Table S1: Additional Characteristics of IHHD Patients

Additional Characteristics of IHHD patients:		
Education level, n (%)	Less than High School	20 (18.0%)
	High School	45 (40.5%)
	Post High School Training	34 (30.63%)
	Four Year College Graduate	7 (6.31%)
	Post College Graduate	5 (4.5%)
Housing type, n (%)		
	Apartment	4 (3.5%)
	House	92 (79.3%)
	Mobile Home	20 (17.2%)
Water Source, n (%)		
	Municipality	63 (54.8%)
	Spring	1 (0.87%)
	Well	51 (44.4%)
Access at beginning of IHHD, n (%)		
	AVF	36 31.0%)
	CVC	73 (62.9%)
	Graft	7 (6.0%)
Access at end of IHHD or censoring, n (%)		
	AVF	38 (32.8%)
	CVC	71 (62.2%)
	Graft	7 (6.0%)

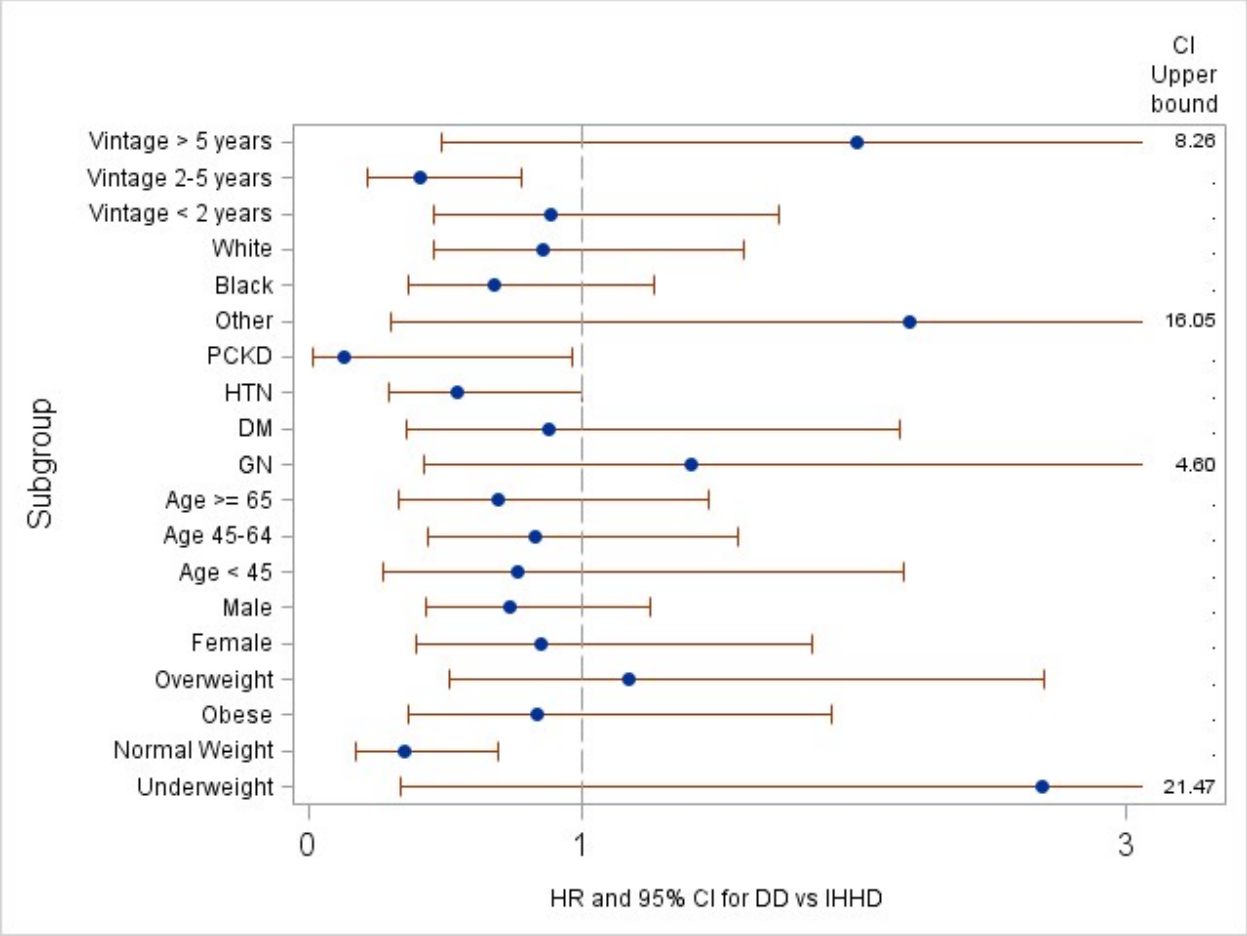
Table S2: Hazard Ratios and 95% CIs for Demographic and Clinical Characteristics from Cox Regression[a]

