Supplemental Table 1. Prospective epidemiologic studies of blood lead and clinical cardiovascular disease in general populations*

1st Author, year	Population (baseline)	Men% Age range	Range lead levels in µg/dL (method)	Outcome	Cases / Non-cases	Hazard ratio (95%CI)**	Comparison	Adjusted for
				United States				
Lustberg 2002[1]	NHANES II (1976-1980)	47% 30 to 74 y	<10 to 29 (AAS)	CVD, fatal	424 / 3766	1.39 (1.01, 1.91)	20-29 vs. <10 µg/dL	Age, sex, race, educ., income, smoking, BMI, exercise, location
Menke 2006[2]	NHANES III (1988-1994)	47% ≥20 y	<1 to 10 (AAS)	CVD, fatal IHD, fatal Stroke, fatal	766 / 13198 367 / 13597 141 / 13823	1.55 (1.08, 2.24) 1.89 (1.04, 3.43) 2.51 (1.20, 5.26)	≥3.63 vs. <1.93 µg/dL	Age, sex, race, educ., income, smoking, alcohol, BMI, exercise, cholesterol, CRP, urban/rural, menopause, hypertension, kidney function
Schober 2006[3]	NHANES III (1988-1994)	48% ≥40 y	<5 to >10 (AAS)	CVD, fatal	1189 / 8568	1.55 (1.16, 2.07)	≥10 vs. <5 µg/dL	Age, sex, race, educ., smoking
Aoki 2016[4]	NHANES (1999-2010)	48% ≥40 y	<5 to >10 (ICPMS)	CVD, fatal	985 / 17617	1.44 (1.05, 1.98)	10-fold increase	Age, sex, race, educ., smoking, alcohol, CRP, cadmium, iron, calcium, hematocrit
Wang 2019[5]	NHANES (1999-2012)	48% ≥40 y	<0.3 to >2.49 (ICPMS)	CVD, fatal	261 / 7782	1.45 (1.21, 1.74)	2.49 vs. 1.10 µg/dL	Age, sex, race, smoking, SBP, antihypertensive medication, lipids, diabetes, BMI
Jain 2007[6]	VA-NAS (1992-2001)	100% <60 to ≥70 y	Mean 6.3 (AAS)	IHD, fatling	83 / 754	1.45 (1.01, 2.06)	Per log unit change	Age, race, smoking, alcohol, BMI, BP, lipids, family history hypertension
Weisskopf 2009[7]	VA-NAS (1991-1999)	100% Mean 67	Mean 5.7 (AAS)	CVD fatal CHD fatal	137 / 723 62 / 798	1.10 (0.67, 1.80) 1.21 (0.57, 2.55)	>6.0 vs. <4.0 µg/dL	Age, smoking, education
Khalil 2009[8]	SOF - White women from 4 US-cities (1986-1989)	0% 65 to 87	1 to 21 (AAS)	CVD, fatal IHD, fatal Stroke, fatal	54 / 479 23 / 510 21 / 512	1.78 (0.92, 3.45) 3.08 (1.23, 7.70) 1.13 (0.34, 3.81)	≥ 8.0 vs. < 8.0 µg/dL	Age, clinic, educ., smoking, alcohol, BMI, estrogen use, hypertension, exercise, diabetes, hip bone mineral density
Chowdhury 2014[9]	ABLES workers (1987-2012)	100%	<5 to >40 (NR)	IHD, fatal Stroke, fatal	569 / 57799 123 / 58245	1.77 (1.23, 2.56) 1.88 (0.57, 6.28)	≥40 vs. <5.0 µg/dL	Age

				Europe				
Pocock 1988[10]	British Regional Heart Study (1978-1980)	100% 40 to 49 y	<6.2 to >35.2 (AAS)	IHD, fatal	316 / 7063	1.1 (0.4, 1.8)	>24.8 vs. <12.4 µg/dL	Age, smoking, location
Kromhout 1988[11]	Elderly men in Zutphen (1977-1978)	100% 57 to 76 y	<10.8 to >28.0 (AAS)	IHD, fatal+NF	26 / 115	1.34 (0.46, 3.94)	>23.8 vs. <13.0 µg/dL	Age, smoking, BMI, BP, cholesterol
Møller 1992[12]	4 cities Denmark (1976)	48% 40 y	2 to 60 (AAS)	IHD, fatal+NF CVD, fatal+NF	40 / 1005 54 / 991	1.58 (0.85, 2.95) 1.10 (0.63, 1.93)	Per log unit change	Sex, smoking, alcohol, BP, cholesterol, exercise
McElvenny 2015[13]	UK lead workers (1975-1979)	100% Mean 35.2 y	2.3 to >322 (NR)	CVD, fatal IHD, fatal Stroke, fatal	1368 / NR 874 / NR 184 / NR	1.30 (1.17, 1.44) 1.30 (1.17, 1.43) 1.25 (0.87, 1.62)	Per log unit change	Age, sex

