UC San Diego UC San Diego Previously Published Works

Title

Relationship of pericardial fat with biomarkers of inflammation and hemostasis, and cardiovascular disease: The Multi-Ethnic Study of Atherosclerosis

Permalink

https://escholarship.org/uc/item/69g636r8

Journal Atherosclerosis, 239(2)

ISSN 0021-9150

Authors

Ong, Kwok-Leung Ding, Jingzhong McClelland, Robyn L <u>et al.</u>

Publication Date

2015-04-01

DOI

10.1016/j.atherosclerosis.2015.01.033

Peer reviewed



HHS Public Access

Author manuscript Atherosclerosis. Author manuscript; available in PMC 2016 April 01.

Published in final edited form as:

Atherosclerosis. 2015 April; 239(2): 386–392. doi:10.1016/j.atherosclerosis.2015.01.033.

Relationship of pericardial fat with biomarkers of inflammation and hemostasis, and cardiovascular disease: The Multi-Ethnic Study of Atherosclerosis

Kwok-Leung Ong^{a,b}, Jingzhong Ding^c, Robyn L. McClelland^d, Bernard M.Y. Cheung^e, Michael H. Criqui^f, Philip J. Barter^{a,b}, Kerry-Anne Rye^{a,b}, and Matthew A. Allison^f

^aCentre for Vascular Research, University of New South Wales, Sydney, NSW, Australia

^bFaculty of Medicine, University of Sydney, Sydney, NSW, Australia

^cSticht Center on Aging, Wake Forest University School of Medicine, Winston-Salem, NC, United States

^dDepartment of Biostatistics, University of Washington, Seattle, WA, United States

^eDepartment of Medicine, University of Hong Kong, Hong Kong, China

^fDepartment of Family and Preventive Medicine, University of California San Diego, La Jolla, CA, United States

Abstract

Objective—Pericardial fat may increase the risk of cardiovascular disease (CVD) by increasing circulating levels of inflammation and hemostasis biomarkers. We investigated the associations of pericardial fat with inflammation and hemostasis biomarkers, as well as incident CVD events, and whether there are any ethnic differences in these associations.

Methods—We analyzed results from 6415 participants from the Multi-Ethnic Study of Atherosclerosis who had measurements of pericardial fat volume and circulating levels of C-reactive protein (CRP), fibrinogen, interleukin (IL)-6, factor VIII, D-dimer and plasmin-antiplasmin complex (PAP), and had a mean follow-up period of 9.5 years. Incident CVD event was defined as any adjudicated CVD event.

Results—After adjusting for confounding factors, pericardial fat volume was positively associated with natural log (ln) of IL-6 levels, but inversely associated with ln D-dimer and ln PAP levels (β =0.067, -0.032, and -0.105 respectively, all *P*<0.05). Although a larger pericardial fat volume was associated with a higher risk of incident CVD, the association was attenuated to borderline significance after adjusting for traditional cardiovascular risk factors (*P*=0.050). There

Disclosures The authors declare no conflict of interest.

^{© 2015} Published by Elsevier Ltd.

Address correspondence to: Dr Kwok-Leung Ong, Centre for Vascular Research, University of New South Wales, Sydney, NSW 2052, Australia. Tel: +61-2-93852532; fax: +61-2-93851797; oklws@yahoo.com.hk.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

was a borderline significant ethnicity interaction (P=0.080), whereby the association between pericardial fat volume and incident CVD was significant in Hispanic Americans, even after further adjusting for biomarkers of inflammation and hemostasis (hazard ratio=1.31 per SD increase, 95% confidence interval 1.09-1.57, P=0.004).

Conclusion—Pericardial fat was associated with several inflammation and hemostasis biomarkers. The association of pericardial fat with incident CVD events was independent of these biomarkers only among Hispanic Americans.

