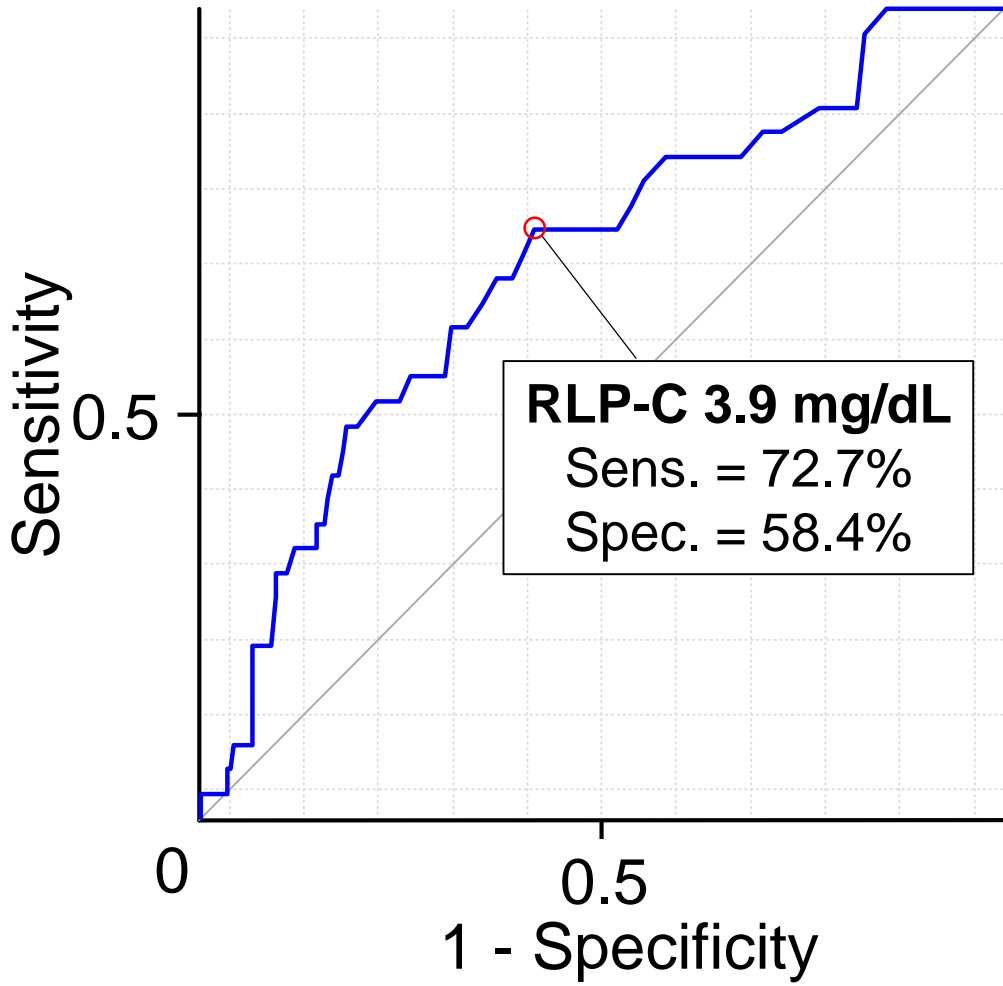**Supplementary Table S1. Comparison of incidence of each CVD event during follow-up period between patients with RLP-C levels < 3.9 mg/dL and ≥ 3.9 mg/dL.**

