Supplementary Material

STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

	Item No	Recommendation	Page No
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	1,3
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4
Objectives	3	State specific objectives, including any prespecified hypotheses	4,5
Methods			
Study design	4	Present key elements of study design early in the paper	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up (*b*) For matched studies, give matching criteria and number of exposed and unexposed	6
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7,8,9
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	7,8,9
Bias	9	Describe any efforts to address potential sources of bias	7,8,9,11
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9,10
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding (*b*) Describe any methods used to examine subgroups and interactions (*c*) Explain how missing data were addressed (*d*) If applicable, explain how loss to follow-up was addressed (*e*) Describe any sensitivity analyses	9,10
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	12
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest	12

		(c) Summarise follow-up time (eg, average and total amount)	
Outcome data	15*	Report numbers of outcome events or summary measures over time	12

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Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (*b*) Report category boundaries when continuous variables were categorized (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	13
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	13,14
Discussion			
Key results	18	Summarise key results with reference to study objectives	15,16,17
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	18,19
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	16,17,19
Generalisability	21	Discuss the generalisability (external validity) of the study results	18,19
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	20

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

Supplementary Information

Supplementary Table S1. Cox proportional hazards regression analyses for associations between plasma calprotectin levels and the risk of incident CKD, based on its individual determinants (eGFR and UAE).

A. CKD (eGFR<60 mL/min/1.73m^2) (*n*=151)				
Model 1	1.44 [1.17-1.77], ***P*<0.001**	1.00 (reference)	1.37 [0.90-2.10], *P*=0.143	1.82 [1.22-2.72], ***P*=0.003**
Model 2	1.36 [1.09-1.69], ***P*=0.007**	1.00 (reference)	1.23 [0.80-1.88], *P*=0.345	1.52 [1.02-2.26], ***P*=0.042**
Model 3	1.27 [1.02-1.59], ***P*=0.032**	1.00 (reference)	1.22 [0.80-1.87], *P*=0.364	1.43 [0.96-2.15], *P*=0.080
Model 4	1.15 [0.92-1.43], *P*=0.218	1.00 (reference)	1.44 [0.94-2.22], *P*=0.093	1.28 [0.85-1.92], *P*=0.238
Model 5	1.07 [0.83-1.37], *P*=0.618	1.00 (reference)	1.34 [0.86-2.11], *P*=0.199	1.19 [0.77-1.84], *P*=0.444
B. CKD (UAE >30 mg/24-h) (*n*=349)				
Model 1	1.26 [1.10-1.43], ***P*<0.001**	1.00 (reference)	1.20 [0.92-1.57], *P*=0.190	1.55 [1.20-2.00], ***P*<0.001**
Model 2	1.19 [1.04-1.36], ***P*=0.014**	1.00 (reference)	1.08 [0.83-1.42], *P*=0.558	1.36 [1.05-1.76], ***P*=0.019**
Model 3	1.16 [1.01-1.33], ***P*=0.033**	1.00 (reference)	1.06 [0.81-1.40], *P*=0.655	1.31 [1.01-1.70], ***P*=0.038**

Model 4	1.17 [1.02-1.34], ***P*=0.027**	1.00 (reference)	1.07 [0.81-1.40], *P*=0.647	1.33 [1.02-1.72], ***P*=0.033**
Model 5	1.06 [0.90-1.25], *P*=0.500	1.00 (reference)	0.94 [0.69-1.28], *P*=0.670	1.16 [0.85-1.56], *P*=0.350

