

SUPPLEMENTARY DATA

Supplementary Table 1. Number (percentage) of patients according to albuminuria (proteinuria) and eGFR categories at the time of renal biopsy

Category	Normoalbuminuria	Microalbuminuria	Macroalbuminuria
	Normal proteinuria	Mild proteinuria	Severe proteinuria
	(n=43, 16.5%)	(n=55, 21.2%)	(n=162, 62.3%)
Urinary albumin (mg/day)	< 30 (n=10)	30-299 (n=31)	≥ 300 (n=54)
Urinary protein (g/day)	< 0.15 (n=12)	0.15-0.49 (n=24)	≥ 0.5 (n=105)
Dipstick proteinuria	(-, ±) (n=21)	(1+) (n=0)	≥ (2+) (n=3)
eGFR ≥ 60 ml/min/1.73 m ² (n=106, 40.8%) (n (%))	28 (26.4%)	31 (29.2%)	47 (44.3%)
eGFR < 60 ml/min/1.73 m ² (n=154, 59.2%) (n (%))	15 (9.7%)	24 (15.6%)	115 (74.7%)

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Supplementary Table 2. Hazard ratios of renal events, cardiovascular events, and all-cause mortality for patients stratified by albuminuria (proteinuria) and eGFR categories estimated by the Cox proportional hazards model

Renal events												
Variables	No. of Patients	No. of Events (%)				HR	(95% CI)				P	
All	229	118	(	51.5	%)							
Normoalbuminuria (normal proteinuria) and eGFR \geq 60 ml/min/1.73 m ²	24	4	(	16.7	%)	1.00	(	Reference)	
Normoalbuminuria (normal proteinuria) and eGFR < 60 ml/min/1.73 m ²	14	1	(	7.1	%)	0.83	(	0.09	-	7.55	)	0.87
Microalbuminuria (mild proteinuria) and eGFR \geq 60 ml/min/1.73 m ²	27	10	(	37.0	%)	2.47	(	0.77	-	7.91	)	0.13
Microalbuminuria (mild proteinuria) and eGFR < 60 ml/min/1.73 m ²	21	7	(	33.3	%)	2.27	(	0.65	-	7.90	)	0.20
Macroalbuminuria (severe proteinuria) and eGFR \geq 60 ml/min/1.73 m ²	37	25	(	67.6	%)	8.99	(	3.07	-	26.37	)	<0.01
Macroalbuminuria (severe proteinuria) and eGFR < 60 ml/min/1.73 m ²	106	71	(	67.0	%)	20.82	(	7.12	-	60.85	)	<0.01
Cardiovascular events												
Variables	No. of Patients	No. of Events (%)				HR	(95% CI)				P	
All	233	62	(	26.6	%)							
Normoalbuminuria (normal proteinuria) and eGFR \geq 60 ml/min/1.73 m ²	25	6	(	24.0	%)	1.00	(	Reference)	
Normoalbuminuria (normal proteinuria) and eGFR < 60 ml/min/1.73 m ²	14	3	(	21.4	%)	1.43	(	0.34	-	6.03	)	0.63
Microalbuminuria (mild proteinuria) and eGFR \geq 60 ml/min/1.73 m ²	27	7	(	25.9	%)	1.03	(	0.34	-	3.13	)	0.95
Microalbuminuria (mild proteinuria) and eGFR < 60 ml/min/1.73 m ²	22	8	(	36.4	%)	1.39	(	0.46	-	4.14	)	0.56
Macroalbuminuria (severe proteinuria) and eGFR \geq 60 ml/min/1.73 m ²	38	8	(	21.1	%)	1.51	(	0.51	-	4.48	)	0.45
Macroalbuminuria (severe proteinuria) and eGFR < 60 ml/min/1.73 m ²	107	30	(28.0	%)	3.11	(1.15	-	8.39)	<0.05
All-cause mortality												

