**Supplementary Table 1.** Characteristics of the included cohort studies (n=16) and patient baseline demographic characteristics (N= 1,619,690)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Author (year) | Country | Cohort name/data source | HIV Status | N | Age (median) | Male (%) | White (%) |
| Althoff (2015) | United States | Veterans Aging Cohort Study (VACS) | positive | 27253 | 48 | 97 | 38 |
|  |  |  | negative | 56274 | 49 | 97 | 38 |
| Bedimo (2011) | United States | Veterans Health Administration’s Clinical Case Registry | positive | 19424 | 46 | 99 |  |
| Durand (2011) | Canada | Quebec Public Health Insurance Database | positive | 7053 | 37 | 78 |  |
|  |  |  | negative | 27681 | 37 | 78 |  |
| Hasse 2011 | Switzerland | Swiss HIV Cohort | positive | 8844 | 45 | 71 |  |
| Holmberg (2002) | United States | The HIV Outpatient Study (HOPS) | positive | 5672 | 42.6 | 82.1 | 62 |
| Rasmussen (2015) | Denmark | Danish HIV Cohort Study | positive | 3233 | 44.6 | 78.8 |  |
|  |  |  | negative | 12932 | 44.8 | 78.8 |  |
| Sabin (2013) | Europe, United States, Australia | Data collection on Adverse events of Anti-HIV Drugs (DAD) | positive | 33301 | 38 | 74.1 | 53.6 |
| Silverberg (2014) | United States | Kaiser Permanente California  | positive | 22081 | NR | 90.6 | 55.9 |
|  |  |  | negative | 230069 | NR | 90.5 | 45.8 |
| Triant (2007) | United States | Partners HealthCare System | positive | 3851 | 38 | 69.6 | 54.1 |
|  |  |  | negative | 1044589 | 39 | 40.9 | 66.1 |
| Escaut (2003) | France |  | positive | 840 | NR |  |  |
| Rickerts (2000) | Germany | Frankfurt HIV Cohort Study  | positive | 4993 | 35.2 | 80.4 |  |
| Lang (2010) | France | French Hospital Database on HIV  | positive | 74958 | 44 | 87.5 |  |
| Kwong (2006) | United States and the Netherlands | Athena Cohort and HIV insight | positive | 18603 | 36 | 82.6 |  |
| Brothers (2009) | NR | Compiled GSK Clinical Trials | positive | 9502 | 37 | 81.3 | 53.9 |
| Brouwer (2014) | United States | North Carolina Medicaid administrative data | positive | 3481 | NR | 53 | 18 |
| Ribaudo (2011) | NR |  AIDS Clinical Trials Group Studies | positive | 5056 | 38 | 82 | 40 |

NR= not reported

**Supplementary Table 2.** Quality assessment scores for the included studies (n=17)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Author (year) | Represen-tativeness | HIV definition | No MI at study start | Controlled for age | Controlled for otherrisk factors | MI definition | Follow-up length | Attrition rate | Score | Quality category |
| Althoff (2015) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 8 | High |
| Bedimo (2011) | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 7 | High |
| Durand (2011) | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 7 | High |
| Hasse 2011 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 4 | Low |
| Holmberg (2002) | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 5 | High |
| Rasmussen (2015) | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | High |
| Sabin (2013) | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 4 | Low |
| Silverberg (2014) | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 6 | High |
| Triant (2007) | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | High |
| Escaut (2003) | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 3 | Low |
| Rickerts (2000) | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 4 | Low |
| Lang (2010) | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 4 | Low |
| Kwong (2006) | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 5 | High |
| Brothers (2009) | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 2 | Low |
| Brouwer (2014) | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 7 | High |
| Ribaudo (2011) | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 4 | Low |

MI=myocardial infraction

**Reporting Checklist for Meta-analyses of Observational Studies (MOOSE) for JAMA Cardiology**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No** | **Recommendation** | **Reported?** | **Page No.**  |
| **Reporting of background should include**  |
| 1 | Problem definition | Yes | 3 |
| 2 | Hypothesis statement | No |  |
| 3 | Description of study outcome(s) | Yes | 5 |
| 4 | Type of exposure or intervention used | Yes | 5 |
| 5 | Type of study designs used  | Yes | 4 |
| 6 | Study population  | Yes | 4 |
| **Reporting of search strategy should include** |
| 7 | Qualifications of searchers (eg, librarians and investigators)  | Yes | 4 |
| 8 | Search strategy, including time period included in the synthesis and key words  | Yes | 4 |
| 9 | Effort to include all available studies, including contact with authors  | No |  |
| 10 | Databases and registries searched  | Yes | 4 |
| 11 | Search software used, name and version, name and version, including special features used (eg, explosion)  | No |  |
| 12 | Use of hand searching (eg, reference lists of obtained articles) | No |  |
| 13 | List of citations located and those excluded, including justification  | No |  |
| 14 | Method of addressing articles published in languages other than English  | No |  |
| 15 | Method of handling abstracts and unpublished studies  | No |  |
| 16 | Description of any contact with authors | No |  |
| **Reporting of methods should include**   |
| 17 | Description of relevance or appropriateness of studies assembled for assessing the hypothesis to be tested  | Yes  | 5 |
| 18 | Rationale for the selection and coding of data (eg, sound clinical principles or convenience)  | No  |  |
| 19 | Documentation of how data were classified and coded (eg comparability of cases and controls in studies where appropriate) | Yes  | 5 |
| 20 | Assessment of confounding (eg, comparability of cases and controls in studies where appropriate) | Yes  | 5 |
| 21 | Assessment of study quality, including blinding of quality assessors, stratification or regression on possible predictors of study results | Yes | 5-6 |
| 22 | Assessment of heterogeneity | Yes | 8 |
| 23  | Description of statistical methods (eg, complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicated  | Yes | 7-8 |
| 24 | Provision of appropriate tables and graphics | Yes | 17-20 |
| **Reporting of results should include** |
| 25 | Graphic summarizing individual study estimates and overall estimate | Yes | 19 |
| 26 | Table giving descriptive information for each study included  | Yes | 18 |
| 27 | Results of sensitivity testing (eg, subgroup analysis)  | Yes | 9 |
| 28 | Indication of statistical uncertainty of findings | No |  |
| **Reporting of discussion should include**  |
| 29 | Quantitative assessment of bias (eg, publication bias) | Yes | 9 |
| 30 | Justification for exclusion (eg, exclusion of non-English language citations) | No |  |
| 31 | Assessment of quality of included studies  | Yes | 5 and 9 |
| **Reporting of conclusions should include** |
| 32 | Consideration of alternative explanations for observed results | Yes | 10-12 |
| 33 | Generalization of the conclusions (ie, appropriate for the data presented and within the domain of the literature review) | Yes | 10-12 |
| 34 | Guidelines for future research  | Yes | 12 |
| 35 | Disclosure of funding source  | Yes | 13 |

***From***: Stroup DF, Berlin JA, Morton SC, et al, for the Meta-analysis Of Observational Studies in Epidemiology (MOOSE) Group. Meta-analysis of Observational Studies in Epidemiology. A Proposal for Reporting. JAMA. 2000;283(15):2008-2012.