Keywords

biomarkers; cardiovascular disease; hemostasis; inflammation; pericardial fat

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgements

KL Ong was supported by a Grant-in-Aid (G 12S 6681) from the National Heart Foundation of Australia, and the Vice-Chancellor's Postdoctoral Fellowship from the University of New South Wales. The MESA study was supported by a grant (5R01-HL-088451 and R01-HL-085323) and contracts N01-HC-95159, N01-HC-95160, N01-HC-95161, N01-HC-95162, N01-HC-95163, N01-HC-95164, N01-HC-95165, N01-HC-95166, N01-HC-95167, N01-HC-95168 and N01-HC-95169 from the National Heart, Lung, and Blood Institute. The authors thank the other investigators, the staff, and the participants of the MESA study for their valuable contributions. A full list of participating MESA investigators and institutions can be found at http://www.mesa-nhlbi.org.

References

- Després JP, Lemieux I. Abdominal obesity and metabolic syndrome. Nature. 2006; 444:881–7. [PubMed: 17167477]
- Sacks HS, Fain JN. Human epicardial adipose tissue: a review. Am Heart J. 2007; 153:907–17. [PubMed: 17540190]
- 3. Lim S, Meigs JB. Ectopic fat and cardiometabolic and vascular risk. Int J Cardiol. 2013; 169:166– 76. [PubMed: 24063931]
- Ding J, Hsu FC, Harris TB, Liu Y, Kritchevsky SB, Szklo M, et al. The association of pericardial fat with incident coronary heart disease: the Multi-Ethnic Study of Atherosclerosis (MESA). Am J Clin Nutr. 2009; 90:499–504. [PubMed: 19571212]
- Eder K, Baffy N, Falus A, Fulop AK. The major inflammatory mediator interleukin-6 and obesity. Inflamm Res. 2009; 58:727–36. [PubMed: 19543691]
- Yudkin JS, Kumari M, Humphries SE, Mohamed-Ali V. Inflammation, obesity, stress and coronary heart disease: is interleukin-6 the link? Atherosclerosis. 2000; 148:209–14. [PubMed: 10657556]
- Faber DR, de Groot PG, Visseren FL. Role of adipose tissue in haemostasis, coagulation and fibrinolysis. Obes Rev. 2009; 10:554–63. [PubMed: 19460118]
- Green D, Ruth KJ, Folsom AR, Liu K. Hemostatic factors in the Coronary Artery Risk Development in Young Adults (CARDIA) Study. Arterioscler Thromb. 1994; 14:686–93. [PubMed: 8172846]
- Veeranna V, Zalawadiya SK, Niraj A, Kumar A, Ference B, Afonso L. Association of novel biomarkers with future cardiovascular events is influenced by ethnicity: results from a multi-ethnic cohort. Int J Cardiol. 2013; 166:487–93. [PubMed: 22240756]
- Dubin R, Cushman M, Folsom AR, Fried LF, Palmas W, Peralta CA, et al. Kidney function and multiple hemostatic markers: cross sectional associations in the multi-ethnic study of atherosclerosis. BMC Nephrol. 2011; 12:3. [PubMed: 21269477]

