Online Supplement

Original Research
Clinical Significance of Reduced Forced Expiratory Volume in 3 Seconds to Forced Expiratory Volume in 6 Seconds in Adults

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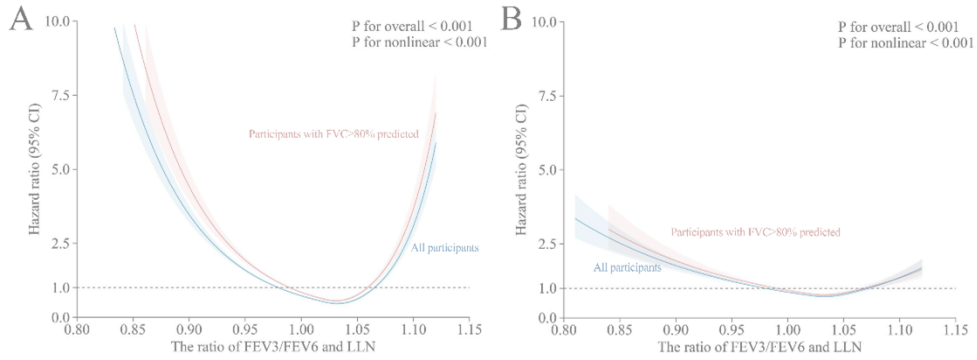
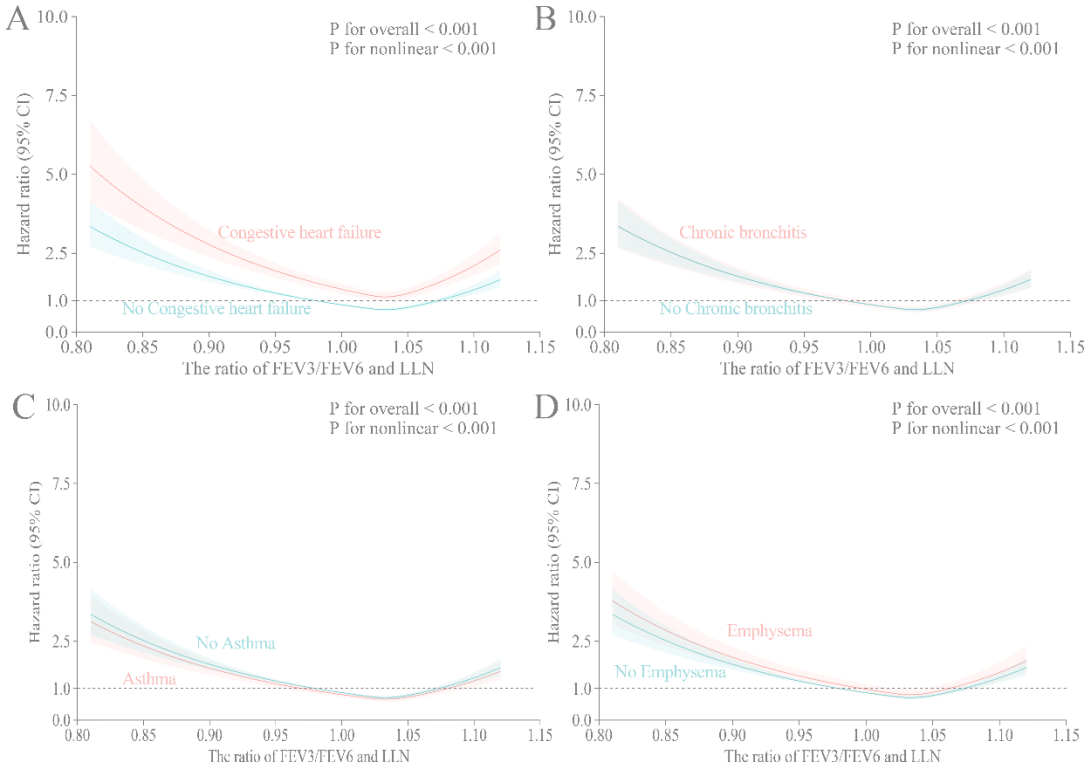
Figure S1. Sensitivity analysis between FEV_3/FEV_6 and all-cause mortality after excluding participants with FVC < 80% of predicted value



