S6 Table. Stratum-specific effects of cinacalcet initiation on hospitalization (two-level stratification) with the alternative censoring definition.

Type of Hospitalization	iPTH Subgroup	HR	95% CI	P-value
All-Cause	iPTH < 300 pg/mL	0.84	0.69, 1.02	0.081
All-Cause	$iPTH \ge 300 \text{ pg/mL}$	1.10	0.84, 1.45	0.491
Cardiovascular-Related	iPTH < 300 pg/mL	0.96	0.68, 1.35	0.795
Cardiovascular-Related	$iPTH \ge 300 \text{ pg/mL}$	0.88	0.60, 1.28	0.496
Infection-Related	iPTH < 300 pg/mL	0.89	0.53, 1.52	0.680
Infection-Related	$iPTH \ge 300 \text{ pg/mL}$	1.09	0.58, 2.05	0.794
Vascular Access-Related	iPTH < 300 pg/mL	0.66	0.42, 1.03	0.067
Vascular Access-Related	$iPTH \ge 300 \text{ pg/mL}$	1.30	0.81, 2.11	0.279

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).