Table S4. Associations of *APOL1* risk alleles with kidney function outcomes in HIV-infected African-American women (N=795), using multiple imputation to include participants with missing *APOL1* genotype or urine biomarker measurements

Outcome	0 risk alleles	1 risk allele	2 risk alleles
Baseline eGFR, ml/min			
Estimated difference, 2 vs 0/1 alleles (95% CI)[1]			
Unadjusted	Ref	Ref	-4.7 (-12.1, 2.7)
Adjusted + ACR	---	---	-3.9 (-9.6, 1.8)
Adjusted + ACR, IL-18, KIM-1, NGAL, α1m	---	---	-3.5 (-8.9, 1.9)
Annual change in eGFR, ml/min			
Estimated difference, 2 vs 0/1 alleles (95% CI)[2]			
Unadjusted	Ref	Ref	-1.3 (-2.3, -0.2)
Adjusted + ACR	---	---	-1.1 (-2.1, -0.1)
Adjusted + ACR, IL-18, KIM-1, NGAL, α1m	---	---	-1.0 (-2.1, -0.0)
Incident CKD			
Incident Rate Ratio, 2 vs 0/1 alleles (95% CI)[3]			
Unadjusted	Ref	Ref	1.71 (1.13, 2.61)
Adjusted + ACR	---	---	1.86 (1.23, 2.82)
Adjusted + ACR, IL-18, KIM-1, NGAL, α1m	---	---	1.79 (1.22, 2.63)
10% Rapid decline			
Incident Rate Ratio, 2 vs 0/1 alleles (95% CI)[3]			
Unadjusted	Ref	Ref	3.15 (1.66, 6.00)
Adjusted + ACR	---	---	2.65 (1.30, 5.39)
Adjusted + ACR, IL-18, KIM-1, NGAL, α1m	---	---	2.46 (1.15, 5.23)

Adjusted models control for age, hypertension, diabetes mellitus, hepatitis C virus infection, HIV viral load, CD4 lymphocyte count, HAART use, and kidney injury markers listed. *Abbreviations*: CI, confidence interval; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; Ref, reference.

[1]Estimated difference in baseline eGFR attributable to having 2 vs 0/1 *APOL1* risk alleles

[2]Estimated difference in annual eGFR change attributable to having 2 vs 0/1 *APOL1* risk alleles

[3]Incident rate ratio for 2 vs 0/1 *APOL1* risk alleles