Supplementary Online Content

Agarwal R, Pitt B, Rossing P, et al. Modifiability of composite cardiovascular risk associated with chronic kidney disease in type 2 diabetes with finerenone. *JAMA Cardiol*. Published online June 14, 2023. doi:10.1001/jamacardio.2023.1505

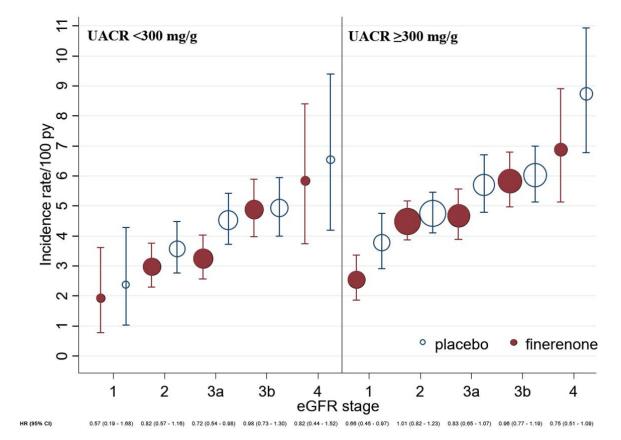
eFigure 1. Incidence Rates of Cardiovascular Events by Treatment, eGFR Category, and Albuminuria in FIDELITY

eFigure 2. Patient Attrition to Identify the Albuminuric Finerenone-Eligible Sample in NHANES

eTable 1. NHANES-Estimated Prevalence of T2D and CKD in the US

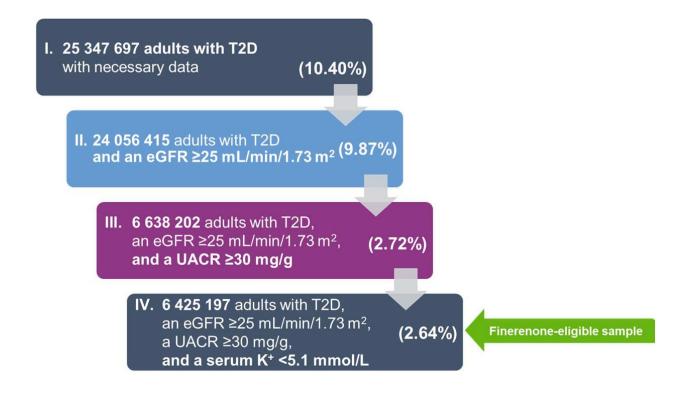
eTable 2. Demographics and Clinical Attributes in the NHANES Population

This supplementary material has been provided by the authors to give readers additional information about their work.



eFigure 1. Incidence rates of cardiovascular events by treatment, eGFR category and albuminuria in FIDELITY

The size of the circle is proportional to the number of patients in each category. eGFR indicates estimated glomerular filtration rate; FIDELITY, The FInerenone in chronic ki<u>D</u>ney diseasE and type 2 diabetes: Combined FIDELIO-DKD and FIGARO-DKD Trial programme analYsis; HR, hazard ratio; eGFR stages correspond to Kidney Disease: Improving Global Outcomes (KDIGO) recommendations; and UACR, urine albumin-to-creatinine ratio



eFigure 2. Patient attrition to identify the albuminuric finerenone-eligible sample in NHANES n and weighted prevalence (%) shown for each sequential step. eGFR indicates estimated glomerular filtration rate; K⁺, potassium; NHANES, National Health and Nutrition Examination Survey; T2D, type 2 diabetes; and UACR, urine albumin-to-creatinine ratio.

Population	Unweighted number of	Weighted number of individuals in the	Weighted prevalence in the
	individuals in NHANES (% of	United States (95% CI)	United States, % (95% CI)
	NHANES population with T2D)		
T2D	1580 (100)	25 347 697 (23 075 950–27 619 444)	10.40 (9.52–11.27)
eGFR \geq 25 mL/min/1.73 m ²	1473 (93.2)	24 056 415 (21 830 639–26 282 191)	9.87 (9.02–10.71)
UACR ≥30 mg/g	494 (31.3)	7 102 911 (6 026 507–8 179 315)	2.91 (2.44–3.39)
Potassium <5.1 mmol/L	1469 (93.0)	23 744 476 (21 609 843–25 879 108)	9.74 (8.95–10.53)
Finerenone-eligible	435 (27.5)	6 425 197 (5 411 331–7 439 063)	2.64 (2.19–3.08)
individuals with albuminuric			
CKD and T2D			

eTable 1. NHANES-Estimated Prevalence of T2D and CKD in the United States

NHANES-estimated prevalence of finerenone-eligible individuals with T2D and albuminuric CKD in the United States between 2015 and 2018.

CKD indicates chronic kidney disease; eGFR, estimated glomerular filtration rate; NHANES, National Health and Nutrition Examination

Survey; T2D, type 2 diabetes; and UACR, urine albumin-to-creatinine ratio.

Characteristic	Unweighted	Weighted
Finerenone-eligible adults with T2D and CKD, n	435	6 425 197
Age (year of interview)		
Mean (SD/SE)*	65 (12.2)	63 (1.1)
Median (Q1, Q2)	67 (57, 76)	64 (53, 73)
Race/ethnicity, n (%)		
Non-Hispanic White	137 (31)	3 666 896 (57)
Non-Hispanic Black	96 (22)	815 905 (13)
Mexican American	86 (20)	762 573 (12)
Other Hispanic	44 (10)	381 616 (6)
Other race	72 (17)	798 207 (12)
Male, n (%)	260 (60)	3 773 700 (59)
Education level, n (%)		
Less than 9th grade	77 (18)	672 298 (10)
9th–11th grade	56 (13)	703 905 (11)
High school graduate/GED or equivalent	105 (24)	1 784 186 (28)
Some college or associate degree	121 (28)	2 005 086 (31)
College graduate or above	75 (17)	1 236 449 (19)
Don't know	1 (0)	1 (0)
eGFR		
Mean (SD/SE)*	82.5 (33.1)	83.8 (2.2)
Median (Q1, Q2)	78 (57, 102)	78 (60, 99)
UACR		

eTable 2. Demographics and Clinical Attributes in the NHANES Population

© 2023 Agarwal R et al. JAMA Cardiology.

Mean (SD/SE)*	351.2 (744.9)	349 (46.9)
Median (Q1, Q2)	99 (53, 292)	99 (50, 252)
Potassium		
Mean (SD/SE)*	4.2 (0.4)	4.2 (0)
Median (Q1, Q2)	4 (4, 4)	4 (4, 4)

CKD indicates chronic kidney disease; eGFR, estimated glomerular filtration rate; GED, General Educational Development program; NHANES, National Health and Nutrition Examination Survey; Q1, Quartile 1; Q3, Quartile 3; T2D, type 2 diabetes; and UACR, urine albumin-to-creatinine ratio.

* SD and SE were estimated for unweighted and weighted analyses, respectively.