Figure S1. Cohort Creation

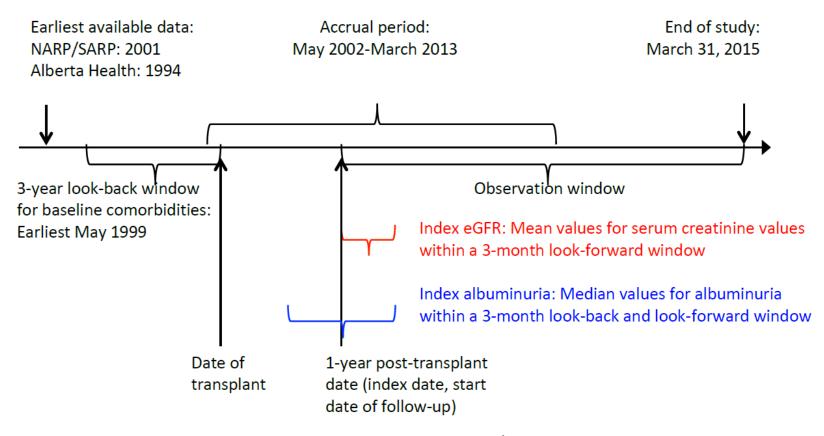
Alberta kidney transplant recipients from 2002-2013 N=1,387

Exclusion Criteria (n=318):

- <18 years old (n=20)
- Previous kidney transplant (n=87)
- Previous organ transplant (n=24)
- Simultaneous multi-organ transplant (n=48)
- Died within the first year of transplant (n=25)
- Return to dialysis within the first year of transplant (n=19)
- No outpatient serum creatinine measurements at 1 year post-transplant (n=83)
- Estimated glomerular filtration rate <15 mL/min/1.73 m² (n=2)
- No outpatient urine protein measurement at 1 year post-transplant (n=10)

Alberta adult incident kidney-only transplant recipients with a functioning graft and renal function measurements at 1 year n=1,069

Figure S2. Study Design



Abbreviations: eGFR, estimated glomerular filtration rate; NARP/SARP, Northern and Southern Alberta Renal Program.

Figure S3a. R	ates of Clinical Outcor	mes by Level of eGF	R and Albuminuria (b	y ACR or PCR) in Kidn	ey Transplant Recip	ients, per 1,000 Per	son-years		
	All-cause Mortality and Cardiovascular Events ^a (N=725)				Death-censored Cardiovascular Events ^a (N=725)				
eGFR	Albuminuria (ACR or PCR)								
	Overall	Normal	Mild	Heavy	Overall	Normal	Mild	Heavy	
≥60 mL/min/1.73 m ²									
Events, n	53	23	26	4	37	18	17	2	
Patients, n	368	214	142	12	368	214	142	12	
Unadjusted	29.3 (22.2, 37.4)	21.7 (13.6, 30.9)	37.5 (25.2, 51.8)	78.5 (15.9, 175.3)	20.5 (14.1, 27.1)	17.0 (9.4, 25.3)	24.6 (13.3, 36.6)	39.2 (0, 122.3)	
Adjusted ^b	31.1 (23.0, 43.2)	25.8 (16.3, 42.0)	35.2 (24.2, 55.4)	69.7 (19.0, 306.8)	23.2 (16.5, 34.6)	20.5 (11.5, 37.9)	26.0 (14.9, 43.6)	33.6 (0, 228.8)	
45-59 mL/mir	1/1.73 m ²								
Events, n	29	13	13	3	17	8	7	2	
Patients, n	216	118	87	11	216	118	87	11	
Unadjusted	28.0 (18.6, 38.9)	23.3 (12.3, 36.8)	30.4 (14.5, 48.8)	61.0 (0, 176.8)	16.4 (9.1, 24.7)	14.3 (5.6, 25.1)	16.4 (6.3, 31.0)	40.7 (0, 128.5)	
Adjusted ^b	28.4 (18.0, 43.7)	24.0 (12.4, 44.2)	32.5 (14.9, 56.6)	39.9 (0, 222.8)	17.6 (9.0, 28.3)	15.2 (5.4, 31.3)	18.4 (5.4, 37.1)	34.5 (0, 191.5)	
30-44 mL/mir	/1.73 m ²								
Events, n	28	9	17	2	18	5	12	1	
Patients, n	107	34	64	9	107	34	64	9	
Unadjusted	51.8 (35.7, 73.0)	49.3 (20.3, 84.9)	55.0 (31.9, 86.1)	40.9 (0, 136.9)	33.3 (20.0, 49.4)	27.4 (5.8, 51.3)	38.8 (19.7, 64.7)	20.5 (0, 83.1)	
Adjusted ^b	46.6 (31.3, 69.0)	44.3 (21.0, 81.1)	49.2 (28.6, 81.4)	47.4 (0, 141.1)	32.2 (19.4, 50.6)	25.5 (6.9, 52.5)	37.4 (19.4, 67.3)	25.8 (0, 108.0)	
15-29 mL/mir	15-29 mL/min/1.73 m ²								
Events, n	13	1	8	4	4	0	3	1	
Patients, n	34	5	21	8	34	5	21	8	
Unadjusted	72.2 (36.8, 115.4)	36.9 (0, 143.9)	76.0 (32.6, 135.0)	84.0 (12.5, 211.8)	22.2 (4.5, 51.1)	0 (0, 0)	28.5 (0, 69.1)	21.0 (0, 111.9)	
Adjusted ^b	53.7 (27.7, 109.0)	19.0 (0, 110.9)	54.9 (17.6, 134.1)	102.8 (16.7, 479.8)	19.8 (3.8, 59.9)	0 (0, 0)	22.7 (0, 77.3)	31.2 (0, 285.9)	

