

Table 1. Reported baseline summaries by chewing/prosthetic group

Variable	Normal chewing (n = 2,816,907)	Impaired + prosthetics (n = 585,518)	Impaired + no recorded prosthetics (n = 18,352)
HbA1c, %	5.63 ± 0.62	5.73 ± 0.69	5.80 ± 1.15
SBP, mmHg	124.79 ± 17.60	127.43 ± 17.80	127.61 ± 18.06
Diastolic BP, mmHg	74.97 ± 11.38	75.22 ± 11.33	75.80 ± 11.88
BMI, kg/m ²	23.03 ± 3.62	23.00 ± 3.64	23.90 ± 4.24

Values are mean ± SD. Total stated n = 3,420,777. Source: input Results 3.1, Table 1. Measurement completeness, timing and inferential comparisons were not supplied. The third group was labeled “unrestored” in the input; no treatment claim does not verify absence of a prosthesis.

All values are reported demonstration outputs; clinical validity has not been independently established.

Table 2. Reported Cox-model coefficients for impairment, treatment and covariates

Variable as reported	HR	95% CI	z	P
Unrestored impaired chewing	4.846	4.176–5.623	20.84	6.38×10^{-96}
Prosthetic rehabilitation	0.428	0.368–0.498	–11.00	5.25×10^{-28}
SBP, per mmHg	1.013	1.012–1.013	45.92	<0.0001
BMI, per kg/m ²	0.947	0.941–0.953	–16.82	1.02×10^{-63}

Source: input Results 3.2, Table 2. The draft describes dentures/implants here and dentures/bridges/implants elsewhere. Model n, event count, reference categories, complete adjustment, variance estimation and proportional-hazards checks are unavailable. Crude mortality was reported as 3.673% versus 0.683% (unrestored impairment versus normal chewing); a log-rank χ^2 of 5,638.72 and $P < 0.0001$ were supplied without degrees of freedom or a reproducible time scale. These are unverified outputs, and HR 0.428 does not establish treatment efficacy.

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Table 3. Reported diabetes prevalence and association estimates by tooth site

Exposure label	Diabetes, n/N (%)	Reported RR (95% CI)	Reported OR (95% CI)	P
Molar occlusal loss	2,560/18,352 (13.95)	1.752 (1.690–1.817)	1.874 (1.797–1.955)	<0.0001
Anterior loss only	59,485/585,518 (10.16)	1.355 (1.344–1.367)	1.395 (1.382–1.409)	<0.0001

Source: input Results 3.3, Table 3. These are prevalence summaries, not incident-diabetes risks. RR is the input's label; whether it is crude, adjusted or intended as a prevalence ratio is unspecified. Comparator counts/prevalence and adjustment are unavailable. The two RRs do not imply one common crude reference prevalence when combined with the supplied percentages. Exposure definitions combine loss and disease and require independent verification.

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Table 4. Reported mortality HRs by anatomical tooth-loss label

Exposure label	HR	95% CI	P
Molar occlusal loss	4.846	4.176–5.623	6.38×10^{-96}
Anterior tooth loss	2.074	1.979–2.173	1.73×10^{-205}

Source: input Results 3.3, Table 4. Model populations, common reference, adjustment and event counts were not supplied. Anterior loss is not labeled the model reference here because its reported HR is 2.074 rather than 1. The input's 2.34-fold multiplier is approximately the ratio of these point estimates; no valid direct-contrast CI or P value was provided. The molar HR and CI duplicate the unrestored-impairment and severe-tooth-loss estimates.

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Table 5. Reported cardiovascular prediction metrics and feature importance

Metric	Reported value
Receiver operating characteristic AUC (95% CI)	0.842 (0.836–0.848)
Sensitivity	78.4%
Specificity	76.1%
F1 score	0.749

Feature	Relative importance, %
Molar occlusal loss	28.4
SBP	24.1
Chewing difficulty	19.7
HbA1c	15.2
BMI	7.8
Prosthetic rehabilitation	4.8

Source: input Results 3.4 and Table 5. The intended outcome is five-year cardiovascular events and the stated algorithm is gradient boosted decision trees. Development/test n, event counts, threshold, F1 averaging convention, feature-importance definition, confidence-interval method and validation design are unavailable. Importance sums to 100%; the two oral-function features sum to 48.1%. Neither percentage is an attributable-risk or treatment-effect estimate.

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Table 6. Reported propensity matching summaries

Covariate	Prematch control	Prematch impaired	Prematch SMD	Postmatch control	Postmatch impaired	Postmatch SMD
Age, years	54.2 ± 10.1	58.4 ± 9.2	0.384	58.4 ± 9.2	58.4 ± 9.2	0.002
Male sex, %	51.8	54.2	0.112	54.2	54.2	0.000
SBP, mmHg	124.8 ± 17.6	127.4 ± 17.8	0.151	127.4 ± 17.8	127.4 ± 17.8	0.001
BMI, kg/m ²	23.03 ± 3.6	23.01 ± 3.6	0.003	23.01 ± 3.6	23.01 ± 3.6	0.000

Values are mean ± SD unless a percentage is specified. Source: input Results 3.5, Table 6. Prematch sample sizes were labeled approximately 2.81 million controls and 585,000 impaired participants; matched n was 585,518 in each group (total 1,171,036). Exact eligibility and dispositions are unavailable. Reported matched mortality RR was 1.284 (95% CI, 1.268–1.300) and Cox HR was 1.412 (1.385–1.440), each with P < 0.0001. Supplied SMDs are not certified: conventional pooled calculations do not reproduce all prematch values from the rounded summaries. The postmatch values also require unrounded data and an explicit formula.

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Table 7. Reported demonstration effect decomposition

Component	Reported coefficient	Reported contribution, %	P
Total effect	0.0412	100.0	<0.0001
Component labeled direct	0.0283	68.6	<0.0001
Component through HbA1c	0.0071	17.2	<0.0001
Component through SBP	0.0058	14.2	<0.0001
Sum of reported indirect components	0.0129	31.4	<0.0001

Source: input Results 3.6, Table 7. The final coefficient is a sum of indirect effects, not itself a proportion. Effect scale, analysis n, models, temporal ordering, uncertainty estimates and causal assumptions are unavailable. The displayed coefficients add correctly, but do not exactly reproduce all supplied percentages; unrounded estimates are needed for reconciliation. The label “direct inflammatory effect” and assigned biological mechanisms are removed because no measurements establish those mechanisms.

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Table 8. Reported five-year survival by remaining-tooth category

Remaining teeth	Reported n	Survival, % (95% CI)	Cox HR (95% CI)	Log-rank P
≥20	2,816,907	97.4 (97.3–97.5)	1.000 (reference)	Reference
10–19	585,518	94.1 (93.9–94.3)	1.684 (1.642–1.727)	<0.0001
<10	18,352	84.2 (83.4–85.0)	4.846 (4.176–5.623)	<0.0001

Source: input Results 3.7, Table 8. Survival was labeled Kaplan–Meier; no event times, event counts, numbers at risk, censoring distribution or interval method were supplied. Cox-model covariates and pairwise log-rank procedures were unspecified. The <10 group is severe tooth loss, not necessarily edentulism. The difference between 97.4% and 84.2% is 13.2 percentage points. Repeated sample sizes do not verify correspondence with the chewing/prosthetic groups.

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