

Supplementary material

Acute Kidney Injury as a Key Predictor of Cardiovascular Events in Chronic Kidney Disease Patients: the CKD-REIN study

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Table S1: Sensitivity analysis: Adjusted Hazard Ratios of subsequent MACE associated with incident AKI event, after censoring of concomitant AKI-MACE events

Table S2: Sensitivity analysis: Adjusted Hazard Ratios of subsequent MACE associated with incident AKI event, after exclusion of patients with a history of AKI or cardiovascular event at baseline

Table S1. Sensitivity analysis: Adjusted Hazard Ratios (95% Confidence Interval) of subsequent MACE associated with incident AKI event, after censoring of concomitant AKI-MACE events (N = 3,033, number of AKI events = 444).

Outcome	Adjusted Hazard ratio (95% confidence interval)	<i>p</i>-value
All MACE confounded	2.69 (2.04 – 3.55)	< 0.001
Myocardial infarction	5.50 (2.93 – 10.30)	< 0.001
Hospitalization for heart failure	1.97 (1.38 – 2.79)	< 0.001
Stroke	3.49 (1.75 – 6.96)	<0.001
Cardiovascular death	3.58 (1.94 – 6.63)	< 0.001

Table S2. Sensitivity analysis: Adjusted Hazard Ratios (95% Confidence Interval) of subsequent MACE associated with incident AKI event, after exclusion of patients with a history of AKI or cardiovascular event at baseline (N = 1,820, number of AKI events = 245, number of MACE = 188).

Outcome	Adjusted Hazard ratio (95% confidence interval)	<i>p-value</i>
All MACE confounded	6.69 (4.28 – 10.46)	< 0.001
Myocardial infarction	6.43 (2.47 – 16.73)	< 0.001
Hospitalization for heart failure	9.59 (5.24 – 17.55)	< 0.001
Stroke	4.90 (1.71-14.04)	<0.001
Cardiovascular death	6.22 (2.34 – 16.54)	< 0.001