ABLES: Adult Blood Lead Epidemiology and Surveillance, AAS: atomic absorption spectrometry; BMI: body mass index, BP: blood pressure, CRP: C-reactive protein, CVD: Cardiovascular disease, HR: hazard ratio; ICPMS: inductively coupled plasma mass spectrometry; IHD: ischemic heart disease, NF: non-fatal, NHANES: National Health and Nutrition Examination Survey, NR: not reported, OR: odds ratio, RR: Risk Rate, SBP: systolic blood pressure SOF: Study of Osteoporotic Fractures. UK: United Kingdom, VA-NAS: Veterans Affairs Normative Aging Study.

*The studies by Ruiz-Hernandez et al. 2017[14] and Lanphear et al. 2018[15] are not listed in the table as their main findings are related to attributable risk and estimation of lead related-CVD reduction.

**The measures of association are hazard ratios (95% confidence intervals) in all studies except relative risks in Chowdhury et al[9] and odds ratio in Pocock et al. [10]

Supplemental Table 2. Prospective epidemiologic studies of blood and urine cadmium and clinical cardiovascular disease in general populations published after the Systematic Review by Chowdhury et al. 2018[16]

1st Author, year	Population (baseline)	Men% Age range in years	Range cadmium levels in µg/L (Biological matrix, method)	Outcome	Cases / Non-cases	Hazard ratio (95%CI)**	Comparison	Adjusted for
				United States				
Chen 2018[17]	REGARDS (2003-2007)	46.6% ≥45	IQR 0.27 to 0.68*** (Urine, ICPMS)	Ischemic stroke, fatal+NF	680 / 2480	1.50 (1.01–2.22)	≥ 0.78 vs. <0.24 µg/g	Age, sex, race, educ., income, smoking, BMI, exercise, location, smoking, pack-year, alcohol, diabetes, lipids, CRP, urine arsenic.
Wang 2019[5]	NHANES (1999-2012)	48% ≥40 y	<0.2 to >0.66 µg/L (blood, ICPMS)	CVD, fatal	261 / 7782	1.60 (1.30, 1.98)	0.66 vs. 0.26 µg/L	Age, sex, race, smoking, SBP, antihypertensive medication, lipids, diabetes, BMI
Duan 2020[18]	NHANES (1999-2014)	46.5% ≥20	IQR 0.22~0.63 (Blood, ICPMS)	CVD, fatal	427 / 25629	1.27 (1.04, 1.56)	Per unit increase	Sex, age, ethnicity, education, PIR, cotinine, BMI, physical activity, prevalent cardiovascular disease, diabetes and blood lead and mercury.
				Europe				
Domingo-Relloso 2019[19]	Valladolid, Spain (2001-2003)	51.7% ≥20	0.23, 0.64*** (Urine, ICPMS)	CVD, fatal+NF HF, fatal+NF		1.46 (1.13, 1.88) 3.95 (1.44, 10.88)	Per 0.60 µg/g increase	Age, sex, education, smoking, pack-years, urine cotinine, estimated glomerular filtration rate, residence (urban or rural), HDL cholesterol, total cholesterol, lipid and blood pressure lowering medication, diabetes and systolic pressure.
Sears 2021	Danish never-smokers	~49% 50-64	<0.05 to >0.5 (Urine, ICPMS)	AMI, fatal+NF	809 / 1139	1.51 (1.03, 2.20) 1.56 (0.91, 2.68) in men 1.57 (0.93, 2.63) in women	Quartiles 4 vs. 1 (medians 0.5 vs. 0.05 µg/l)	Age, sex, education, cotinine, BMI (all participants never smokers) and creatinine
Poulsen 2021[20]	Danish never-smokers	~49% 50-64	<0.1 to >0.6*** (Urine, ICPMS)	Stroke, fatal+NF	534 / 1200	1.18 (0.92-1.52) in men	Per 0.19 µg/g increase	Age, education, cotinine, BMI, BP, menopause (all participants never smokers)

