

Figure Legends:

Figure 1: Use of antithrombotic agents, by DOPPS phase and country. APA -other than aspirin (clopidogrel, ticlopidine, dipyridamole, pentoxifylline); OAC includes warfarin (85% of total OAC) and a few other products (e.g. fluindione in France); DOPPS study period: phases 1-2 (1998-2004) and 3-4 (2005-10) with N=48,144 patients.

Figure 2: Variation in facility use of antithrombotic agents, by geographic region. N=20,475 patients from DOPPS phases 3 and 4 (2005-2010) in facilities with at least 7 patients with medication use records.

Figure 3. Rates of bleeding events and stroke by country. GI=gastrointestinal, VA=vascular access. N=39,440 patients from DOPPS phases 1,2 and 3. *Other bleeding events include epistaxis, subdural hematoma, evacuation of hematoma, hemoptysis and hematuria. **Stroke includes hospitalization or death due to stroke.

Figure 4. Stroke rate and bleeding rate by CHADS2 score and history of GI bleed. Stroke risk categories are based on CHADS2 categories used commonly in the non-dialysis population: 0=low, 1=moderate, ≥ 2 =high. N=37,657 (N=4,026 atrial fibrillation) patients from DOPPS phases 1, 2 and 3. NOTE: Patient medication usage was classified hierarchically (OAC >APA >ASA for patients taking \geq one medication class. See text for details).

Supplemental Figure A: Associations with bleeding, stroke, and mortality of prescription group. OAC- oral anticoagulant; APA- anti-platelet agent; ASA- acetylsalicylic acid. All models are adjusted for age, gender, race, BMI, vintage, 14 summary comorbidity classes, catheter use, deep vein thrombosis, atrial fibrillation, hemoglobin, serum albumin, serum

calcium, serum PO₄, serum PTH, stratified by phase and region and accounted for facility clustering; N=39,442 patients from DOPPS phases 1, 2 and 3.

Supplemental Figure A