- Willens HJ, Gómez-Marín O, Chirinos JA, Goldberg R, Lowery MH, Iacobellis G. Comparison of epicardial and pericardial fat thickness assessed by echocardiography in African American and non-Hispanic White men: a pilot study. Ethn Dis. 2008; 18:311–6. [PubMed: 18785445]
- Bild DE, Bluemke DA, Burke GL, Detrano R, Diez Roux AV, Folsom AR, et al. Multi-ethnic study of atherosclerosis: objectives and design. Am J Epidemiol. 2002; 156:871–81. [PubMed: 12397006]
- Ong KL, McClelland RL, Rye KA, Cheung BM, Post WS, Vaidya D, et al. The relationship between insulin resistance and vascular calcification in coronary arteries, and the thoracic and abdominal aorta: the Multi-Ethnic Study of Atherosclerosis. Atherosclerosis. 2014; 236:257–62. [PubMed: 25108074]
- Wheeler GL, Shi R, Beck SR, Langefeld CD, Lenchik L, Wagenknecht LE, et al. Pericardial and visceral adipose tissues measured volumetrically with computed tomography are highly associated in type 2 diabetic families. Invest Radiol. 2005; 40:97–101. [PubMed: 15654254]
- 15. Holvoet P, de Boer A, Verstreken M, Collen D. An enzyme-linked immunosorbent assay (ELISA) for the measurement of plasmin-alpha 2-antiplasmin complex in human plasma--application to the detection of in vivo activation of the fibrinolytic system. Thromb Haemost. 1986; 56:124–7. [PubMed: 2433784]
- Hiramoto JS, Katz R, Peralta CA, Ix JH, Fried L, Cushman M, et al. Inflammation and coagulation markers and kidney function decline: the Multi-Ethnic Study of Atherosclerosis (MESA). Am J Kidney Dis. 2012; 60:225–32. [PubMed: 22560844]
- Folsom AR, Kronmal RA, Detrano RC, O'Leary DH, Bild DE, et al. Coronary artery calcification compared with carotid intima-media thickness in the prediction of cardiovascular disease incidence: the Multi-Ethnic Study of Atherosclerosis (MESA). Arch Intern Med. 2008; 168:1333– 9. [PubMed: 18574091]
- Yun CH, Lin TY, Wu YJ, Liu CC, Kuo JY, Yeh HI, et al. Pericardial and thoracic periaortic adipose tissues contribute to systemic inflammation and calcified coronary atherosclerosis independent of body fat composition, anthropometric measures and traditional cardiovascular risks. Eur J Radiol. 2012; 81:749–56. [PubMed: 21334840]
- Liu J, Fox CS, Hickson D, Sarpong D, Ekunwe L, May WD, et al. Pericardial adipose tissue, atherosclerosis, and cardiovascular disease risk factors: the Jackson heart study. Diabetes Care. 2010; 33:1635–39. [PubMed: 20413524]
- Brinkley TE, Hsu FC, Carr JJ, Hundley WG, Bluemke DA, Polak JF, et al. Pericardial fat is associated with carotid stiffness in the Multi-Ethnic Study of Atherosclerosis. Nutr Metab Cardiovasc Dis. 2011; 21:332–8. [PubMed: 20153618]
- 21. Konishi M, Sugiyama S, Sugamura K, Nozaki T, Ohba K, Matsubara J, et al. Association of pericardial fat accumulation rather than abdominal obesity with coronary atherosclerotic plaque formation in patients with suspected coronary artery disease. Atherosclerosis. 2010; 209:573–8. [PubMed: 19892354]
- Konishi M, Sugiyama S, Sato Y, Oshima S, Sugamura K, Nozaki T, et al. Pericardial fat inflammation correlates with coronary artery disease. Atherosclerosis. 2010; 213:649–55. [PubMed: 21040916]
- Al Chekakie MO, Welles CC, Metoyer R, Ibrahim A, Shapira AR, Cytron J, et al. Pericardial fat is independently associated with human atrial fibrillation. J Am Coll Cardiol. 2010; 56:784–8. [PubMed: 20797492]
- 24. Mazurek T, Zhang L, Zalewski A, Mannion JD, Diehl JT, Arafat H, et al. Human epicardial adipose tissue is a source of inflammatory mediators. Circulation. 2003; 108:2460–6. [PubMed: 14581396]
- Tadros TM, Massaro JM, Rosito GA, Hoffmann U, Vasan RS, Larson MG, et al. Pericardial fat volume correlates with inflammatory markers: the Framingham Heart Study. Obesity (Silver Spring). 2010; 18:1039–45. [PubMed: 19875999]
- Yun CH, Bezerra HG, Wu TH, Yang FS, Liu CC, Wu YJ, et al. The normal limits, subclinical significance, related metabolic derangements and distinct biological effects of body site-specific adiposity in relatively healthy population. PLoS One. 2013; 8:e61997. [PubMed: 23620798]