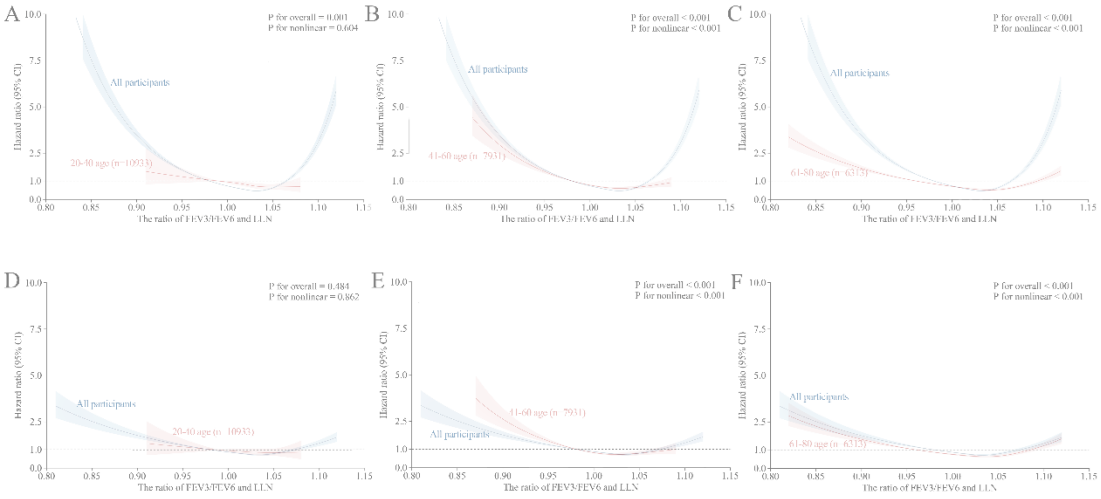
The sensitivity analysis between the ratio of FEV_3/FEV_6 to LLN and all-cause mortality was investigated before (A) and after (B) adjustment for age, sex, race, body surface area, body mass index, smoking status, educational level, poverty income ratio, and comorbidities (congestive heart failure, stroke, asthma, chronic bronchitis, emphysema, cancer, diabetes, and hypertension).

Figure S2. Sensitivity analysis between FEV_3/FEV_6 and all-cause mortality after stratifying by comorbidities.



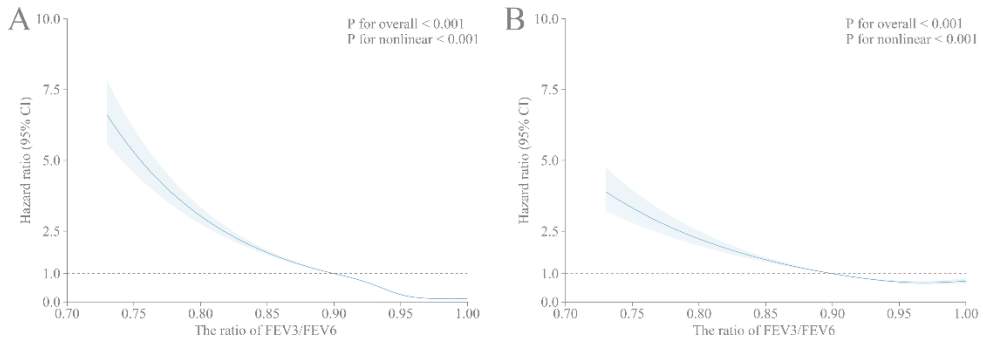
The sensitivity analysis between the ratio of FEV_3/FEV_6 to LLN and all-cause mortality was investigated after adjustment for age, sex, race, body surface area, body mass index, smoking status, educational level, poverty income ratio, and comorbidities (congestive heart failure, stroke, chronic bronchitis, emphysema, cancer, diabetes, and hypertension).

Figure S3. Sensitivity analysis between FEV_3/FEV_6 and all-cause mortality after stratifying by age.