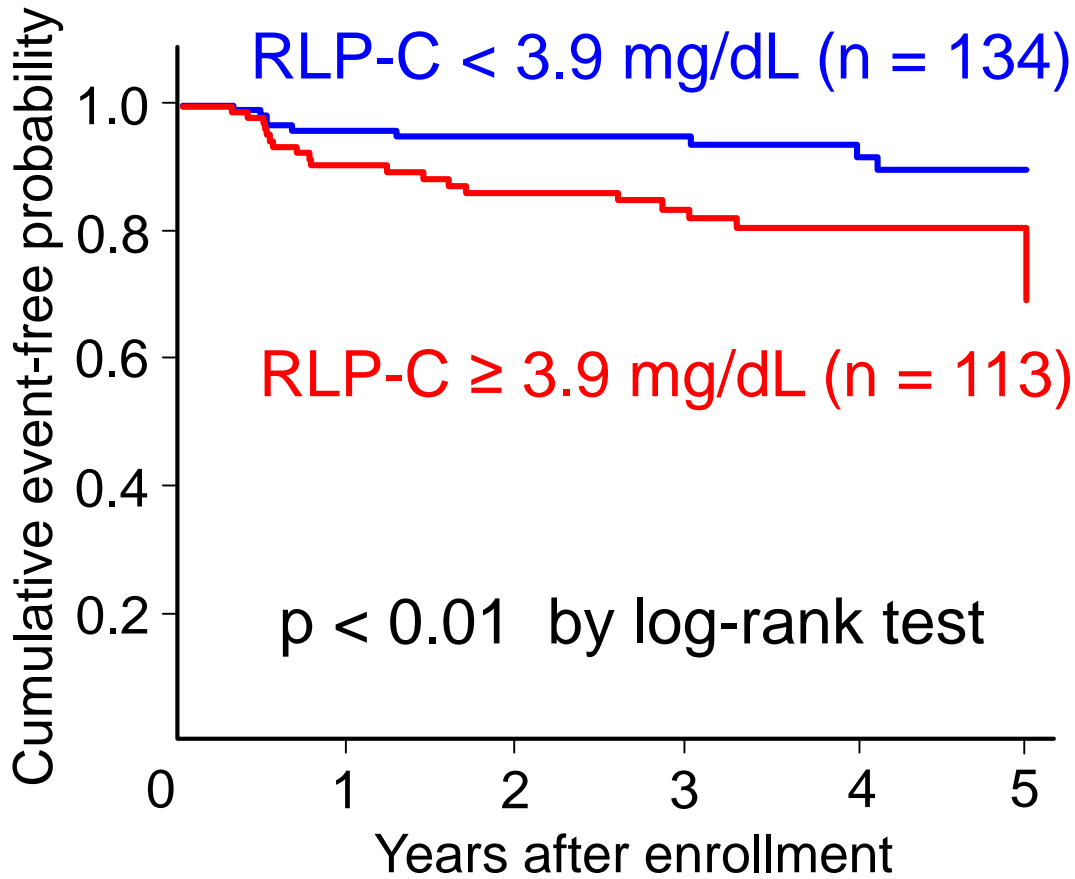| Variable	RLP-C < 3.9 mg/dL n=134	RLP-C ≥ 3.9 mg/dL n=113	P value
Primary composite endpoint	9 (7)	24 (21)	< 0.01
Death			
All-cause death	10 (8)	3 (3)	0.15
Cardiac death	1 (1)	1 (1)	1.00
Non cardiac death	9 (7)	2 (2)	0.07
ACS			
Non-fatal MI	1 (1)	0 (0)	1.00
uAP	4 (3)	9 (8)	0.09
Heart failure	0 (0)	9 (8)	< 0.01
Peripheral artery disease	0 (0)	1 (1)	0.46
Aortic dissection or aneurysm	1 (1)	2 (2)	0.59
Ischemic stroke	2 (2)	2 (2)	1.00

