Table S6: Relationship of Baseline Proteinuria With Individual Level Association and with Treatment Effects on Change in UP and the Clinical Outcome

Comparison Type	Individual Level Association			Treatment effect on Change in UP			Treatment effect on clinical outcome		
	Coeff. (SE)	Multiplying Factor for HR	Posterior Interval	Coeff. (SE)	Multiplying Factor for HR	CI	Coeff. (SE)	Multiplying Factor for HR	CI
Between Study	-0·051 (0·028)	-0·950	(0·897,1·003)	-0·007 (0·020)	0·993	(0·954-1·034)	-0·034 (0·022)	0·966	(0·928,1·009)
Within Study	-0·033 (0·016)	0·968	(0·938,0·998)	-0·016 (0·012)	0·984	(0·961,1·007)	-0·064 (0·025)	0·938	(0·892,0·992)
Combined Between + Within	-0·041 (0·014)	0·960	(0·935,0·987)	-0·013 (0·010)	0·987	(0·967,1·007)	-0·056 (0·018)	0·946	(0·914,0·980)

Individual Level Association (Left Panel): The multiplying factors for the HRs indicate the change in the HR defining individual level association for every 2-fold increase in baseline UP. The HR are expressed per 50% reduction in UP between baseline and early follow-up. Multiplying factors less than 1 indicate a stronger individual level association at higher baseline UP levels. The first row compares individual level association between studies with different baseline median UP levels, and indicates that the HRs were 5·0% lower for every 2-fold increase in the study's median baseline UP levels. The second row summarizes the average dependence of the individual level association on baseline UP for patients within each study, and indicates an average decrease in the HR of 3·2% for every 2-fold increase in baseline UP. The third row provides a pooled estimate of the dependence of individual level association on baseline UP combining the comparison between patients within studies and the comparison between studies; the pooled analysis indicates a 4·0% decrease in the HR for every 2-fold increase in baseline UP.

Treatment effect on early change in UP (Middle Panel): The multiplying factors of less than one indicate that treatment effects on early change in UP tended to be slightly greater at higher levels of baseline UP for studies with higher median baseline UP (top row), for patients with higher baseline UP within studies (middle row), and when combining within and between study results (bottom row). The fact that the Bayesian 95% credible intervals (CIs) each include 1 indicates that the trend for greater effects at higher baseline UP is not conclusive when urine protein is evaluated on the log scale..

Treatment effect on the clinical outcome (Right Panel): The multiplying factors of less than one indicate that treatment effects on the clinical outcome was greater at higher levels of baseline UP for studies with higher median baseline UP (top row), for patients with higher baseline UP within studies (middle row), and when combining within and between study results (bottom row). The Bayesian 95% CIs exclude 1 for both the within-study and combined between/within-study analysis, indicating that the treatment effects on the clinical outcome are stronger at higher levels of baseline UP.

Sensitivity Analysis of early change UP expressed in grams/day: In the alternative between-study model relating baseline UP to treatment effects on change in UP, treatment was associated with an approximately 0·039 (95% Bayesian CI 0·015 to 0·063) greater reduction in UP (in grams) for every 2 fold increase in baseline UP (data not shown).

Note: Because the data set was arranged so that each study included only a single intervention type, each of the within study analyses can be viewed as controlling for intervention type as well as study.