**SUPPLEMENTAL MATERIAL**

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| Supplementary Table 1: Change in NYHA class and KCCQ clinical summary score from baseline to 8 months follow-up, according to diabetes status.   |  |  |  |  | | --- | --- | --- | --- | |  | **Normal HbA1c**  HbA1c <6.0% | **Prediabetes**  HbA1c 6.0-6.4% | **Diabetes**  Prior diagnosis or HbA1c ≥6.5% | | **KCCQ** |  |  |  | | Change in score | -1.9 ± 0.5 | -1.0 ± 0.6 | -2.6 ± 0.4 | | Adjusted odds ratio (95% CI), ≥5point increase  P value | 1.00 (ref) | 1.22 (0.89-1.68)  0.22 | 1.05 (0.82-1.35)  0.69 | |  |  |  |  | | **NYHA class** |  |  |  | | Improved, n (%) | 211 (14) | 124 (15) | 301 (13) | | Unchanged, n (%) | 1155 (78) | 643 (77) | 1761 (77) | | Worsened, n (%) | 123 (8) | 73 (9) | 227 (10) | | Adjusted odds ratio (95% CI), improvement  P value | 1.00 (ref) | 1.51 (0.91-2.51)  0.11 | 1.00 (0.67-1.49)  0.99 |   Adjusted forage, sex, race, New York Heart Association class, smoking status (current), prior HF hospitalization, HF duration, left ventricular ejection fraction, NT-proBNP (log), systolic blood pressure, heart rate, serum creatinine level, history of myocardial infarction, stroke, chronic obstructive pulmonary disease (COPD), atrial fibrillation, hypertension, randomly assigned treatment and region.  Supplementary Table 2:  Treatment effects of sacubitril-valsartan, compared with valsartan, according to diabetes status. | | | | |
|  | **Normal HbA1c**  HbA1c <6.0% | **Prediabetes**  HbA1c 6.0-6.4% | **Diabetes**  Prior diagnosis or HbA1c ≥6.5% |  |
|  | **Adjusted RR/HR (95% CI)** | **Adjusted RR/HR (95% CI)** | **Adjusted RR/HR (95% CI)** | **P value for interaction** |
| **Primary composite outcome** | 0.88 (0.67-1.17) | 0.87 (0.60-1.26) | 0.87 (0.73-1.05) | 0.96 |
| **Total hospitalizations for HF** | 0.90 (0.65-1.24) | 0.93 (0.62-1.40) | 0.82 (0.67-1.01) | 0.93 |
| **CV death** | 0.83 (0.56-1.23) | 0.73 (0.44-1.22) | 1.10 (0.85-1.42) | 0.20 |
| **First hospitalization for HF or CV death** | 0.93 (0.73-1.18) | 0.91 (0.67-1.23) | 0.88 (0.75-1.04) | 0.88 |
| **First hospitalization for HF** | 0.97 (0.73-1.28) | 0.99 (0.70-1.40) | 0.82 (0.68-0.99) | 0.42 |
| **Death from any cause** | 0.72 (0.53-0.99) | 0.88 (0.60-1.31) | 1.13 (0.92-1.38) | 0.03 |
| **Renal composite outcome** | 0.37 (0.14-0.97) | 0.39 (0.06-2.68) | 0.51 (0.31-0.85) | 0.87 |
| Adjusted forage, sex, race, New York Heart Association class, smoking status (current), prior HF hospitalization, HF duration, left ventricular ejection fraction, NT-proBNP (log), systolic blood pressure, heart rate, serum creatinine level, history of myocardial infarction, stroke, chronic obstructive pulmonary disease (COPD), atrial fibrillation, hypertension, randomly assigned treatment and region. | | | | |
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Supplementary Figure 1: Histogram showing the distribution of glycated hemoglobin (HbA1c).



Supplementary Figure 2: Primary composite outcome of cardiovascular death and total heart failure hospitalizations (both first and recurrent) across the range of glycated hemoglobin (HbA1c) 5 to 9%.

Chart, line chart

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Supplementary Figure 3: Primary composite outcome of cardiovascular death and total heart failure hospitalizations (both first and recurrent) and total heart failure hospitalizations (both first and recurrent) in patients with diabetes, according to whether they had a “lean diabetes” phenotype or not.



Supplementary Figure 4: Composite outcome of cardiovascular death and heart failure hospitalization, the components of the composite and death from any cause (all analyzed as time-to-first event) in patients with diabetes, according to whether they had a “lean diabetes” phenotype or not.



Supplementary Figure 5: Primary composite outcome of cardiovascular death and total heart failure hospitalizations (both first and recurrent) and total heart failure hospitalizations (both first and recurrent) in patients with diabetes, according to whether they were treated with insulin or not.



Supplementary Figure 6: Composite outcome of cardiovascular death and heart failure hospitalization, the components of the composite and death from any cause (all analyzed as time-to-first event) in patients with diabetes, according to whether they were treated with insulin or not.



