Table S3. Association between aspirin use and outcomes in inverse probability weighted models evaluating the average treatment effects for treated participants and in traditional Cox proportional hazards models.

		IPW Models	Traditional Cox Models
	N (events)	HR (95% CI), *p-value*	HR (95% CI), *p-value*
Primary CVD	3122 (313)		
Unadjusted		1.20 (0.93, 1.54), 0.2	1.55 (1.24, 1.93), <0.001
Parsimonious Adjusted		1.22 (0.94, 1.58), 0.1	1.28 (1.01, 1.62), 0.04
Extended Adjusted		1.21 (0.94, 1.57), 0.2	1.30 (1.02, 1.65), 0.03
All-cause mortality	3122 (284)		
Unadjusted		0.89 (0.68, 1.16), 0.4	1.11 (0.87, 1.40), 0.4
Parsimonious Adjusted		0.90 (0.69, 1.18), 0.5	0.97 (0.75, 1.25), 0.8
Extended Adjusted		0.90 (0.69, 1.18), 0.5	0.98 (0.76, 1.26), 0.9
Kidney failure	3122 (241)		
Unadjusted		0.94 (0.69, 1.27), 0.7	0.66 (0.50, 0.87), 0.003
Parsimonious Adjusted		1.08 (0.77, 1.50), 0.7	0.95 (0.71, 1.28), 0.8
Extended Adjusted		1.05 (0.76, 1.46), 0.8	0.96 (0.71, 1.28), 0.8
Kidney failure/all-cause mortality	3122 (485)		
Unadjusted		0.91 (0.73, 1.12), 0.4	0.88 (0.73, 1.06), 0.2
Parsimonious Adjusted		0.95 (0.76, 1.18), 0.6	0.97 (0.79, 1.18), 0.7
Extended Adjusted		0.94 (0.76, 1.17), 0.6	0.97 (0.80, 1.18), 0.8
Primary CVD/all-cause mortality	3122 (466)		
Unadjusted		1.07 (0.87, 1.31), 0.5	1.33 (1.10, 1.59), 0.003
Parsimonious Adjusted		1.10 (0.89, 1.36), 0.4	1.13 (0.93, 1.37), 0.2
Extended Adjusted		1.10 (0.89, 1.36), 0.4	1.15 (0.94, 1.39), 0.2

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.