Appendix

Table A1: 2009 IDF/AHA Criteria for MS

	IDF/AHA 2009
Definition	**≥ 3 risk factors**
Risk factor	
Abdominal obesity	Male: ≥ 90 cm, Female: ≥ 80 cm (Asians) OR BMI ≥ 27.5kg/m^2 as surrogate (WHO 2004)
Triglycerides	≥ 150 mg/dL (≥ 1.7 mmol/L) or drug treatment for elevated levels
HDL cholesterol	Men: < 40 mg/dL (< 1.0 mmol/L) or drug treatment Women: < 50 mg/dL (< 1.3 mmol/L) or drug treatment
Blood pressure	≥ 130/ ≥ 85 mm Hg or drug treatment for hypertension (HTN)
Fasting glucose	≥ 100 mg/dL (≥ 5.6 mmol/L) or drug treatment for diabetes mellitus (DM)

Table A2: Review of Studies Reporting MS in Patients ≥21 years Previously Treated with HSCT. Adapted from Turcotte et al. (53)

Study	Year	N	Age	Stem cell source (n)	Median time after HSCT, yr	Treated with TBI	P / I	MS, %	Other
Taskinen M et al. (14)	2000	23	10-32	Allo	10.8	78	P	39	-
Taskinen M et al. (32)	2007	31	7-34	Allo	6	90	P	39	48% developed GH deficiency (75% with MS)
Oudin C et al. (33)	2011	60	18-41	Allo (39), auto (21)	15.4	72	P	15	-
Bajwa R et al. (34)	2012	160	5-28	Allo (99), auto (70)	7	37	P	7.5	17% developed GH deficiency
Paris C et al. (10)	2012	69	6-25	Allo (59), auto (10)	4	55	P	32	Low HDL most common component. Corticosteroid use before or after post-HSCT was most significant risk factor for MS
Oudin C et al. (12)	2015	170	24.8 ± 5.4	Allo (124), auto (46)	14.5 (mean)	73	I	17	9% treated with cranial/craniospinal radiation; GH deficiency associated with increased MS risk
Higgins K et al. (31)	2005	16	25-54	Allo (13), auto (3)	6 (mean)	93	P	25	**Hypertriglyceridemia most common**
Annaloro C et al. (8)	2008	85	26-63	Allo (39), auto (46)	9	78	P	34	**Hypertriglyceridemia most common**
Majhail NS et al. (9)	2009	86	21-71	Allo	3	77	P	49	**Hypertriglyceridemia most common**
McMillen KK et al. (11)	2014	785	18-74	Allo	-	48	I	48% (at day 80) 40% (at 1 year)	**Hypertriglyceridemia most common**

Allo indicates allogeneic; auto, autologous; GH, growth hormone; P/I, prevalence, incidence