Controls	Cases	OR	95% CI	Cases	OR	95% CI	p-het	
Shortest tertile	271	33	1.00		43	1.00		-	
Intermediate	275	47	1.10 <sup>d</sup>	0.29 - 4.12	55	1.10	0.47 - 2.58		
Longest tertile	281	43	1.15	0.48 - 2.76	75	1.74	1.15 - 2.64		
Per standard deviation <sup>b</sup>			1.05	0.75 - 1.48		1.24	1.04 - 1.47		
P-trend <sup>c</sup>			0.76			0.01		0.37	

Ca=cases; Co=controls; OR=odds ratio; Cl=confidence interval; BMI=body mass index

Supplementary Table 2. Association of LTL with incident RA risk by HLA-DRB1 status in the Nurses' Health Studiesa

	HLA	HLA_SE non-carrier			HLA_SE carrier		
	Ca/Co	OR	95% CI	Ca/Co	OR	95% CI	P-het
Shortest tertile	35/113	1.00		51/85	1.00		
Intermediate	46/111	2.56	1.42 - 4.63	40/80	1.22	0.68 - 2.18	
Longest tertile	20/120	1.88	1.02 - 3.47	31/75	1.56	0.88 - 2.78	
Per standard deviation <sup>b</sup>		1.25	0.99 - 1.58		1.14	0.91 - 1.42	
P-trend <sup>c</sup>		0.06			0.26		0.45

Ca=cases; Co=controls; OR=odds ratio; CI=confidence interval

<sup>&</sup>lt;sup>a</sup>Meta-analysis used to combine estimates from polytomous logistic regression analyses adjusted for the same covariates listed in Table

<sup>&</sup>lt;sup>b</sup>Nurses' Health Study LTL standard deviation = 0.26; Women's Health Study LTL standard deviation = 0.71

<sup>&</sup>lt;sup>c</sup>Based on per standard deviation analysis

<sup>&</sup>lt;sup>d</sup>Significant heterogeneity between studies (p=0.02)

<sup>&</sup>lt;sup>a</sup>Unconditional logistic regression analyses adjusted for the same covariates listed in Table 2

<sup>&</sup>lt;sup>b</sup>Nurses' Health Study LTL standard deviation = 0.26

<sup>&</sup>lt;sup>c</sup>Based on per standard deviation analysis

Supplementary Table 3. Past Studies of Leukocyte Telomere Length (LTL) in Rheumatoid Arthritis							
First Author, year	Study Design	Number of RA cases	Number of Controls	Cell type	Telomere Assay used	Findings	Ref.
Koetz, 2000	Cross- sectional, case-control matched on age	51	42	CD4+ T cells	Southern blotting, hybridization with a telomere repeat- specific <sup>32</sup> P-end- labeled (CCCTAA) <sub>3</sub> probe	In RA patients, LTL did not correlate with age. LTL appeared shorter in RA patients vs. controls <40 years of age.	9
Schonland, 2003	Cross- sectional, case- control, unadjusted	unspecified	37 HLA- DR4+; 37 HLA DR4 - controls	CD4 + T cells and granulocytes	As above	HLA-DR4+ individuals and RA patients 20- 40 years of age had shorter LTL vs. HLA-DR4	13
Steer, 2007	Cross- sectional, case- control, adjusted for age and sex	176	1151	WBC	Southern blotting, hybridization with a telomere repeat-specific digoxigenin 3'-end labeled (CCCTAA) <sub>3</sub> probe	LTL shorter in RA than controls, but not related to RA duration or activity	34
Colmegna, 2008	Cross- sectional case- control, matched on age, sex and ethnicity	63	48	CD34+ hematopoietic precursor cells (HPCs)	Quantitative PCR	LTL shorter in RA patients vs. controls LTL in RA did not correlate with RA duration or treatment	14

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Current	Prospective,	296	827	WBC	Quantitative PCR	LTL longer in
study	nested case	(Pre-RA)				pre-RA
	control,	, ,				patients vs.
	matched on					controls; no
	age, cohort,					heterogeneity
	menopause					by
	and					menopausal
	hormone					status,
	use status,					cytokine
	fasting, time					levels, age,
	of day of					BMI,
	blood					seropositivity,
	collection					HLA-DRB1
						status, time
						since blood
						collection

## **REFERENCES**

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