Table S4. Associations between prescribed ultrafiltration rate and all-cause mortality excluding Monday and Tuesday treatments.[a]

	Unadjusted HR (95% CI)	Adjusted[b] HR (95% CI)
Mean UF rate dichotomized at 10 mL/h/kg		
≤10 mL/h/kg	1.00 (reference)	1.00 (reference)
>10 mL/h/kg	1.12 (1.10-1.14)	1.22 (1.20-1.25)
Mean UF rate dichotomized at 13 mL/h/kg		
≤13 mL/h/kg	1.00 (reference)	1.00 (reference)
>13 mL/h/kg	1.18 (1.15-1.21)	1.32 (1.29-1.36)
Mean UF rate categorized		
<10 mL/h/kg	1.00 (reference)	1.00 (reference)
10-13 mL/h/kg	1.06 (1.04-1.09)	1.14 (1.11-1.17)
>13 mL/h/kg	1.20 (1.17-1.23)	1.37 (1.33-1.40)

[a] Fine and Gray proportional subdistribution hazards regression models with kidney transplantation and dialysis modality change treated as competing risks were used to estimate the ultrafiltration rate and all-cause mortality association.
[b] Adjusted for age (continuous), gender (female vs. male), race (black vs. non-black), ethnicity (Hispanic vs. non-Hispanic), time on dialysis (1-2, 3-4, ≥5 vs. <1 year), vascular access (graft, fistula vs. catheter), history of heart failure (yes vs. no), history of cardiovascular disease (yes vs. no), history of diabetes (yes vs. no), albumin (3.1-3.5, 3.6-4.0, >4.0 vs. ≤3.0 g/dL), creatinine (continuous), phosphorous (4.1-5.0, 5.1-6.0, >6.0 vs. ≤ 4.0 mg/dL), hemoglobin (10.0-11.9, ≥12.0 vs. <10.0 g/dL), urea reduction ratio (continuous), pre-HD systolic blood pressure (131-150, 151-170, >170 vs. ≤130 mmHg), missed sessions (≥3 vs. <3).

Abbreviations: CI=confidence interval, HR=hazard ratio, UF=ultrafiltration.