**Supplemental material**

**Detailed Multi-slice CT protocol for measurement of Agatston score**

In brief, patients were scanned in the supine position in the craniocaudal direction, using a 64-slice CT scanner (Somatom Sensation 64; Siemens Medical Solutions, Forchheim, Germany), in which images were obtained with a 3 mm single slice thickness. The aorta was examined distal to the renal artery to the bifurcation. VC was defined as the volume of 2 adjacent pixels with a CT density > 130 Hounsfield units within the distribution of the abdominal aorta. All of the acquired multi-slice computed tomography sections were then reviewed by an experienced investigator who was blinded to the clinical data. The intraobserver correlation was 0.99 [1]. The quantitative AoC was calculated according to the method described by Agatston *et al*[2].

**References**

1. Ehara S, Shirai N, Okuyama T, Matsumoto K, Matsumura Y,Yoshiyama M: Absence of left ventricular concentric hypertrophy: a prerequisite for zero coronary calcium score. Heart Vessels 2011; 26: 487-494.

2. Agatston AS, Janowitz WR, Hildner FJ, Zusmer NR, Viamonte M, Jr.,Detrano R: Quantification of coronary artery calcium using ultrafast computed tomography. J Am Coll Cardiol 1990; 15: 827-832.