Data is presented as rate (95% confidence interval).

For all-cause mortality and cardiovascular events and death-censored cardiovascular events, test results for linear trend were not significant across albuminuria categories.

Colors represent the ranking of adjusted rates (ranked from 1 [lowest] to 12 [highest]). The categories with rank numbers 1-3 are green, 4-6 are yellow, 7-9 are orange, and 10-12 are red. Colors reflect the KDIGO categories of risk (green: low risk; yellow: moderately increased risk; orange: high risk; red: very high risk). Colors reflect the KDIGO categories of risk (green: low risk; yellow: moderately increased risk; orange: high risk; red: very high risk).

Abbreviations: CABG, coronary artery bypass graft; eGFR, estimated glomerular filtration rate; KDIGO, Kidney Disease: Improving Global Outcomes; PCI, percutaneous coronary intervention; PVD, peripheral vascular disease; SES, socio-economic status.; TIA, transient ischemic attack.

^a Cardiovascular event was defined as a hospitalization for myocardial infarction or ischemic stroke or a procedural code for PCI or CABG.

^b Adjusted for age, sex, SES, urban residence, pre-transplant dialysis modality, dialysis duration, year of transplant, and a pre-transplant history of hypertension, diabetes mellitus, myocardial infarction, PCI or CABG surgery, heart failure, atrial fibrillation, stroke/TIA, and PVD.