- Kerr JD, Holden RM, Morton AR, Nolan RL, Hopman WM, Pruss CM, et al. Associations of epicardial fat with coronary calcification, insulin resistance, inflammation, and fibroblast growth factor-23 in stage 3-5 chronic kidney disease. BMC Nephrol. 2013; 14:26. [PubMed: 23351146]
- Zdychova J, Kralova Lesna I, Maluskova J, Janousek L, Cahova M, Kazdova L. Comparison of gene expression of epicardial and visceral adipocytes with regard to the differentiation stage. Neuro Endocrinol Lett. 2012; 33:S93–7.
- Kremen J, Dolinkova M, Krajickova J, Blaha J, Anderlova K, Lacinova Z, et al. Increased subcutaneous and epicardial adipose tissue production of proinflammatory cytokines in cardiac surgery patients: possible role in postoperative insulin resistance. J Clin Endocrinol Metab. 2006; 91:4620–7. [PubMed: 16895955]
- Cherian S, Lopaschuk GD, Carvalho E. Cellular cross-talk between epicardial adipose tissue and myocardium in relation to the pathogenesis of cardiovascular disease. Am J Physiol Endocrinol Metab. 2012; 303:E937–49. [PubMed: 22895783]
- 31. Cheng KH, Chu CS, Lee KT, Lin TH, Hsieh CC, Chiu CC, et al. Adipocytokines and proinflammatory mediators from abdominal and epicardial adipose tissue in patients with coronary artery disease. Int J Obes (Lond). 2008; 32:268–74. [PubMed: 17878891]
- 32. Malavazos AE, Ermetici F, Cereda E, Coman C, Locati M, Morricone L, et al. Epicardial fat thickness: relationship with plasma visfatin and plasminogen activator inhibitor-1 levels in visceral obesity. Nutr Metab Cardiovasc Dis. 2008; 18:523–30. [PubMed: 18083357]
- Tripodi A. D-dimer testing in laboratory practice. Clin Chem. 2011; 57:1256–62. [PubMed: 21719689]
- Gorog DA. Prognostic value of plasma fibrinolysis activation markers in cardiovascular disease. J Am Coll Cardiol. 2010; 55:2701–9. [PubMed: 20538163]
- 35. Folsom AR, Delaney JA, Lutsey PL, Zakai NA, Jenny NS, Polak JF, et al. Associations of factor VIIIc, D-dimer, and plasmin-antiplasmin with incident cardiovascular disease and all-cause mortality. Am J Hematol. 2009; 84:349–53. [PubMed: 19472201]
- 36. El Khoudary SR, Shin C, Masaki K, Miura K, Budoff M, Edmundowicz D, et al. Ectopic cardiovascular fat in middle-aged men: effects of race/ethnicity, overall and central adiposity. The ERA JUMP study. Int J Obes (Lond). Aug 11.2014 doi: 10.1038/ijo.2014.154. [Epub ahead of print].
- 37. Snel M, Jonker JT, Hammer S, Kerpershoek G, Lamb HJ, Meinders AE, et al. Long-term beneficial effect of a 16-week very low calorie diet on pericardial fat in obese type 2 diabetes mellitus patients. Obesity (Silver Spring). 2012; 20:1572–6. [PubMed: 22282049]
- van Schinkel LD, Sleddering MA, Lips MA, Jonker JT, de Roos A, Lamb HJ, et al. Effects of bariatric surgery on pericardial ectopic fat depositions and cardiovascular function. Clin Endocrinol (Oxf). 2014; 81:689–95. [PubMed: 24392723]
- Britton KA, Massaro JM, Murabito JM, Kreger BE, Hoffmann U, Fox CS. Body fat distribution, incident cardiovascular disease, cancer, and all-cause mortality. J Am Coll Cardiol. 2013; 62:921– 5. [PubMed: 23850922]
- Fitzgibbons TP, Czech MP. Epicardial and perivascular adipose tissues and their influence on cardiovascular disease: basic mechanisms and clinical associations. J Am Heart Assoc. 2014; 3:e000582. [PubMed: 24595191]
- 41. Haffner SM, D'Agostino R, Saad MF, Rewers M, Mykkänen L, Selby J, et al. Increased insulin resistance and insulin secretion in nondiabetic African-Americans and Hispanics compared with non-Hispanic whites. The Insulin Resistance Atherosclerosis Study. Diabetes. 1996; 45:742–8. [PubMed: 8635647]
- Liska D, Dufour S, Zern TL, Taksali S, Calí AM, Dziura J, et al. Interethnic differences in muscle, liver and abdominal fat partitioning in obese adolescents. PLoS One. 2007; 2:e569. [PubMed: 17593968]
- Fox CS, White CC, Lohman K, Heard-Costa N, Cohen P, Zhang Y, et al. Genome-wide association of pericardial fat identifies a unique locus for ectopic fat. PLoS Genet. 2012; 8:e1002705. [PubMed: 22589742]
- 44. Breen JF. Imaging of the pericardium. J Thorac Imaging. 2001; 16:47-54. [PubMed: 11149692]