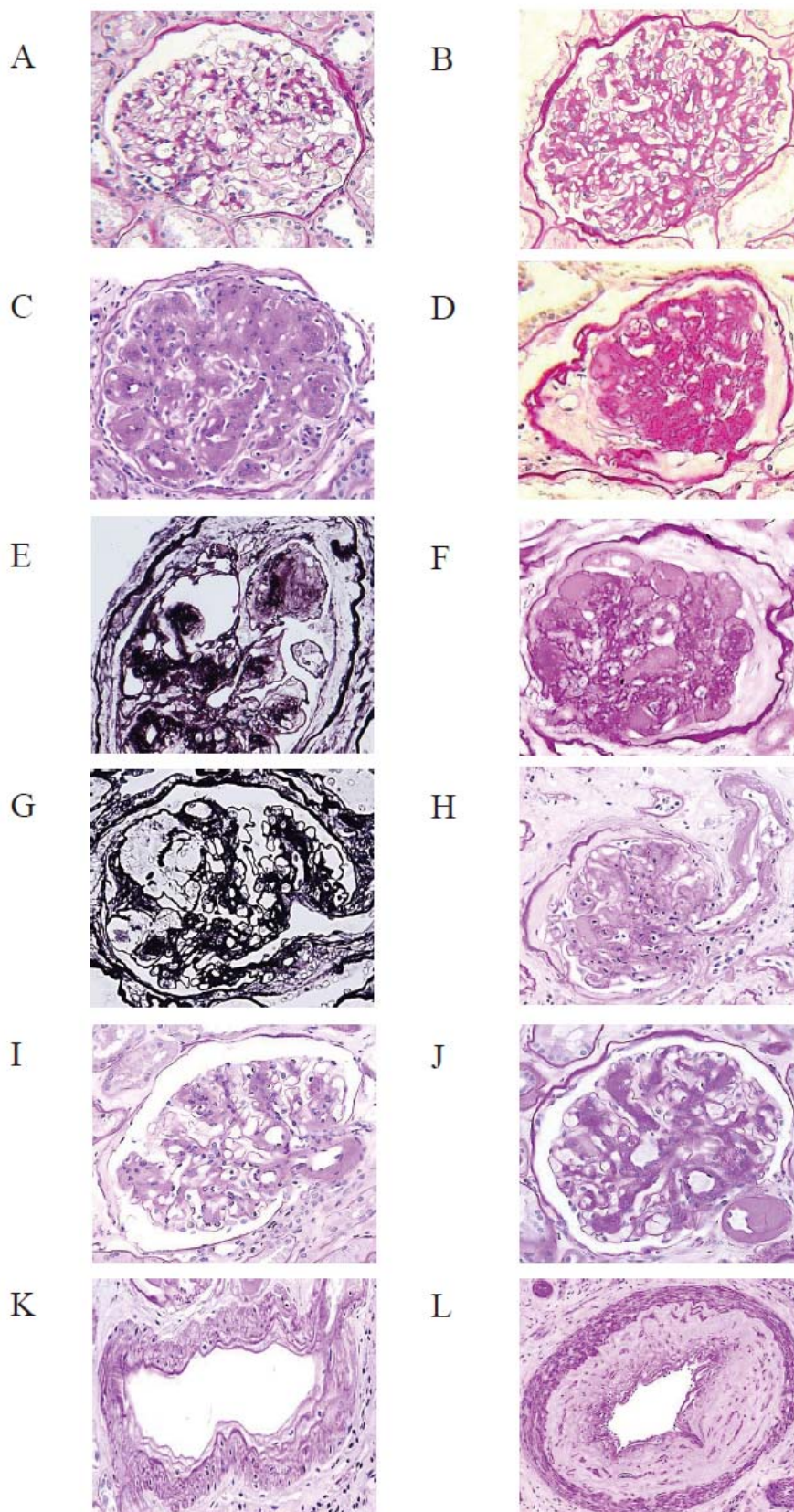
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Variables	No. of Patients	No. of Events (%)				HR	(95% CI)				<i>P</i>	
All	233	45	(19.3	%)							
Normoalbuminuria (normal proteinuria) and eGFR \geq 60 ml/min/1.73 m ²	25	3	(12.0	%)	1.00	(Reference)	
Normoalbuminuria (normal proteinuria) and eGFR < 60 ml/min/1.73 m ²	14	1	(	7.1	%)	0.58	(	0.06	-	5.70	)	0.64
Microalbuminuria (mild proteinuria) and eGFR \geq 60 ml/min/1.73 m ²	27	3	(	11.1	%)	0.60	(	0.12	-	3.05	)	0.54
Microalbuminuria (mild proteinuria) and eGFR < 60 ml/min/1.73 m ²	22	2	(	9.1	%)	0.37	(	0.06	-	2.26	)	0.28
Macroalbuminuria (severe proteinuria) and eGFR \geq 60 ml/min/1.73 m ²	38	7	(	18.4	%)	2.37	(	0.61	-	9.24	)	0.22
Macroalbuminuria (severe proteinuria) and eGFR < 60 ml/min/1.73 m ²	107	29	(	27.1	%)	5.87	(	1.62	-	21.25	)	<0.01

Data are hazard ratios (95% CI). Hazard ratios are adjusted for age and gender. The group of patients with normoalbuminuria (normal proteinuria) and eGFR \geq 60 ml/min/1.73 m² served as a reference group.