Data express number of patients (%). Primary composite endpoint consisted of cardiac death, non-fatal myocardial infarction (MI), unstable angina pectoris (uAP) with coronary revascularization, worsening heart failure, peripheral artery diseases requiring endovascular or surgical treatment or amputation, aortic dissection, aortic aneurysm requiring endovascular or surgical treatment,or ischemic stroke. ACS, acute coronary syndromes.
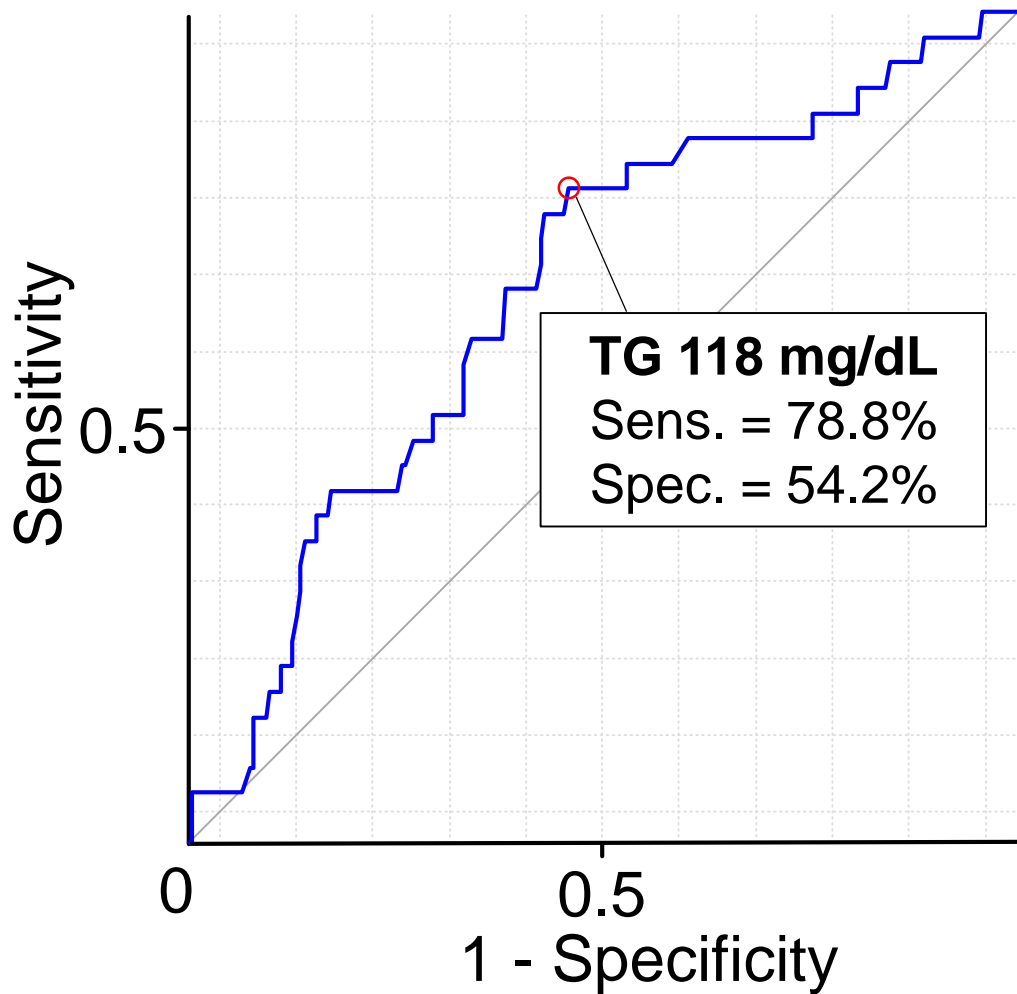
Figure 1

RLP-C 3.9 mg/dL
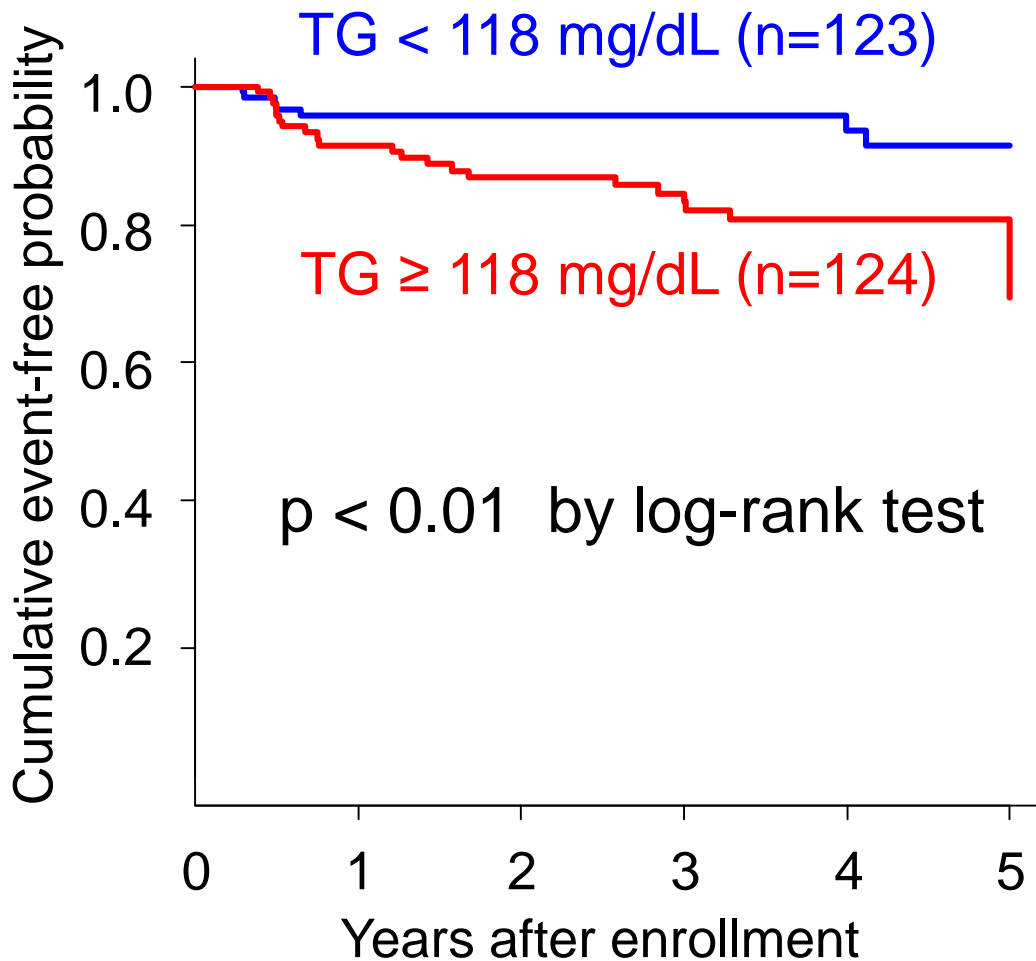Sens. = 72.7%
Spec. = 58.4%