	(1993-1997)					1.00 (0.89-1.12) in women		
Sears 2022[21]	Danish never-smokers (1993-1997)	~49% 50-64	<0.1 to >0.6*** (Urine, ICPMS)	HF, fatal+NF	958 / 1140	1.1 (1.0, 1.2) all 1.5 (1.2, 1.9) in men 1.1 (0.97, 1.2) women	Per 0.19 µg/g increase	Age, sex, BMI, education and cotinine (all participants never smokers)
Tägt 2022[22]	Swedish Mammography Cohort-Clinical (2004-2009)	0% 56-85	5–95 percentiles 0.15–0.77*** (Urine, ICPMS)	IHD HF Stroke (fatal+NF)	149 CHD 174 Heart Failure 162 I. Stroke (out of 4024)	1.24 (0.78, 1.97) 1.40 (0.93, 2.11) 0.66 (0.43, 1.02)	>0.41 vs <0.26	Age, education, height, weight, diabetes, parity, GFR, smoking, physical activity, diet, lipids
				Asia, Oceania				
Deering 2017[23]	Western Australian Data Linkage System (1998)	0%, mean 75.2	IQR 0.09–0.32 (Urine, ICPMS)	HF, fatal HF, fatal+NF	71 / 1148 144 / 1075	1.36 (1.11-1.67) 1.17 (1.01-1.35)	2.7 fold increase	Age, calcium, MI, hypertension, eGFR, prevalent CVD, diabetes, anticoagulant and lipid lowering medication, smoking and pack years.
Wen 2019[24]	Shenzen, China (2012-2017)	57% 30-80	IQR ~0.04 to 0.12 (Plasma, ICPMS)	Ischemic Stroke	1277 / 1277	2.63 (2.29, 3.02)	Per IQR increase	Age, sex, BMI, smoking, alcohol, hypertension, diabetes, and lipids (remained after multiple-metal adjustment).
Liu 2022[25]	Guangzhou, China (2021)	74%, mean 49	IQR 0.51, 1.51 (Urine, ICPMS)	IHD, NF	69 / 147	1.97 (1.22, 3.16)	NR	Age, sex and smoking status

AAS: atomic absorption spectrometry; BMI: body mass index, BP: blood pressure, CHD: coronary heart disease, CRP: C-reactive protein, CVD: Cardiovascular disease, GM: geometric mean, HR: hazard ratio, ICPMS: inductively coupled plasma mass spectrometry, IHD: ischemic heart disease, IQR: Interquartile range, NF: non-fatal, NHANES: National Health and Nutrition Examination Survey, NR: not reported, OR: odds ratio, RR: Relative Risk, SBP: systolic blood pressure.

* The study by Li et al. 2019[26] is not listed in the table as their findings are related to the CVD risk associated to cadmium from smoking, but cadmium association not through smoking is not reported.

**The measures of association are hazard ratios (95% confidence intervals) in all studies except relative risks in Duan et al.[18] and odds ratio in Wen et al[24] and Liu et al.[25]

***These are reported in µg/g creatinine.

Supplemental Table 3. Prospective epidemiologic studies of arsenic exposure and clinical cardiovascular disease in general populations with low-moderate arsenic in drinking water comparing the highest vs. lowest category of exposure below 50 µg/L*

1st Author, year	Population (baseline)	Men% Age range in years	Outcome	Cases / person-years or *non-cases*	Hazard ratio (95%CI)**	Arsenic comparison**	Arsenic exposure metric	Adjusted for
				United States				
Moon et al. 2013[27]	Strong Heart Study (American Indian communities)	40% 45-74	CVD, F+NF IHD, F+NF Stroke, F+NF	596 / 22732 443 / 23522 117 / 25116	1.32 (1.05, 1.28) 1.30 (1.04, 1.62) 1.47 (0.97, 2.21)	>15.7 vs. <5.8 µg/g creatinine	Urine, sum of inorganic and methylated species	Age, sex, education, smoking, BMI, LDL cholesterol
James et al. 2015[28]	San Luis Valley Diabetes Study (rural Colorado)	46% 20-74	IHD, F+NF	96 / 459	2.14 (1.22, 3.98)	>30-45 vs. < 10 µg/L	TWA water arsenic	Age, sex, income, ethnicity, smoking, alcohol use, sedentary physical activity, BMI, family history of CHD, diabetes, LDL cholesterol, TG, HDL cholesterol, folate, selenium
Farzan et al. 2015[29] (also data from Moon et al. 2017[30])	NH non-melanoma skin cancer case-control	56% median 61	CVD, fatal IHD, fatal Stroke, fatal	209 / NR 103 / NR 27 / NR	0.99 (0.74, 1.32) 1.22 (0.82, 1.82) 1.10 (0.50, 2.40)	>0.11 vs. <0.07 µg/g	Toenail	Age, sex, education, smoking (pack-years), cancer status (case v. control)
Nigra et al. 2021[31]	NHANES 2003-2014	48% Mean 47.5	Heart disease, F+NF	77 / *4913*	1.20 (0.83, 1.74)	Per 1.05 µg/L	Urinary total As in participants with low AB*	Age, sex, race/ethnicity, urinary creatinine, estimated glomerular filtration rate, education, cotinine, BMI, cholesterol, seafood intake
				Europe, Asia				
D'Ippoliti et al. 2015[32]	Retrospective cohort in Lazio, Italy	50% Mean 33	CVD, fatal IHD, fatal Stroke, fatal	6266 /*158823* 1652 /*163437* 1449 /*163640*	1.36 (1.06, 1.74) 1.40 (1.19, 1.64) 1.44 (1.16, 1.78)	>20 vs. <10 µg/L	TWA water arsenic	Age, calendar period, SES, occupation in the ceramic industry (individual); smoking sales and radon exposure (municipal level)
Monrad et al. 2017[33] (CHD)	Danish Diet, Cancer Health cohort	48% 50-64	IHD, F+NF	375 / 106531	1.44 (1.16, 1.78)	2.11-25.3 vs. 0.08-1.83 µg/L	20-year TWA water arsenic	Age, sex, education, smoking status, duration and intensity, alcohol status and intake, physical activity, fruit intake, vegetables intake, calendar year, BMI, waist circumference (models for CHD also adjusted for diabetes, cholesterol, hypertension)
Ersbøl et al. 2018 (Stroke)[34]	Aarhus		Stroke, F+NF	309 / 96656	1.79 (1.41, 2.26)			
	Copenhagen	46% 50-64	IHD, F+NF	833 / 273879	0.94 (0.82, 1.08)			