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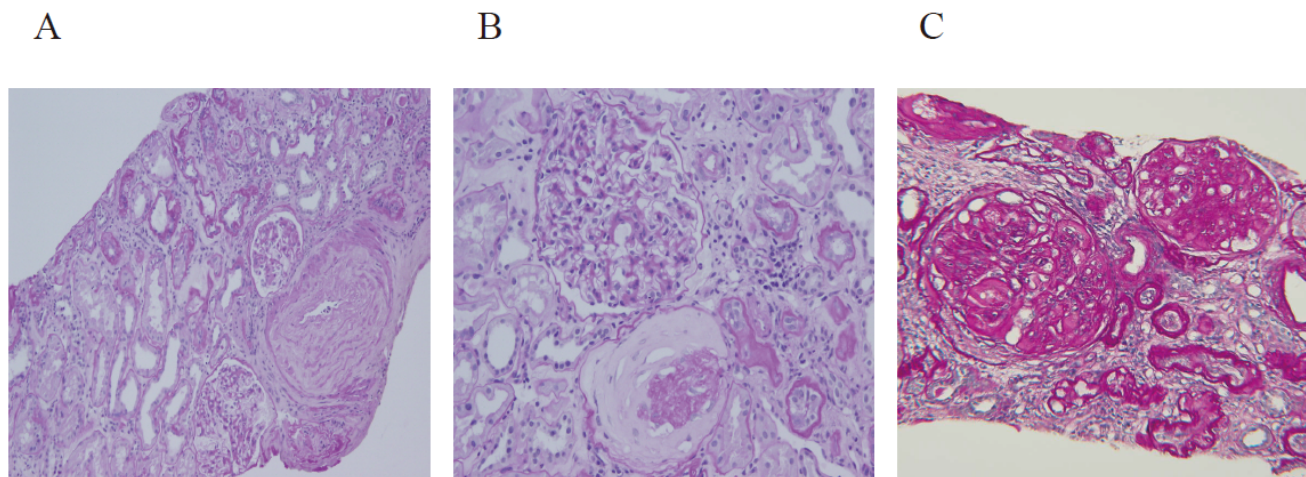
Supplementary Figure 1. Representative microscopic findings of glomerular and vascular lesions in diabetic nephropathy



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Panels A, B, C, and D show various grades of diffuse lesions. Panel A shows Grade 1 of diffuse diabetic glomerulosclerosis. The lesion is local within each glomerulus and focal within the kidney (PAS stain $\times 200$). Panel B shows Grade 2 of diffuse diabetic glomerulosclerosis. Mesangial thickening is diffuse within the glomerulus and generalized throughout the kidney (PAS stain $\times 200$). Panel C shows Grade 3 of diffuse diabetic glomerulosclerosis. The capillary lumina are narrowed and only locally obliterated (PAS stain $\times 200$). Panel D shows Grade 4 of diffuse diabetic glomerulosclerosis. There is general luminal narrowing. The whole glomerulus has become ischemic and appears to be hyalinized (PAS stain $\times 200$). Panel E shows the glomerulus with nodular lesions (PAM stain $\times 200$). Panel F shows the glomerulus with exudative lesions (PAS stain $\times 200$). Panel G shows the glomerulus with mesangiolytic lesions (PAM stain $\times 200$). Panels H, I, J, K, and L show various grades of vascular lesions. Panel H shows Grade 1 of arteriolar hyaline arteriosclerosis. A light PAS-positive thickening is observed but less than half of the circumference of the arteriole in many arterioles (PAS stain $\times 200$). Panel I shows Grade 2 of arteriolar hyaline arteriosclerosis. Most vessel walls are moderately thickened with PAS-positive deposition without apparent luminal narrowing (PAS stain $\times 200$). Panel J shows Grade 3 of arteriolar hyaline arteriosclerosis. A heavy thickening of the majority of the vessel walls is seen with luminal narrowing or obliteration (PAS stain $\times 200$). Panel K shows Grade 1 of arteriosclerosis. Intimal thickening is less than the media thickness (PAS stain $\times 200$). Panel L shows Grade 2 of arteriosclerosis. Intimal thickening is greater than the media thickness (PAS stain $\times 200$).

Supplementary Figure 2. Representative microscopic findings of patients with low eGFR classified based on the absence or presence of albuminuria



Panels A and B show representative microscopic findings of patients with low eGFR and normoalbuminuria. Panel A shows mild diffuse diabetic glomerulosclerosis associated with disproportionately severe arteriosclerosis and moderate to severe tubulointerstitial lesions (PAS stain $\times 100$). Panel B shows mild diffuse diabetic glomerulosclerosis and global glomerular sclerosis (PAS stain $\times 200$). Panel C shows representative microscopic finding of patients with low eGFR and macroalbuminuria. Advanced glomerular lesions (diffuse and exudative lesions) associated with severe tubulointerstitial lesions are shown (PAS stain $\times 100$).