Highlights

• Pericardial fat may be related to systemic inflammation and hemostasis.

- We analysed data from the Multi-Ethnic Study of Atherosclerosis.
- Pericardial fat was associated with several inflammation and hemostasis biomarkers.
- Association of pericardial fat with CVD was independent of biomarkers in Hispanics.

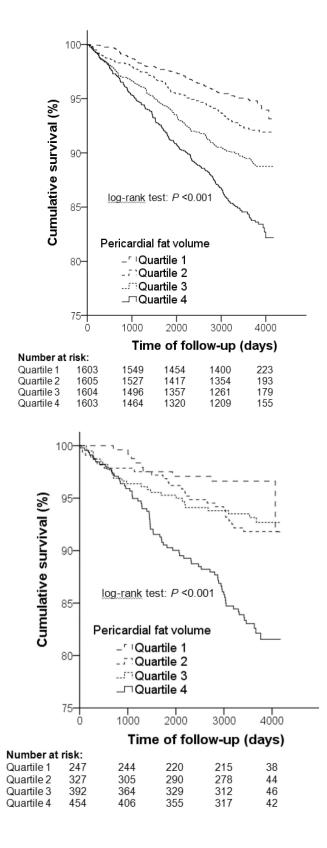


Figure 1.

Kaplan–Meier cumulative survival curves for incident CVD events across quartiles of pericardial fat volume among (**A**) all participants, and (**B**) Hispanic Americans.

Table 1

Clinical characteristics of participants according to the quartile of pericardial fat volume