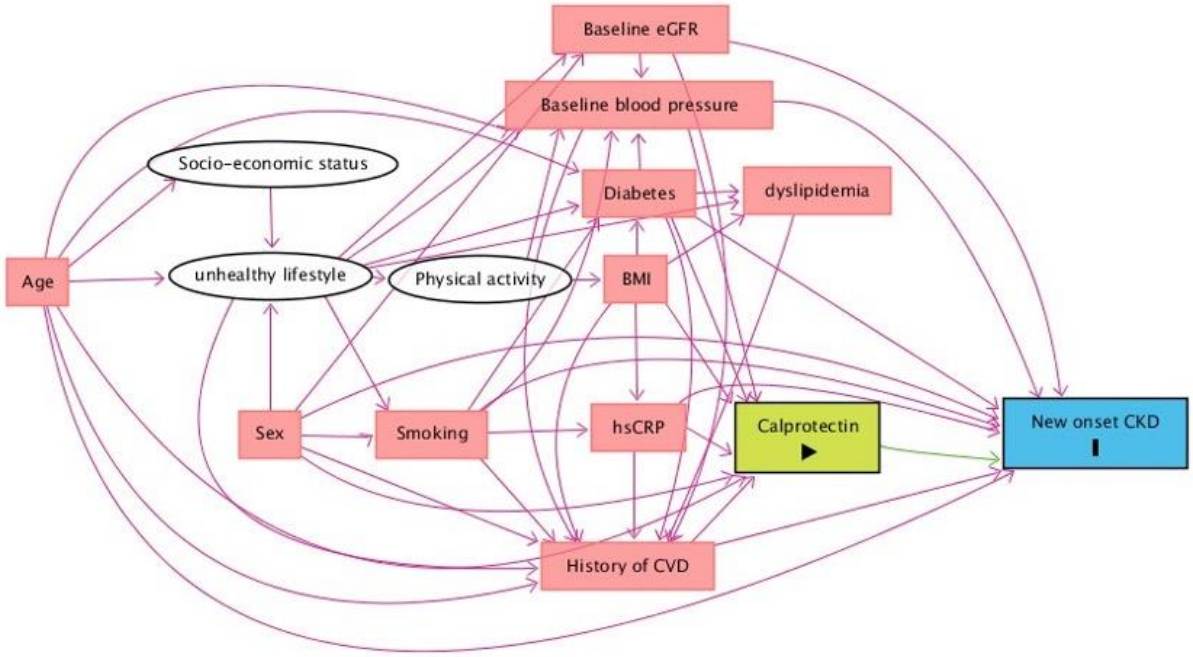
Model 1, crude model. Model 2, model 1 with adjustment for age and sex. Model 3, model 2 with adjustment for history of cardiovascular disease, history of diabetes, and the presence of hypertension. Model 4, model 3 with adjustment for baseline eGFR. Model 5, model 4 with additional adjustment for hs-CRP. **Bold** *P*-values indicate statistical significance. Abbreviations: HR, hazard ratio; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; UAE, urinary albumin excretion.

Supplementary Table S2. Stratified analyses for the association between plasma calprotectin levels and the risk of incident CKD across various subgroups.

Variable	Total (*n*)	New-onset CKD (*n*)	HR [95% CI]	*P*-value for interaction
Overall	4662	467	1.14 [1.01-1.29]	
Sex				
Male	2148	266	1.27 [1.07-1.49]	0.113
Female	2514	201	1.02 [0.86-1.22]	
BMI				
< 25 kg/m^2	1976	163	1.17 [0.96-1.42]	0.416
≥ 25 kg/m^2	2686	304	1.14 [0.97-1.33]	
Hypertension				

No	3492	263	1.07 [0.92-1.25]	0.104
Yes	1168	203	1.25 [1.04-1.51]	
History of CVD				
No	4539	445	1.16 [1.02-1.31]	0.384
Yes	123	22	0.83 [0.47-1.48]	
Baseline UAE				
< 13.5 mg/24-h	3849	233	1.07 [0.90-1.27]	**<0.001**
> 13.5 mg/24-h	813	234	1.03 [0.86-1.23]	
Baseline eGFR				
60-89 mL/min/1.73m^2	1615	264	1.14 [0.96-1.34]	0.221
≥ 90 mL/min/1.73m^2	2999	203	1.17 [0.98-1.39]	
Current smoking				
No	3320	329	1.21 [1.04-1.40]	**<0.001**
Yes	1283	130	0.93 [0.76-1.13]	
Total cholesterol				
< 5.45 mmol/L	2494	233	1.20 [1.01-1.43]	0.787
> 5.45 mmol/L	2146	233	1.10 [0.93-1.30]	

Abbreviations: CKD, chronic kidney disease; CI, confidence interval; HR, hazard ratio; eGFR, estimated glomerular filtration rate; UAE, urinary albumin excretion; BMI, body-mass index; CHF, chronic heart failure.



Supplementary Figure S1. Direct acyclic graph (DAG) representing the hypothesized causal relationships that underlie the studied association between plasma calprotectin levels and the risk of new-onset CKD in the general population. A distinct set of confounding variables was identified and subsequently conditioned for in statistical analysis. Abbreviations: BMI, body mass index; CKD, chronic kidney disease; DM, diabetes mellitus; hs-CRP; high-sensitive C-reactive protein.