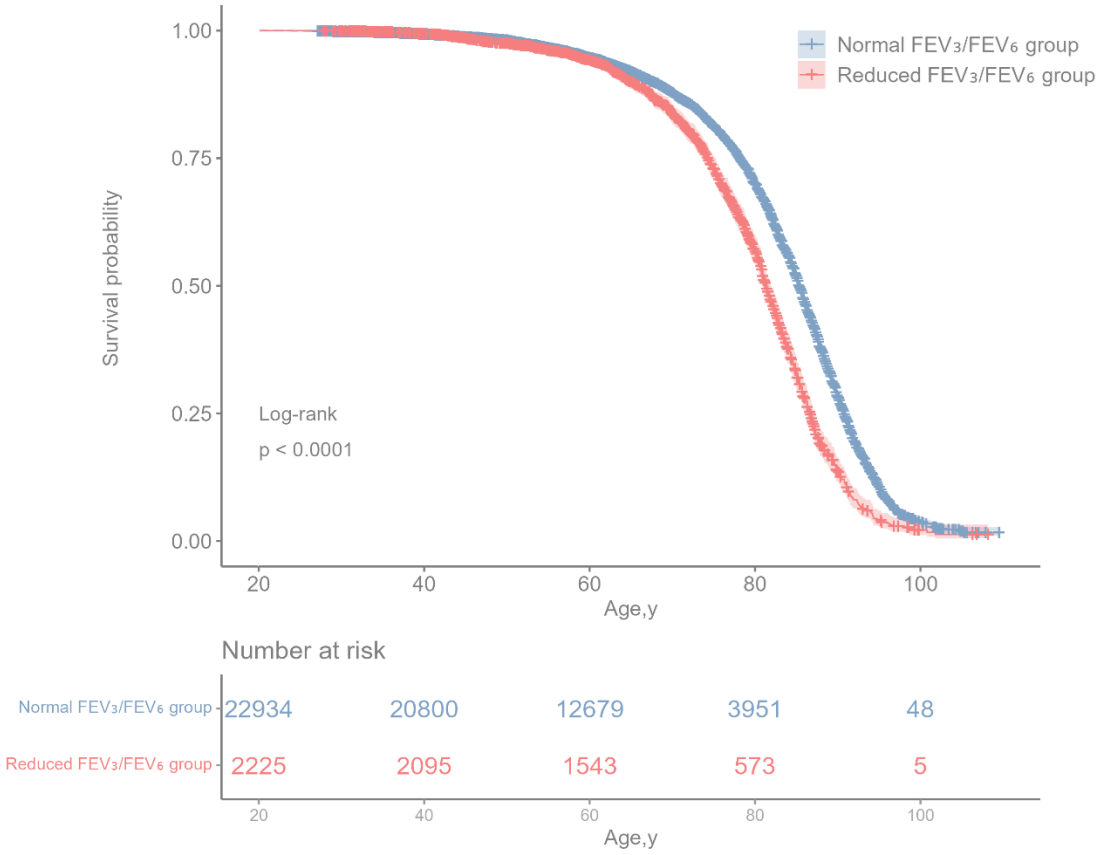
The sensitivity analysis between the ratio of FEV_3/FEV_6 to LLN and all-cause mortality was investigated in before (A, B, C) and after (D, E, F) adjustment for sex, race, body surface area, body mass index, smoking status, educational level, poverty income ratio, and comorbidities (congestive heart failure, stroke, asthma, chronic bronchitis, emphysema, cancer, diabetes, and hypertension).

Figure S4. The relationship between FEV_3/FEV_6 as a standalone variable and all-cause mortality.



The sensitivity analysis between FEV_3/FEV_6 and all-cause mortality was investigated in before (A) and after (B) adjustment for sex, race, body surface area, body mass index, smoking status, educational level, poverty income ratio, and comorbidities (congestive heart failure, stroke, asthma, chronic bronchitis, emphysema, cancer, diabetes, and hypertension).

Figure S6. Kaplan-Meier Survival Curves for all-cause mortality using age as the time-axis.



Abbreviations: FEV_3 = forced expiratory volume in 3 s; FEV_6 = forced expiratory volume in 6 s.

Table S1. Sensitivity analysis for association of FEV_3/FEV_6 and all-cause mortality using age as the time-axis.

Models	FEV_3/FEV_6 ≥LLN		FEV_3/FEV_6 <LLN		FEV_3/FEV_6 <LLN vs. FEV_3/FEV_6 ≥LLN	
	Total	Death	Total	Death	hazard ratio (95% confidence interval)	P value
Crude model	22934	5285 (23.0%)	2225	1008 (45.3%)	1.53 (1.43-1.64)	<0.001
Model 1*	22934	5285 (23.0%)	2225	1008 (23.0%)	1.59 (1.48-1.70)	<0.001
Model 2†	20933	4732 (22.6%)	2047	918 (44.8%)	1.35 (1.25-1.45)	<0.001
Model 3‡	20760	4689 (22.6%)	2012	905 (45.0%)	1.30 (1.21-1.41)	<0.001
Model 4§	20760	4689 (22.6%)	2012	905 (45.0%)	1.08 (0.99-1.17)	0.077

*Model 1 was adjusted for age, sex, race, body mass index, and body surface area.

†Moder 2 was further adjusted for smoke status, poverty income ratio, and education level.

‡Model 3 was further adjusted for comorbidity (congestive heart failure, stroke, asthma, chronic bronchitis, emphysema, cancer, diabetes, and hypertension) on the basis of model 2.

§Model 4 was adjusted for pre-bronchodilator FEV_1 % of predicted in addition to the variables in model 3.