Figure S3b. R	ates of Clinical Outco	mes by Level of eGF	R and Albuminuria (b	y ACR or PCR) in Kidn	ey Transplant Recip	ients, per 1,000 P	erson-years		
	All-cause Mortality and Heart Failure (N=725)				Death-censored Heart Failure (N=725)				
eGFR	Albuminuria (ACR or PCR)								
	Overall	Normal	Mild	Heavy	Overall	Normal	Mild	Heavy	
≥60 mL/min/1.73 m ²									
Events, n	40	17	20	3	29	12	1 5	2	
Patients, n	368	214	142	12	368	214	142	12	
Unadjusted	21.8 (15.7, 28.6)	15.5 (8.9, 23.1)	28.8 (17.4, 42.6)	64.2 (0, 177.6)	15.8 (10.6, 21.9)	11.0 (5.4, 17.5)	21.6 (11.8, 34.2)	42.8 (0, 130.2)	
Adjusted ^a	21.0 (14.8, 30.9)	17.1 (9.5, 29.2)	23.4 (14.1, 40.8)	86.9 (0, 307.7)	15.4 (9.9, 25.3)	11.6 (5.0, 25.0)	19.1 (11.3, 41.2)	48.0 (0, 256.5)	
45-59 mL/mir	n/1.73 m ²								
Events, n	24	11	9	4	15	7	5	3	
Patients, n	216	118	87	11	216	118	87	11	
Unadjusted	23.1 (13.9, 32.1)	19.6 (8.5, 31.0)	20.5 (8.1, 35.2)	94.6 (17.7, 334.5)	14.4 (7.5, 22.0)	12.5 (3.9, 22.2)	11.4 (2.4, 23.4)	70.9 (0, 269.6)	
Adjusted ^a	24.4 (15.0, 39.9)	19.9 (8.9, 40.1)	24.3 (10.0, 46.1)	72.3 (10.7, 436.9)	15.5 (8.2, 30.3)	13.1 (4.6, 32.4)	11.9 (2.6, 29.1)	88.4 (0, 490.3)	
30-44 mL/mir	n/1.73 m ²								
Events, n	26	5	18	3	15	1	13	1	
Patients, n	107	34	64	9	107	34	64	9	
Unadjusted	48.3 (30.7, 69.3)	25.6 (6.1, 49.8)	60.2 (34.2, 91.2)	68.5 (0, 174.8)	27.9 (15.0, 43.1)	5.1 (0, 17.4)	43.5 (21.9, 70.8)	22.8 (0, 101.8)	
Adjusted ^a	49.8 (31.2, 84.4)	27.7 (6.9, 66.6)	62.8 (34.0, 119.5)	62.5 (0, 252.0)	31.5 (16.6, 67.1)	5.1 (0, 23.6)	52.7 (25.2, 144.2)	21.6 (0, 217.2)	
15-29 mL/min/1.73 m ²									
Events, n	13	1	8	4	4	0	2	2	
Patients, n	34	5	21	8	34	5	21	8	
Unadjusted	71.9 (36.7, 113.5)	36.9 (0, 143.9)	74.9 (32.5, 131.1)	85.4 (12.6, 216.9)	22.1 (4.3, 49.2)	0 (0, 0)	18.7 (0, 49.7)	42.7 (0, 156.0)	
Adjusted ^a	53.0 (27.1, 112.3)	14.6 (0, 96.2)	57.5 (20.0, 144.7)	107.8 (12.2, 586.9)	18.6 (3.5, 60.6)	0 (0, 0.6)	15.0 (0, 55.9)	59.5 (0, 577.7)	

Data is presented as rate (95% confidence interval).

For all-cause mortality and heart failure, test results for linear trend were significant across the overall eGFR categories (p=0.001) and mild albuminuria categories (p=0.004). For death-censored heart failure, test results for linear trend were significant across albuminuria categories for eGFR category 30-44 mL/min/1.73 m² (p=0.04).

Colors represent the ranking of adjusted rates (ranked from 1 [lowest] to 12 [highest]). The categories with rank numbers 1-3 are green, 4-6 are yellow, 7-9 are orange, and 10-12 are red. Colors reflect the KDIGO categories of risk (green: low risk; yellow: moderately increased risk; orange: high risk; red: very high risk).

Abbreviations: CABG, coronary artery bypass graft; eGFR, estimated glomerular filtration rate; KDIGO, Kidney Disease: Improving Global Outcomes; PCI, percutaneous coronary intervention; PVD, peripheral vascular disease; SES, socio-economic status.; TIA, transient ischemic attack.

^b Adjusted for age, sex, SES, urban residence, pre-transplant dialysis modality, dialysis duration, year of transplant, and a pre-transplant history of hypertension, diabetes mellitus, myocardial infarction, PCI or CABG surgery, heart failure, atrial fibrillation, stroke/TIA, and PVD.

