

**S3 Table. Stratum-specific effects of cinacalcet initiation on hospitalization (two-level stratification).**

<b>Type of Hospitalization</b>	<b>iPTH Subgroup</b>	<b>HR</b>	<b>95% CI</b>	<b>P -value</b>
<b>All-Cause</b>	iPTH < 300 pg/mL	0.82	0.67, 1.01	0.063
<b>All-Cause</b>	iPTH ≥ 300 pg/mL	1.11	0.84, 1.47	0.467
<b>Cardiovascular-Related</b>	iPTH < 300 pg/mL	0.96	0.66, 1.38	0.807
<b>Cardiovascular-Related</b>	iPTH ≥ 300 pg/mL	0.85	0.57, 1.27	0.421
<b>Infection-Related</b>	iPTH < 300 pg/mL	0.84	0.46, 1.52	0.555
<b>Infection-Related</b>	iPTH ≥ 300 pg/mL	1.10	0.57, 2.13	0.766
<b>Vascular Access-Related</b>	iPTH < 300 pg/mL	0.64	0.40, 1.01	0.054
<b>Vascular Access-Related</b>	iPTH ≥ 300 pg/mL	1.31	0.81, 2.13	0.268

CI, confidence interval; HR, hazard ratio; iPTH, intact parathyroid hormone

HRs were adjusted for age, gender, cause of CKD, smoking status, duration of hemodialysis, history of hyperparathyroidism treatment, baseline comorbidities (diabetes and cardiovascular disease), baseline creatinine, baseline total protein, time-varying medications (VDRA, phosphate binders, iron supplements) and time-varying laboratory tests (Kt/V, iPTH, Ca, P, albumin, ferritin, iron, and hemoglobin).