Online-Only Supplemental Material

Supplemental Table S1. Incidence of hospitalization for heart failure per 100 person-years and hazard ratio (95% CI) for women/men

<table>
<thead>
<tr>
<th></th>
<th>All n=7785</th>
<th>Men n=5596</th>
<th>Women n=2189</th>
<th>Cox Proportional hazard ratio*(Women/men) (95%C.i.)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of events</td>
<td>100 person years</td>
<td>100 person years</td>
<td>100 person years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>906</td>
<td>3.28</td>
<td>622</td>
<td>3.12</td>
<td>284</td>
<td>3.70</td>
</tr>
</tbody>
</table>

* Adjusted for age, hemoglobin A1c (HbA1c), systolic blood pressure (SBP), low density lipoprotein cholesterol (LDL-c), ejection fraction, estimated glomerular filtration rate (eGFR), body mass index (BMI), smoking status, history of myocardial infarction(MI), stroke, percutaneous coronary intervention (PCI ), coronary artery bypass grafting (CABG) and malignancy, use of angiotensin converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB), beta-blocker, biguanide, aspirin, statin, and hemodialysis.
**Supplemental Table S2.** Incidence of hospitalization for heart failure per 100 person-years and hazard ratio excluding patients with either hemodialysis or with eGFR <15 mL/min

<table>
<thead>
<tr>
<th></th>
<th>No. of events</th>
<th>100 person-year</th>
<th>Cox Proportional hazard ratio* (95%C.i.)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excluding patients with hemodialysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All (n=7003)</td>
<td>771</td>
<td>3.03</td>
<td>1.22(1.02-1.47)</td>
<td>0.0324</td>
</tr>
<tr>
<td>Women (n=1947)</td>
<td>236</td>
<td>3.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men (n=5056)</td>
<td>535</td>
<td>2.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excluding patients with either hemodialysis or eGFR&lt;15ml./min</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>All (n=6905)</td>
<td>748</td>
<td>2.97</td>
<td>1.21(1.00-1.46)</td>
<td>0.0469</td>
</tr>
<tr>
<td>Women (n=1914)</td>
<td>228</td>
<td>3.30</td>
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</tr>
<tr>
<td>Men (n=4991)</td>
<td>521</td>
<td>2.85</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Adjusted for age, hemoglobin A\textsubscript{1c} (HbA\textsubscript{1c}), systolic blood pressure (SBP), low density lipoprotein cholesterol (LDL-c), ejection fraction, estimated glomerular filtration rate (eGFR), body mass index (BMI), smoking status, history of myocardial infarction (MI), stroke, percutaneous coronary intervention (PCI), coronary artery bypass grafting (CABG) and malignancy, use of angiotensin converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB), beta-blocker, biguanide, aspirin, statin., stroke, PCI, CABG and malignancy, use of angiotensin converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB), beta-blocker, biguanide, aspirin, statin.
Supplemental Figure S1. Flow chart of the study population

Among 7,896 patients with type 2 diabetes and a history of coronary artery stenosis or PCI/CABG, we excluded 111 patients who could not be followed for a day, and the final study population was 7,785 (28% of women).