

Supplemental Digital Content 9. The association of surgical hospitalization with elevated late-life (Visit 5) brain β -amyloid deposition after using inverse probability weighting to account for differential attrition and participant selection

| | Surgery Group | Comparison Group | Model 1 | | Model 2 | |
|---|------------------|------------------|----------------------------|----------|----------------------------|----------|
| | n/N (% Amyloid+) | n/N (% Amyloid+) | OR (95% CI) ^a | <i>p</i> | OR (95% CI) ^a | <i>p</i> |
| All surgery vs. never hospitalized | 81/148 (55%) | 43/82 (52%) | 1.14 (0.56, 2.30) N=230 | .724 | 1.11 (0.49, 2.52) N=224 | .797 |
| Moderate/high-risk surgery vs. never hospitalized | 72/130 (55%) | 43/82 (52%) | 1.26 (0.60, 2.64) N=212 | .544 | 1.29 (0.54, 3.04) N=206 | .567 |

Model 1 is adjusted for age, center, race, sex, education, and *APOE* ϵ 4 status. Model 2 is additionally adjusted for BMI, total cholesterol, HDL, alcohol use and smoking status, and prevalent hypertension, diabetes, coronary heart disease, heart failure, CKD, and COPD as assessed at Visit 5. Sixteen participants included in model 1 were excluded from model 2 due to missing one or more model 2 covariate. Inverse probability weights were applied to the logistic regression models to derive these results. Participants missing Visit 1 covariate information used for determination of regression weights were excluded from the current analyses (n=13).

Abbreviations: n = number of amyloid-positive participants; N = total number of participants

^aOR represents the adjusted odds for elevated brain amyloid of the surgery group as compared to the no surgery referent group