Supplementary Table 2. Grading Source and Rubric for Cardiovascular Outcomes Classified using the Modified Common Terminology Criteria for Adverse Events (CTCAE)

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| **Study Outcome** | **Grading Source** | **CTCAE Grading Rubric** |
| *Cardiac dysrhythmia*  (Includes: atrial fibrillation, atrial flutter, SVA, SVT, PAT; ventricular arrhythmia, and lethal arrhythmia requiring defibrillation) | CTCAE v4.03  Cardiac Disorders:  Atrial fibrillation; Atrial flutter; Paroxysmal atrial tachycardia; Supraventricular tachycardia | 1: Asymptomatic, intervention not indicated  2: Non-urgent medical intervention indicated  3: Symptomatic and incompletely  controlled medically, or controlled with device (e.g., pacemaker), or ablation  4: Life-threatening consequences; urgent intervention indicated  5: Death |
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| *Cardiomyopathy*   EF < 50%, SF < 28% by echocardiography and/or MUGA based | Modified  CTCAE v4.03  Investigations:–  Ejection fraction decreased  Page 42  Left ventricular systolic dysfunction  Page 5 | 1: Not applicable  2: Resting EF <50-40%; 10 - 19% absolute drop from baseline  3: Resting EF 39-20%; >20% absolute drop from baseline; medication initiated or initiated  4: Resting EF<20%; refractory or poorly controlled heart failure due to drop in ejection fraction; intervention such as ventricular assist device, intravenous vasopressor support, or heart transplant indicated  5: Death |
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| *Acute myocardial infarction*  Coronary artery disease | CTCAE v4.03  Cardiac Disorders:  Acute coronary syndrome  Page 4 | 1: Not applicable  2: Asymptomatic and cardiac enzymes minimally abnormal and no evidence of ischemic ECG changes  3: Severe symptoms; cardiac enzymes abnormal; hemodynamically stable; ECG changes consistent with infarction (Q waves)  4: Life-threatening consequences; hemodynamically unstable (CABG or angioplasty)  5: Death |
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| *Hypertension*  (Based on BP measurements from the Human Performance lab) | Modified  CTCAE v4.03  Vascular Disorders:  Hypertension  Page 77 | 1: Prehypertension (systolic BP 120 - 139 mm Hg or diastolic BP 80 - 89 mm Hg) from resting BP in HPL.  2: Stage 1 hypertension (systolic BP 140 - 159 mm Hg or diastolic BP 90 - 99 mm Hg); medical intervention indicated or initiated; recurrent or persistent (>=24 hrs); symptomatic increase by >20 mm Hg (diastolic) or to >140/90 mm Hg if previously WNL; monotherapy indicated or initiated  Pediatric: recurrent or persistent (>=24 hrs) BP >ULN; monotherapy indicated or initiated  3: Stage 2 hypertension (systolic BP >=160 mm Hg or diastolic BP >=100 mm Hg); medical intervention indicated; more than one drug or more intensive therapy than previously used indicated or initiated  Pediatric: Same as adult  4: Life-threatening consequences (e.g., malignant hypertension, transient or permanent neurologic deficit, hypertensive crisis); urgent intervention indicated  5: Death |
| *Dyslipidemia:*  Hypertriglyceridemia  (Based on fasting lipid profile) | Modified  CTCAE v4.03  Metabolism and Nutrition Disorders : Hypertriglyceridemia  Page 44 | 1: 150 mg/dL - 300 mg/dL  2: >300 mg/dL - 500 mg/dL; or treatment with one lipid lowering agent  3: >500 mg/dL - 1000 mg/dL; or treatment with >=2 lipid lowering agents  4: >1000 mg/dL; life-threatening consequences |
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| *Dyslipidemia:*  Hypercholesterolemia  Based on fasting lipid profile | Modified  CTCAE v4.03  Investigations:  Cholesterol high  Page 41 | 1: >200 mg/dL - 300 mg/dL  2: >300 - 400 mg/dL; or treatment with one lipid lowering agent  3: >400 - 500 mg/dL; or treatment with >=2 lipid lowering agent  4: >500 mg/dL |
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| *Abnormal glucose metabolism*  Criteria for inclusion in category include any one of the following:  a-Impaired fasting glucose  =fasting BG 100-125 mg/dL in isolation  b-Pre-diabetes  = fasting BG 100-125 mg/dL AND Hemoglobin A1C 5.7-6.4% OR  OGTT 140-199 mg/dL  c-Diabetes mellitus  =fasting BG > =126 mg/dL on 2 separate tests OR random glucose ≥ 200 mg/dL or HbA1c ≥ 6.5% | Modified  CTCAE v4.03  Metabolism and nutrition disorders:  Glucose intolerance  Page 44 | 1: Asymptomatic; clinical or diagnostic observations only; pharmacologic intervention not indicated or initiated (e.g. dietary modification)  2: Symptomatic; oral agent indicated or initiated  3: Severe symptoms; insulin indicated or initiated  4: Life threatening consequences, urgent intervention indicated or initiated  5: Death |