| Characteristics | AII | Quartile 1 (49.5 cm ³) | Quartile 2 (49.6-70.7 cm ³) | Quartile 3 (70.8-99.1 cm ³) | Quartile 4 (99.2 cm ³) | ьa |
|--|-------------------|--|--|--|--|--------|
| n | 6415 | 1603 | 1605 | 1604 | 1603 | |
| Age (year) | 62.1 ± 10.2 | $58.6{\pm}10.0$ | 61.6 ± 10.2 | 63.6±9.9 | 64.7 ± 9.8 | <0.001 |
| Women (%) | 52.8 (3384) | 67.3 (1079) | 59.7 (958) | 51.1 (820) | 32.9 (527) | <0.001 |
| Ethnicity (%) | | | | | | |
| Caucasian | 38.4 (2464) | 36.6 (587) | 33.1 (531) | 37.2 (596) | 46.8 (750) | <0.001 |
| African American | 12.0 (767) | 37.9 (607) | 30.5 (490) | 25.6 (410) | 16.0 (257) | |
| Hispanic American | 27.5 (1764) | 15.4 (247) | 20.4 (327) | 24.4 (392) | 28.3 (454) | |
| Chinese American | 22.1 (1420) | 10.1 (162) | 16.0 (257) | 12.8 (206) | 8.9 (142) | |
| Education (%) | | | | | | |
| <high school<="" td=""><td>18.1 (1159)</td><td>12.4 (198)</td><td>17.1 (274)</td><td>20.9 (334)</td><td>22.1 (353)</td><td><0.001</td></high> | 18.1 (1159) | 12.4 (198) | 17.1 (274) | 20.9 (334) | 22.1 (353) | <0.001 |
| High school | 41.4 (2655) | 37.8 (604) | 41.7 (667) | 42.9 (686) | 43.7 (698) | |
| >High school | 40.2 (2581) | 49.8 (795) | 41.2 (659) | 36.2 (579) | 34.3 (548) | |
| Smoking (%) | | | | | | |
| Never | 50.3 (3228) | 56.1 (896) | 53.1 (850) | 50.2 (803) | 42.5 (679) | <0.001 |
| Former | 36.5 (2343) | 30.5 (487) | 33.4 (535) | 37.0 (591) | 45.7 (730) | |
| Current | 12.9 (825) | 13.5 (215) | 13.4 (215) | 12.8 (205) | 11.9 (190) | |
| Pack-years of smoking | 11.3 ± 20.0 | 7.2±13.6 | 9.7 ± 19.6 | 12.2 ± 21.8 | 16.2 ± 26.0 | <0.001 |
| Current alcohol use (%) | 55.3 (3549) | 58.5 (930) | 55.0 (878) | 51.3 (816) | 58.0 (925) | 0.002 |
| Total gross family income | | | | | | |
| <\$30 000 | 36.0 (2312) | 31.2 (479) | 37.6 (579) | 41.0 (632) | 40.2 (622) | <0.001 |
| \$30 000- \$74 999 | 38.3 (2460) | 40.3 (620) | 40.1 (617) | 40.3 (622) | 38.8 (601) | |
| \$75 000 | 21.7 (1395) | 28.5 (438) | 22.2 (342) | 18.7 (289) | 21.0 (326) | |
| BMI (kg/m ²) | 28.3 ± 5.5 | 25.3 ± 4.5 | 27.1 ± 4.8 | 29.3 ± 5.2 | 31.6 ± 5.3 | <0.001 |
| Waist-to-hip ratio | $0.93 {\pm} 0.08$ | $0.87 {\pm} 0.07$ | 0.92 ± 0.08 | 0.95 ± 0.06 | 0.98 ± 0.06 | <0.001 |
| Heart rate (beat per minute) | 63.1 ± 9.6 | 62.0±9.0 | 62.5±9.5 | 63.2±9.8 | 64.8 ± 10.0 | <0.001 |
| Physical activity (MET- hour/week) | 96.5±98.9 | 104±96 | 101 ± 107 | 93±95 | 88±96 | <0.001 |

Author Manuscript

| Characteristics | IIA | Quartile 1 (49.5 cm ³) | Quartile 2 (49.6-70.7 cm ³) | Quartile 3 (70.8-99.1 cm ³) | Quartile 4 (99.2 cm ³) | p q |
|---|------------------|--|--|--|--|--------|
| Diabetes (%) | 12.6 (811) | 6.3 (101) | 10.1 (162) | 14.9 (239) | 19.3 (309) | <0.001 |
| Hypertension (%) | 44.6 (2864) | 32.4 (520) | 42.1 (675) | 48.0 (770) | 56.1 (899) | <0.001 |
| Dyslipidemia (%) | 33.6 (2153) | 19.0 (304) | 30.4 (488) | 37.0 (593) | 48.0 (768) | <0.001 |
| $\operatorname{CRP}(\operatorname{mg/l})^b$ | 1.90 (0.83-4.20) | 1.27 (0.56-2.96) | 1.67 (0.77-3.96) | 2.22 (1.02-4.65) | 2.53 (1.20-4.83) | <0.001 |
| Fibrinogen (mg/dl) | 346±72.9 | 332±71 | 342±70 | 351±74 | 358±74 | <0.001 |
| IL-6 $(pg/ml)^b$ | 1.21 (0.78-1.90) | 0.94 (0.61-1.53) | 1.09 (0.73-1.68) | 1.30 (0.87-1.98) | 1.55 (1.01-2.43) | <0.001 |
| Factor VIII (%) | 98.7±37.0 | 97.0±36.9 | 96.3±35.6 | 100.1 ± 37.1 | 101.5 ± 38.3 | <0.001 |
| D-dimer $(\mu g/m)^b$ | 0.20 (0.13-0.37) | 0.20 (0.10-0.32) | 0.20 (0.13-0.35) | 0.23 (0.13-0.42) | 0.23 (0.13-0.39) | <0.001 |
| $PAP (nM)^b$ | 4.39 (3.43-5.62) | 4.70 (3.77-6.02) | 4.44 (3.46-5.71) | 4.27 (3.37-5.48) | 4.11 (3.18-5.23) | <0.001 |
| Incident CVD events (%) | 9.5 (607) | 5.2 (84) | 7.4 (119) | 10.2 (163) | 15.0 (241) | <0.001 |

Data are expressed as mean±SD, percentage (n), or median (interquartile range).

 a Adjusted for age, sex, and ethnicity.

