Supplementary Table S4; Matsushita et al, AJKD, "Risk Implications of the New CKD Epidemiology Collaboration (CKD-EPI) Equation as Compared With the MDRD Study Equation for Estimated GFR: The Atherosclerosis Risk in Communities (ARIC) Study"

Table S4. Reclassification of eGFR categories by the CKD-EPI and MDRD Study Equations, Stratified According to Incident Stroke (yes or no) During Follow-up

	eGFR <sub>CKD-EPI</sub> (mL/min/1.73 m <sup>2</sup> )				
	90-119	60-89	30-59	<30	Total No.
Participants who had incident stroke					_
eGFR <sub>MDRD</sub> (mL/min/1.73 m <sup>2</sup> )					
90-119	258	0	0	0	258
60-89	110	210	0	0	320
30-59	0	11	24	0	35
<30	0	0	0	3	3
Total No.	368	221	24	3	616
Participants who did not have incident stroke					
eGFR <sub>MDRD</sub> (mL/min/1.73 m <sup>2</sup> )					
90-119	4,975	0	0	0	4,975
60-89	2,969	3,570	0	0	6,539
30-59	0	140	172	0	312
<30	0	0	0	24	24
Total No.	7,944	3,710	172	24	11,850

*Note:* Net reclassification improvement (NRI) was calculated as follows: clinically correct reclassification (proportion of participants reclassified upward among those did have incident stroke: [2,969 + 140]/11,850) - clinically incorrect reclassification (proportion of participants reclassified upward among those had incident stroke: [110 + 11]/616) = 0.066 (P < 0.001).

Definitions: eGFR<sub>CKD-EPI</sub>, estimated glomerular filtration rate (eGFR) calculated using the CKD Epidemiology Collaboration (CKD-EPI) equation; eGFR<sub>MDRD</sub>, estimated glomerular filtration rate calculated using the Modification of Diet in Renal Disease (MDRD) Study equation.