Variable	*Reference*	*Hazard Ratio*	*95% Confidence Interval*	*p-value*
ESKD Cause, GN	Hypertension	0.57	(0.41, 0.79)	0.0009
DM		1.70	(1.38, 2.10)	<0.0001
PKD		0.54	(0.37, 0.79)	0.0016
Other		0.91	(0.69, 1.20)	0.4979
Age	1-year increase	1.05	(1.05, 1.06)	<0.0001
Sex, Female vs Male	Male	0.90	(0.75, 1.06)	0.2100
Race, Black vs White	White	0.73	(0.60, 0.89)	0.0014
Vintage	1-year increase	1.06	(1.02, 1.09)	0.0009
BMI	1-point increase	0.99	(0.98, 1.01)	0.5106
Treatment Era	Late vs Early	0.63	(0.53, 0.76)	<0.0001

95% Confidence interval (95% CI)

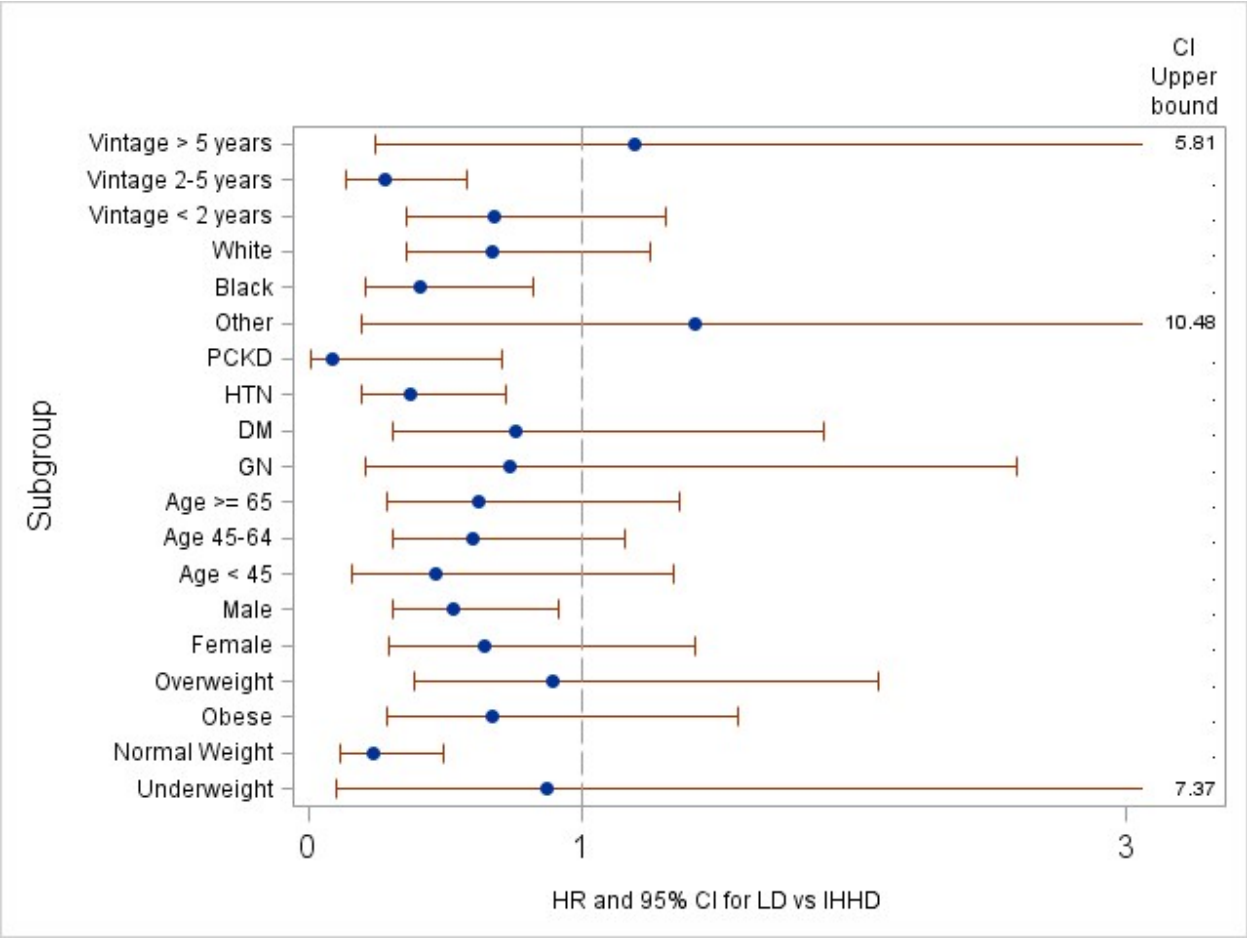
[a] Multivariable Cox Regression model adjusted for age, sex, race, vintage, BMI, cause of ESKD, and era.

