SUPPLEMENT

ASSOCIATION BETWEEN CAROTID-FEMORAL PULSE WAVE VELOCITY (cfPWV) AND FEMORAL-ANKLE PULSE WAVE VELOCITY (faPWV)

The linear association between cfPWV and faPWV was explored and this was non-significant (R^2=0.0002, β= -0.03, 95% CI [-0.07, 0.04], *P*=0.35, **Figure S1**). Subsequently, linearity was explored by specifying the faPWV quadratic term. The quadratic term was significant (β= 0.02, 95% CI [0.003, 0.04], *P*=0.03), but the change in R^2 was marginal (ΔR^2 = 0.001). Accordingly, linear models were used for subsequent analysis. In a model regressing cfPWV and faPWV, the age, (P= 0.23), race (P =0.12) and sex (P = 0.76) interaction terms were non-significant. There was a non-significant correlation between cfPWV and faPWV (r = 0.02 [95% CI: -0.05, 0.02], P=0.35).

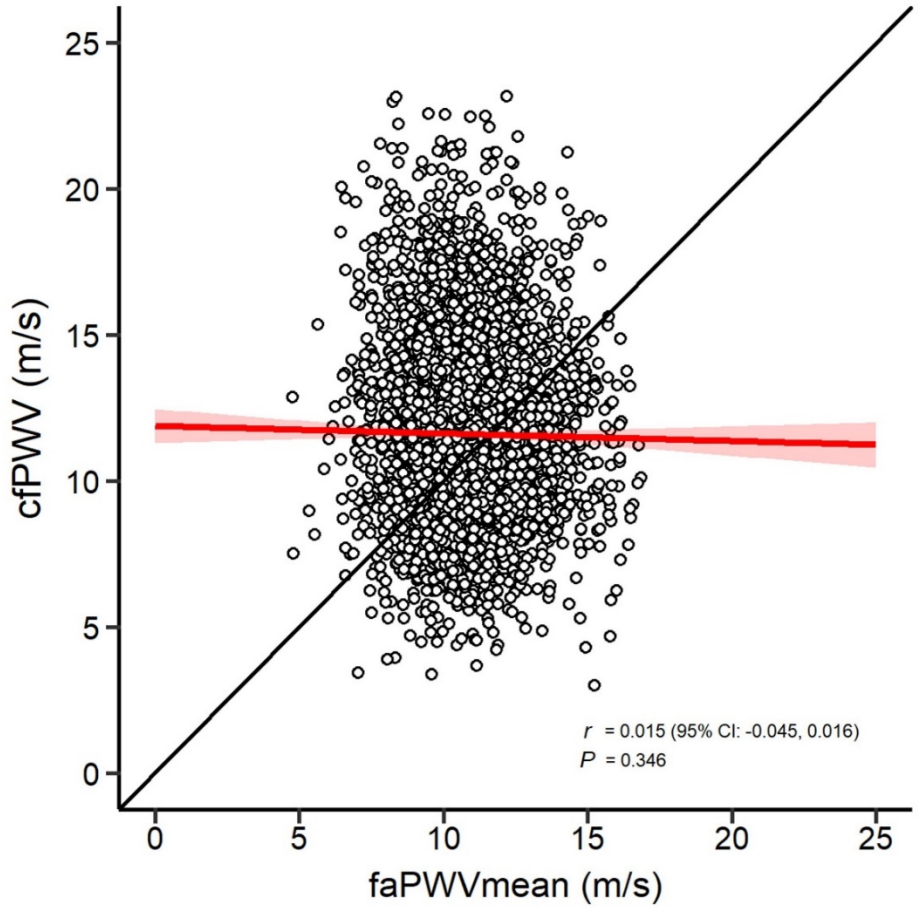

FIGURE S1. Correlation between carotid-femoral pulse-wave velocity (cfPWV) and femoral-ankle pulse-wave velocity (faPWV). Red line and red shading depict regression line and 95% confidence intervals, respectively. Black line depicts the line of identity.

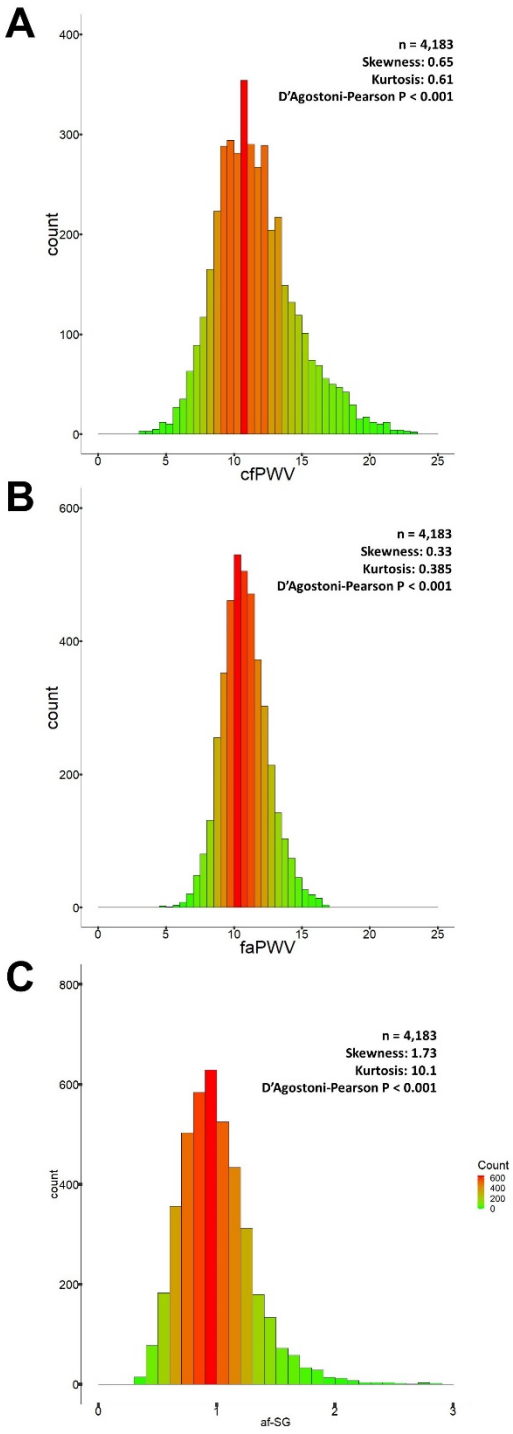

FIGURE S3. Distribution of carotid-femoral pulse wave velocity (cfPWV), femoral-ankle pulse wave velocity (faPWV), and aortic-femoral arterial stiffness gradient (af-SG).