Table S1. STROBE Checklist ³						
	ltem	Recommendation	Section			
		(a) Indicate the study's design with a commonly used term in the title or the abstract	Abstract			
Title and abstract	1	(b) Provide in the abstract an informative and balanced summary of what was done and what was found				
Introduction	•					
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported				
Objectives	3	State specific objectives, including any prespecified hypotheses	Introduction			
Methods						
Study design	4	Present key elements of study design early in the paper	Methods			
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Methods			
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	Methods			
		(b) For matched studies, give matching criteria and number of exposed and unexposed	Not applicable			
Variables	7 Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable		Methods			
Data sources/		For each variable of interest, give sources of data and details of methods of assessment				
measurement	8	(measurement). Describe comparability of assessment methods if there is more than one group	Methods			
Bias	9	Describe any efforts to address potential sources of bias	Methods			
Study size	10	Explain how the study size was arrived at	Figure S1			
Quantitative variables	Explain how quantitative variables were handled in the analyses. If applicable, describe which		Methods			
		(a) Describe all statistical methods, including those used to control for confounding	Methods			
		(b) Describe any methods used to examine subgroups and interactions	Methods			
Statistical methods	12	(c) Explain how missing data were addressed	Methods			
		(d) If applicable, explain how loss to follow-up was addressed	Methods			
		(e) Describe any sensitivity analyses	Methods			

	ltem	Recommendation	Section
Results			
Participants	13	(a) Report numbers of individuals at each stage of study—e.g. numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Figure S1
		(b) Give reasons for non-participation at each stage	Figure S1
		(c) Consider use of a flow diagram	Figure S1
December dete	- 14	(a) Give characteristics of study participants (e.g. demographic, clinical, social) and information on exposures and potential confounders	Table 1
Descriptive data	14	(b) Indicate number of participants with missing data for each variable of interest	Methods
		(c) Summarise follow-up time (e.g. average and total amount)	Results
Outcome data	15	Report numbers of outcome events or summary measures over time	Results
		(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g. 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Results Figure 1 Figure 2
Main results	16	(b) Report category boundaries when continuous variables were categorized	Results
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	Results
Other analyses	17	Report other analyses done—e.g. analyses of subgroups and interactions, and sensitivity analyses	Results Figure S3
Discussion			
Key results	18	Summarise key results with reference to study objectives	Discussion
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Discussion
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	
Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Disclosures

Variable	Database	Codes			
Inclusion Criteria	•	•			
Kidney transplantation	NARP, SARP	Variables:			
		Modality = Transplant			
		Incident = 1			
		Numinctrans = 1			
		Transdate1 = Date of first tran	splant		
Laboratory investigation	AKDN	Serum creatinine			
		Urinalysis, Albumin-creatinine	ratio, Protein-creatinine ratio		
Exclusion Criteria	•				
Kidney transplantation (prior	NARP, SARP	Variable: Trans2001			
to May 2002)	(since 2001)				
	AH (since	CCI code: 1PC85			
	1994)	ICD-9-CM: 5569			
		CCP codes: 67.4, 67.59, 67.5			
Other organ transplant	AH	Pancreas transplant	CCI: 10J85		
			ICD-9-CM: 528 (includes 5280, 5281, 5282, 5283, 5284, 5285, 5286)		
			CCP: 64.8		
		Liver transplant	CCI: 10A85		
			ICD-9-CM: 505 (includes 5051, 5059)		
			CCP: 62.49, 62.4		
		Bowel transplant	CCI: 1NK85, 1NP85		
			ICD-9-CM: 4697		
			CCP: 58.99		
		Multi-visceral transplant	CCI: 1HY85, 1OK85		
			ICD-9-CM: 336		
			CCP: 45.6		
		Lung transplant	CCI: 1GR85, 1GT85		
			ICD-9-CM: 335 (includes 3350, 3351, 3352)		
			CCP: 45.5		
		Heart transplant	CCI: 1HZ85		
			ICD-9-CM: 3751		
			CCP: 49.5		

