

**Table S5.** Associations between prescribed ultrafiltration rate and all-cause mortality in models with and without serum sodium adjustment.<sup>a</sup>

	<b>Presented analyses without adjustment for serum sodium<sup>a</sup> (N=118,394)</b>	<b>Sensitivity analyses with adjustment for serum sodium using multiple imputation for missing values<sup>b</sup> (N=118,394)</b>	<b>Sensitivity analyses with adjustment for serum sodium using a cohort restricted to individuals with serum sodium<sup>c</sup> (N=30,176)</b>
	Adjusted HR (95% CI)	Adjusted HR (95% CI)	Adjusted HR (95% CI)
Mean UF rate dichotomized at 10 mL/h/kg			
≤10 mL/h/kg	1.00 (reference)	1.00 (reference)	1.00 (reference)
>10 mL/h/kg	1.22 (1.20-1.24)	1.20 (1.18-1.22)	1.19 (1.15-1.24)
Mean UF rate dichotomized at 13 mL/h/kg			
≤13 mL/h/kg	1.00 (reference)	1.00 (reference)	1.00 (reference)
>13 mL/h/kg	1.31 (1.28-1.34)	1.28 (1.25-1.31)	1.27 (1.21-1.34)
Mean UF rate categorized			
<10 mL/h/kg	1.00 (reference)	1.00 (reference)	1.00 (reference)
10-13 mL/h/kg	1.12 (1.10-1.15)	1.11 (1.09-1.14)	1.11 (1.06-1.16)
>13 mL/h/kg	1.35 (1.32-1.39)	1.32 (1.29-1.36)	1.32 (1.25-1.38)

<sup>a</sup> 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. Adjusted for baseline 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 BP (131-150, 151-170, >170 vs. ≤130 mmHg), missed sessions (≥3 vs. <3).

<sup>b</sup> 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. Adjusted for baseline 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 BP (131-150, 151-170, >170 vs. ≤130 mmHg), missed sessions (≥3 vs. <3), **serum sodium (<136, 136-139, 139-142, ≥142 mEq/L). Serum sodium imputed using the Markov chain Monte Carlo method with 10 imputations for missing serum sodium values (n=88,218). Full cohort used.**

<sup>c</sup> 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. Adjusted for baseline 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 BP (131-150, 151-170, >170 vs. ≤130 mmHg), missed sessions (≥3 vs. <3), **serum sodium (<136, 136-139, 139-142, ≥142 mEq/L). Cohort restricted to only those individuals with serum sodium values (no imputation).**