Supplementary Figures

Linkage disequilibrium of chromosome 9p21 single nucleotide polymorphisms in the present study population. Linkage disequilibrium was evaluated by D prime (left) and R squared (right) using PLINK and Haploview softwares.
A possible mechanism for the differential impact of rs1333049 genotypes between the primary and secondary prevention settings. (A) Risk of first acute myocardial infarction (AMI) in the primary prevention setting. (B) Risk of re-myocardial infarction (ReMI) in the secondary prevention setting. Blue and yellow bars indicate the susceptibility risks of G (dominant risk) and C (additive risk) alleles, respectively. In this model, it is assumed that the risk of rs1333049 G allele was not changed between primary and secondary prevention settings, while the risk of rs1333049 C allele was reduced by the secondary prevention programs after AMI. In the primary prevention setting (panel A), the risk of C allele overwhelmed the G allele risk, making an "additive risk model" of C allele, in which the total risk increased as the number of C allele increased. On the other hand, in the secondary prevention setting (panel B), the risk of rs1333049 C allele was reduced and then the risk of G allele became highlighted, making a so-called "dominant risk model" of rs1333049 G allele.
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