

Table S2. Association between aspirin use and outcomes in the propensity score matched dataset using three different calipers for matching

	Caliper 0.1		Caliper 0.2		Caliper 0.3	
	N (events)	HR (95% CI), <i>p-value</i>	N (events)	HR (95% CI), <i>p-value</i>	N (events)	HR (95% CI), <i>p-value</i>
Primary CVD	1962 (225)		1986 (213)		2018 (223)	
Unadjusted		1.16 (0.89, 1.50), 0.3		1.21 (0.92, 1.59), 0.2		1.25 (0.96, 1.63), 0.1
Parsimonious Adjusted		1.20 (0.92, 1.58), 0.2		1.24 (0.94, 1.63), 0.1		1.26 (0.96, 1.65), 0.09
Extended Adjusted		1.20 (0.92, 1.58), 0.2		1.23 (0.93, 1.63), 0.1		1.24 (0.95, 1.63), 0.1
All-cause mortality	1962 (200)		1986 (193)			
Unadjusted		0.87 (0.66, 1.15), 0.3		0.89 (0.67, 1.18), 0.4		1.02 (0.78, 1.35), 0.9
Parsimonious Adjusted		0.92 (0.69, 1.22), 0.6		0.90 (0.67, 1.19), 0.5		1.01 (0.76, 1.34), 0.9
Extended Adjusted		0.92 (0.69, 1.23), 0.6		0.89 (0.67, 1.18), 0.4		0.98 (0.74, 1.31), 0.9
Kidney failure	1962 (126)		1986 (132)		2018 (134)	
Unadjusted		1.00 (0.71, 1.42), 0.9		0.99 (0.70, 1.39), 0.9		0.88 (0.63, 1.24), 0.5
Parsimonious Adjusted		1.18 (0.81, 1.72), 0.4		1.09 (0.76, 1.56), 0.7		1.01 (0.71, 1.44), 0.9
Extended Adjusted		1.19 (0.81, 1.74), 0.4		1.07 (0.75, 1.53), 0.7		0.93 (0.65, 1.33), 0.7
Kidney failure/all-cause mortality	1962 (301)		1986 (302)		2018 (308)	
Unadjusted		0.94 (0.75, 1.18), 0.6		0.91 (0.73, 1.14), 0.4		0.96 (0.77, 1.20), 0.7
Parsimonious Adjusted		1.03 (0.82, 1.30), 0.8		0.95 (0.75, 1.19), 0.6		1.00 (0.79, 1.25), 0.9
Extended Adjusted		1.03 (0.82, 1.31), 0.8		0.93 (0.74, 1.18), 0.6		0.96 (0.76, 1.21), 0.7
Primary CVD/all-cause mortality	1962 (324)		1986 (314)		2018 (327)	
Unadjusted		1.05 (0.84, 1.31), 0.7		1.09 (0.88, 1.36), 0.4		1.14 (0.92, 1.42), 0.2
Parsimonious Adjusted		1.11 (0.88, 1.38), 0.4		1.13 (0.90, 1.41), 0.3		1.16 (0.93, 1.45), 0.2
Extended Adjusted		1.11 (0.88, 1.38), 0.4		1.12 (0.89, 1.40), 0.3		1.14 (0.92, 1.43), 0.2

Unlike results presented in Table 3, analyses use robust variance rather than a stratified Cox analysis to account for the matching design. Results are presented for calipers of 0.1, 0.2 and 0.3 standard deviations of the propensity score logit scale. Parsimonious models were adjusted for age, sex, race, randomization group, country (US vs non-US), graft vintage, graft donor (cadaveric vs living), eGFR, ACR, history of diabetes, systolic and diastolic blood pressure, smoking status, body mass index. The extended adjusted for terms in parsimonious models plus HDL, LDL, triglycerides, use of cyclosporine or tacrolimus, use of sirolimus, use of ACE inhibitor or ARB, use of statin.