Variable	Database	Codes	
Baseline Characteristics – Dem	nographics		
Age, Sex, Aboriginal, SES, Rural	AH	Population Registry	
Baseline Characteristics – Kidn	ey-related Char	acteristics	
Dialysis modality	NARP, SARP	Variable: Modality = Hemodialysis, Peritoneal dialysis, Pre-care (Pre-em	nptive)
Dialysis duration	NARP, SARP	Variable: Duration	
Site of transplantation	NARP, SARP	Variable: Program (SARP = 0, NARP = 1)	
Baseline Co-morbidities	Database	Codes	
Hypertension ⁴	АН	1 hospitalization or 2 claims in 2 years or less:	
		ICD-9-CM: 401-405 ICD-10: I10-I13, I15	ICD-9-CM: Sn 79%, PPV 95% ICD-10: Sn 68%, PPV 93% ⁵
Diabetes mellitus ⁶	АН	1 hospitalization or 2 claims in 2 years or less:	
		ICD-9-CM: 250 ICD-10: E10-E14	ICD-9-CM: Sn 86%, PPV 80%
Myocardial infarction ⁷	AH	1 hospitalization:	
•		ICD-9-CM: 410	ICD-9-CM: Sn 89%, PPV 89%
		ICD-10: I21, I22	
PCI ⁸	AH	CCI: 1IJ50, 1IJ54GQAZ, 1IJ57GQ, 1IL35	CCI: PPV 94-96%
		CCP: 51.59C, 51.59D, 51.59E, 51.59F	
CABG ⁸	AH	CCP: 48.11, 48.12, 48.13, 48.14, 48.15, 48.19	CCI: PPV 97-98%
		CCI: 1IJ76	
Heart failure ^{5,9}	AH	1 hospitalization or 2 claims in 2 years or less:	
		ICD-9-CM: 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11,	ICD-9-CM: Sn 72%, PPV 91%
		404.13, 404.91, 404.93, 425.4-425.9, 428	
		ICD-10: 109.9, 125.5, 142.0, 142.5-142.9, 143, 150	ICD-10: Sn 69%, PPV 90%
Atrial fibrillation ¹⁰	AH	1 hospitalization or 2 claims in 2 years or less:	
		ICD-9 CM: 427.3	ICD-9-CM: Sn 84%, PPV 89%
		ICD-10: I48.0	
Stroke/TIA ¹¹	AH	1 most responsible or post-admittance hospitalization or 1 claim or 1	
		most emergency department ACCS:	
		ICD-9-CM: 362.3, 430, 431, 433.x1, 434.x1, 435, 436	ICD-9-CM: PPV 90%
		ICD-10: G45.0-G45.3, G45.8-G45.9, H34.1, I60, I61, I63, I64	ICD-10: PPV 92%
PVD ¹²	AH	1 hospitalization or 1 claim or 1 ACCS:	
		ICD-9-CM: 440.2	ICD-9-CM: Sn 77%, PPV 94%
		ICD-10: I70.2	

Table S2. Databases and Coding Definitions for Inclusion/Exclusion Criteria, Baseline Characteristics, and Outcome Measurements (continued)						
Variable	Database	Codes				
Outcomes						
Cardiovascular event	AH	Myocardial infarction: ICD-9-CM: 410, ICD-10: I21, I22				
		PCI: CCI: 1IJ50, 1IJ54GQAZ, 1IJ57GQ, 1IL35, CCP: 51.59C, 51.59D, 51.59E, 51.59F				
		CABG: CCP: 48.11, 48.12, 48.13, 48.14, 48.15, 48.19, CCI: 1IJ76				
		Ischemic stroke: ICD-9: 434, 436, ICD-10: H34.1, I63.0, I63.1, I63.2, I63.3, I63.4, I63.5, I63.8, I63.9, I64				
Heart failure	AH	ICD-9-CM: 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 425.4-425.9,				
		428				
		ICD-10: I09.9, I25.5, I42.0, I42.5-I42.9, I43, I50				

Abbreviations: ACCS, Ambulatory Care Classification System; AH, Alberta Health; AKDN, Alberta Kidney Disease Network; CABG, coronary artery bypass graft; CCI, Canadian Classification of Health Interventions; CORR, Canadian Organ Replacement Register; ESRD, end-stage renal disease; ICD-9-CM, International Classification of Diseases, Ninth Revision, Clinical Modification; ICD-10, International Statistical Classification of Diseases, Tenth Revision; NARP, Northern Alberta Renal Program; PCI, percutaneous coronary intervention; PPV, positive predictive value; PVD, peripheral vascular disease; SARP, Southern Alberta Renal Program; SES, socio-economic status; Sn, sensitivity; TIA, transient ischemic attack.

