

Supplemental Table 1. Association between decline in eGFR and risk of death by BP arm assignment, with adjustment for proteinuria as a continuous variable.

% renal function decline	Intensive BP arm Hazard ratio (95% CI)				Usual BP arm Hazard ratio (95% CI)			
	N	Death rate**	Unadjusted Model	Adjusted Model ¹	N	Death rate**	Unadjusted	Adjusted Model ¹
<5%	461	3.2	0.93 (0.78-1.13)	0.88 (0.73-1.07)	501	3.4	1.0 (Ref)	1.0 (Ref)
5-<20%	289	3.0	0.88 ^a (0.71-1.10)	0.80 ^a (0.64-0.99)	234	3.9	1.16 ^a (0.93-1.44)	1.04 ^a (0.83-1.30)
≥20%	86	4.3	1.31 (0.97-1.79)	1.14 (0.82-1.57)	89	5.5	1.74 (1.30-2.32)	1.31 (0.96-1.78)

¹Model is adjusted for age, sex, race, baseline heart disease, baseline ACE inhibitor use, baseline eGFR category, baseline proteinuria, baseline mean arterial pressure, stratified by trial.

^aHazard ratios are statistically significantly different comparing strict and usual BP arms (p<0.05).

Supplemental Table 2. Sensitivity analysis of the association between percent decline in renal function in AASK and MDRD participants (using a 15% or 25% threshold) from time of randomization until month 3-4 and risk of death.

Intensive BP arm (N=836)				Usual BP arm (N=824)		
Percent renal function decline	N	Unadjusted Hazard ratio (95%CI)	Adjusted Model Hazard ratio ¹ (95%CI)	N	Unadjusted Hazard ratio (95%CI)	Adjusted Model Hazard ratio ¹ (95%CI)
<5%	461	0.93 (0.78-1.13)	0.87 (0.72-1.05)	501	1.0 (Ref)	1.0 (Ref)
5-<15%	221	0.82 ^a (0.64-1.04)	0.72 ^a (0.56-0.92)	179	1.19 ^a (0.94-1.51)	1.07 ^a (0.84-1.36)
≥15%	154	1.23 (0.95-1.58)	1.08 (0.83-1.39)	144	1.44 (1.13-1.85)	1.14 (0.88-1.47)
Percent renal function decline	N	Unadjusted Hazard ratio (95%CI)	Adjusted Model 1 Hazard ratio ¹ (95%CI)	N	Unadjusted Hazard ratio (95%CI)	Adjusted Model 1 Hazard ratio ¹ (95%CI)
<5%	461	0.93 (0.78-1.13)	0.87 (0.72-1.05)	501	1.0 (Ref)	1.0 (Ref)
5-<25%	324	0.93 ^a (0.76-1.15)	0.81 (0.66-1.01)	267	1.20 ^a (0.98-1.48)	1.02 (0.82-1.26)
≥25%	51	1.26 (0.85-1.85)	1.23 (0.83-1.83)	56	1.87 (1.32-2.66)	1.59 (1.11-2.28)

¹Model is adjusted for age, sex, race, baseline heart disease, baseline ACE inhibitor use, baseline eGFR category, baseline proteinuria category, baseline mean arterial pressure, stratified by trial.

^aHazard ratios are statistically significantly different comparing intensive and usual BP arms (p<0.05).