Figure 2

Cumulative event-free probability

RLP-C < 3.9 mg/dL (n = 134)

RLP-C ≥ 3.9 mg/dL (n = 113)

p < 0.01 by log-rank test

Years after enrollment

Supplementary Figure S1

TG 118 mg/dL
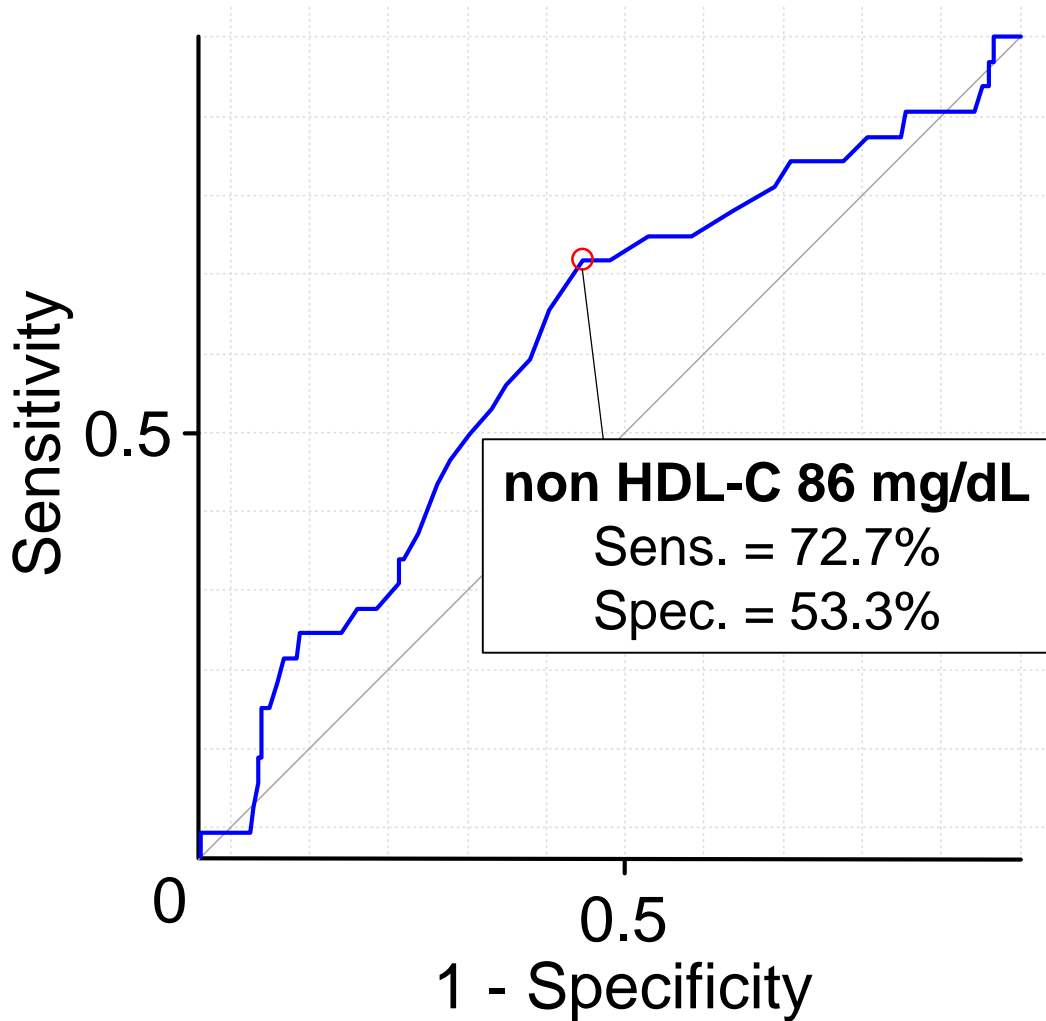Sens. = 78.8%
Spec. = 54.2%

Receiver operating characteristic (ROC) curve to obtain optimal cut-off level of triglyceride (TG) for the prediction of clinical events.
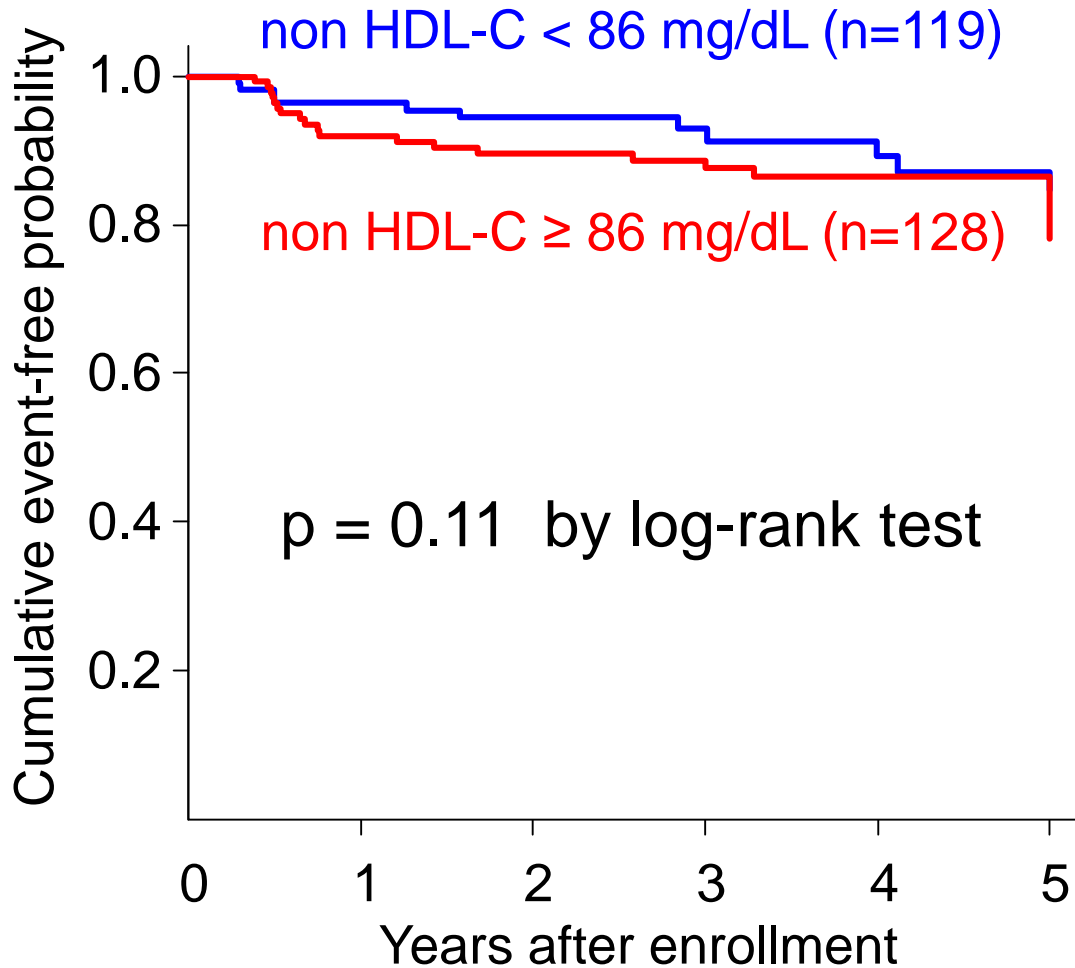
Supplementary Figure S2

Kaplan-Meier analysis according to triglyceride (TG) levels. The cut-off value for TG of 118 mg/dL was chosen based on ROC curve analysis.

Supplementary Figure S3

Receiver operating characteristic (ROC) curve to obtain optimal cut-off level of non-HDL-C for the prediction of clinical events.

Supplementary Figure S4

Kaplan-Meier analysis according to non-HDL-C levels. The cut-off value for non-HDL-C of 86 mg/dL was chosen based on ROC curve analysis.