Table S3. Demographic and Clin	Overall,		Albuminuria (ACR, PCR only					
Characteristic	n (%)	Normal	Mild	Heavy				
Recipients (n)	725	371 (51.2)	314 (43.3)	40 (5.5)				
Age (years)	53.3 [41.8-61.9]	51.7 [40.5-61.4]	55.5 [44.2-63.0]	49.2 [40.0-59.0]				
>65 years	133 (18.3)	67 (18.1)	60 (19.1)	6 (15.0)				
Female sex	251 (34.6)	125 (33.7)	111 (35.4)	15 (37.5)				
Aboriginal race	48 (6.6)	18 (4.9)	27 (8.6)	3 (7.5)				
Socio-economic status								
Lowest	167 (23.0)	78 (21.0)	79 (25.2)	10 (25.0)				
Middle	159 (21.9)	85 (22.9)	64 (20.4)	10 (25.0)				
Highest	129 (17.8)	68 (18.3)	54 (17.2)	7 (17.5)				
Urban residence ^b	640 (88.3)	333 (89.8)	269 (85.7)	38 (95.0)				
Pre-transplant dialysis modality	Pre-transplant dialysis modality ^c							
Hemodialysis	418 (57.7)	211 (56.9)	182 (58.0)	25 (62.5)				
Peritoneal	205 (28.3)	108 (29.1)	88 (28.0)	9 (22.5)				
Pre-emptive	102 (14.1)	52 (14.0)	44 (14.0)	6 (15.0)				
Dialysis duration (years)	1.8 [0.8-3.2]	2.1 [1.2-3.4]	2.5 [1.5-3.9]	2.1[1.2-3.2]				
Northern Alberta	439 (60.6)	230 (62.0)	187 (59.6)	22 (55.0)				
Co-morbidities ^d								
Hypertension	659 (90.9)	334 (90.0)	285 (90.8)	40 (100.0)				
Diabetes mellitus	283 (39.0)	120 (32.3)	140 (44.6)	23 (57.5)				
Myocardial infarction	28 (3.9)	11 (3.0)	16 (5.1)	1 (2.5)				
PCI/CABG	31 (4.3)	15 (4.0)	16 (5.1)	0 (0)				
Heart failure	64 (8.8)	29 (7.8)	32 (10.2)	3 (7.5)				
Atrial fibrillation	38 (5.2)	18 (4.9)	18 (5.7)	2 (5.0)				
Stroke/TIA	21 (2.9)	12 (3.2)	9 (2.9)	0 (0)				
Peripheral vascular disease	49 (6.8)	21 (5.7)	24 (7.6)	4 (10.0)				

Data is presented as number (%) except for age and dialysis duration, which are presented as median [interquartile range].

Abbreviations: ACR, albumin-creatinine ratio; CABG, coronary artery bypass graft; PCI, percutaneous coronary intervention; PCR, protein-creatinine ratio; TIA, transient ischemic attack.

a Income was categorized according to fifths of average neighborhood income (first quintile is the lowest and the fifth quintile is the highest). b Urban location indicates a population >10,000 or a population >1,000 with population density >400/km².

^c Recipients identified as pre-emptive were assessed for the presence of dialysis codes and re-classified as hemodialysis (n=5) or peritoneal dialysis (n=7).

^d Assessed by the presence of a diagnostic or procedural code in the 3 years prior to the index date except for hypertension and diabetes which are defined by a previously validated algorithm.^{4,6}

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