			Stroke, F+NF	680 / 239130	1.02 (0.88, 1.18)	0.87-16.3 vs. 0.05-0.49 µg/L	20-year TWA water arsenic	
Yuan et al. 2017[35]	Dongfeng-Tongji Cohort, China	49% Mean 66	IHD, F+NF	1621 / 1621	1.78 (1.29, 2.46)	>3.49 vs. <1.28 µg/L	Plasma arsenic	Age, sex, BMI, smoking status, pack year, alcohol intake, education, physical activity, hypertension, hyperlipidemia, family history of IHD, diabetes, eGFR, other metals

AB: arsenobetaine; AAS: atomic absorption spectrometry; BMI: body mass index, BP: blood pressure, CRP: C-reactive protein, CVD: Cardiovascular disease, eGFR: estimated glomerular filtration rate, GM: geometric mean; HR: hazard ratio; ICPMS: inductively coupled plasma mass spectrometry, IHD: ischemic heart disease, IQR: Interquartile range, NF: non-fatal, NH: New Hampshire, NHANES: National Health and Nutrition Examination Survey, NR: not reported, OR: odds ratio, RR: Relative Risk, SBP: systolic blood pressure; TWA: time weighted average.

Supplemental Table 4. Environmental and occupational guidelines for lead, cadmium and arsenic monitoring

	Lead (Pb)	Cadmium (Cd)	Arsenic (As)
Air	EPA Clean Air Act NAAQS: 0.15 μg/m^3 in total suspended particles as a 3-month average	Listed as hazardous air pollutant by Clean Air Act (no standard)	Listed as hazardous air pollutant by Clean Air Act (no standard)
Drinking water	EPA Lead and Copper rule: Action level 15 μg/l in >10% of customer tap water sampled in a system MCLG: 0	EPA maximum contaminant level: 5 μg/l MCLG: 0	EPA maximum contaminant level: 10 μg/l
Dust	EPA clearance levels: 10 μg/ft^2 floor dust 100 μg/ft^2 window sill dust	--	--
Soil	EPA guidance levels: 400 ppm soil in play area 1200 ppm in non-play area	Ceiling for amount that can be applied to land is 85 mg/kg fill material	--
Food	Action level: 0.5 μg/dL for lead in food products for use by infants and children Ban of leaded-soldered cans	Oral minimal risk level: 0.1 μg/kg/day	--
Occupational	OSHA PEL (8-h TWA): 50 μg/m^3 air OHSA action blood lead level: 40 μg/dL ACGIH BEI: blood lead 30 μg/dL CDC/NIOHS reference blood lead level for adults is 5 μg/dL	OSHA PEL (8-h TWA): 5 μg/m^3 air OSHA action urinary level: 3 μg/g creatinine OSHA action blood level: 5 μg/L	OSHA PEL (8-h TWA): 10 μg/m^3 air ACGIH BEI: urinary sum inorganic and methylated arsenic species at end of a 5-day shift 35 μg/g creatinine

ACGIH: American College of Governmental Industrial Hygienists. BEI: biological exposure index. MCLG: maximum contaminant level goal. PEL: permissible exposure limit. TWA: time weighted average.

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