Atherosclerosis. Author manuscript; available in PMC 2016 April 01.

 b_P values were estimated using ln-transformed data.

Table 2

Association of pericardial fat volume with biomarkers

| Biomarkers | | | β | | |
|--------------------|---------------------|---------------------|--------------------|------------------------|---------------------|
| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
| ln CRP (mg/l) | 0.275 [‡] | 0.259 [‡] | 0.054 [‡] | 0.023 | 0.083^{\ddagger} |
| Fibrinogen (mg/dl) | 0.184 [‡] | 0.179 [‡] | 0.019 | 0.024 | 0.054^{\ddagger} |
| ln IL-6 (pg/ml) | 0.287₽ | 0.274‡ | 0.083‡ | 0.067^{\ddagger}_{+} | 0.117 [‡] |
| Factor VIII (%) | 0.070^{\ddagger} | 0.060^{\ddagger} | 0.016 | 0.021 | 0.007 |
| ln D-dimer (µg/ml) | 0.057‡ | 0.049 [‡] | -0.039* | -0.032* | -0.003 |
| ln PAP (nM) | -0.152 [‡] | -0.156 [‡] | -0.105‡ | -0.105‡ | −0.152 [‡] |

Model 1: adjusted for age, sex, and ethnicity.

Model 2: further adjusted for education, smoking, pack-years of smoking, current alcohol use, total gross family income, and physical activity.

Model 3: further adjusted for BMI, heart rate, diabetes, hypertension, and dyslipidemia.

Model 4: further adjusted for all the six biomarkers of interest, where appropriate.

Model 5: same as model 4, except that BMI was replaced by waist-to-hip ratio and height.

* P<0.05,

 $^{\dagger}P < 0.01$ and

 $^{\ddagger}P < 0.001.$

Author Manuscript

Table 3

Association of pericardial fat volume with CVD events

| Model | HR (95% CI) | Р | <i>P</i> for interaction with ethnicity |
|---------|------------------|---------|---|
| Model 1 | 1.24 (1.16-1.33) | < 0.001 | 0.26 |
| Model 2 | 1.23 (1.14-1.32) | < 0.001 | 0.16 |
| Model 3 | 1.10 (1.00-1.20) | 0.050 | 0.087 |
| Model 4 | 1.09 (0.99-1.19) | 0.080 | 0.080 |
| Model 5 | 1.07 (0.98-1.16) | 0.13 | 0.081 |

HR was expressed in terms of per SD 41.6 cm^3 increase in pericardial fat volume. The covariates in different adjustment models were described in Table 2 legend.

Table 4

Association of pericardial fat volume with CVD events by ethnicity

| Ethnicity | CVD events, % | Continuous model | | Binary categorical model | |
|-------------------|---------------|------------------|-------|--------------------------|-------|
| | | HR (95% CI) | P | HR (95% CI) | Р |
| Caucasian | 10.7 | 0.97 (0.84-1.12) | 0.71 | 0.90 (0.66-1.24) | 0.53 |
| African American | 9.5 | 1.18 (0.96-1.44) | 0.11 | 1.47 (0.97-2.22) | 0.070 |
| Hispanic American | 9.2 | 1.31 (1.09-1.57) | 0.004 | 1.66 (1.11-2.50) | 0.014 |
| Chinese American | 5.9 | 1.05 (0.63-1.75) | 0.85 | 0.65 (0.28-1.54) | 0.33 |

HR was expressed in terms of per SD 41.6 cm³ increase in pericardial fat volume in the continuous model, and was expressed in term of the presence of elevated pericardial fat volume in the binary categorical model.

Data were adjusted for all the covariates in the model 4 of Table 2.