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| Supplemental Table 1. Odds ratios (OR) and 95% confidence intervals (CI) for the association between body mass index (BMI) category and telomere variability\* in prostate cancer cells overall and stratified by prostate cancer aggressiveness at surgery among men surgically treated for prostate cancer at Johns Hopkins Hospital, 1992 to 2016. | | | |
|  | Normal,  <25 kg/m2 | Overweight,  25 to <30 kg/m2 | Obese,  ≥30 kg/m2 |
| Overall | | | |
| Nvariable/NNot variable | 70/130 | 141/280 | 53/114 |
| OR | 1.00 | 0.93 | 0.86 |
| 95% CI | Reference | 0.65 - 1.33 | 0.55 - 1.35 |
| **Non-aggressive Prostate Cancer – definition 1**  Gleason sum<4+3 **AND** pathological stage=T2 | | | |
| Nvariable/NNot variable | 25/50 | 52/96 | 16/51 |
| OR | 1.00 | 1.04 | 0.64 |
| 95% CI | Reference | 0.57 - 1.91 | 0.30 - 1.37 |
| **Non-aggressive Prostate Cancer – definition 2**  Gleason sum<4+3 **OR** pathological stage=T2 | | | |
| Nvariable/NNot variable | 53/100 | 99/203 | 40/91 |
| OR | 1.00 | 0.92 | 0.82 |
| 95% CI | Reference | 0.60 - 1.39 | 0.49 - 1.37 |
| **Aggressive Prostate Cancer – definition 1**  Gleason sum ≥4+3 **OR** pathological stage>T2 | | | |
| Nvariable/NNot variable | 45/80 | 89/184 | 37/63 |
| OR | 1.00 | 0.87 | 1.01 |
| 95% CI | Reference | 0.55 - 1.37 | 0.57 - 1.78 |
| **Aggressive Prostate Cancer – definition 2**  Gleason sum≥4+3 **AND** pathological stage>T2 | | | |
| Nvariable/NNot variable | 17/30 | 42/77 | 13/23 |
| OR | 1.00 | 0.91 | 0.98 |
| 95% CI | Reference | 0.43 - 1.92 | 0.37 - 2.55 |
| \*Men with prostate cell telomere variability in the top tertile of TMA- (overall) or TMA- and disease aggressiveness-specific distributions (stratified) were categorized as having variable telomeres; men in the bottom two tertiles were categorized as having not variable telomeres. All analyses were adjusted for potential confounders: age at diagnosis (continuous), race (white/non-white), prostatectomy Gleason sum (categorical: ≤6, 3+4, 4+3, 8, 9), pathologic TNM stage (categorical T2, T3a, T3b, or N1, overall and aggressive disease models only), and a random term for TMA set. | | | |