Figure S1: Association of DD KT recipients and IHHD patients' characteristics with survival.



Graph represents a subgroup analysis showing hazard ratios for selected characteristics. Survival advantage was present for dialysis vintage of 2-5 years, ESKD due PKD and HTN, as well as normal BMI.

Figure S2: Association of LD KT recipients and IHHD patients' characteristics with survival.



Graph represents a subgroup analysis showing hazard ratios for selected characteristics. Survival advantage was present for dialysis vintage of 2-5 years, ESKD due PKD and HTN, normal BMI, black race and male gender.

STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

Research article title: Intensive Home Hemodialysis Survival Comparable to Deceased Donor Kidney Transplant

	Item No	Recommendation	Location in the manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	Page # 1, 2 Page # 2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Page # 3, 4
Objectives	3	State specific objectives, including any prespecified hypotheses	Page # 4
Methods			
Study design	4	Present key elements of study design early in the paper	Page # 5, 6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Page # 5, 6
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up (*b*) For matched studies, give matching criteria and number of exposed and unexposed	Page # 5, 6 Page # 7, PS matching done with 1:2 ratio for IHHD vs KT patients
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Page # 5, 6, 7, 8
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Page # 5, 6, 7, 8, 9, 10
Bias	9	Describe any efforts to address potential sources of bias	Page # 9, 10, 11, 12, 13
Study size	10	Explain how the study size was arrived at	Page # 5, 6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Page # 5, 6, 7
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding (*b*) Describe any methods used to examine subgroups and interactions (*c*) Explain how missing data were addressed (*d*) If applicable, explain how loss to follow-up was addressed (*e*) Describe any sensitivity analyses	Page # 6, 7 Page # 7, 8, 9, 10 Page # 9, 10 Page # 9, 10 Page # 7
Results			

Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	Page # 5, 6 Table # 1 Page # 5, 6, 8 Additional File: Visual Abstract
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Summarise follow-up time (eg, average and total amount)	Page # 5, 6, 8 Table # 1 Table # 1 Page # 8, 9, 10 Figure # 1, 2
Outcome data	15*	Report numbers of outcome events or summary measures over time	Page # 6, 7, 8, 9, 10

Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (*b*) Report category boundaries when continuous variables were categorized (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	Page # 8, 9, 10 Table # 1, 3, 4 N/A N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Page # 6, 7, 8, 9, 10
Discussion			
Key results	18	Summarise key results with reference to study objectives	Page # 8, 9, 12, 13 Figure# 1 Table# 3, 4
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	Page # 14, 15
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Page # 13, 14, 15 Figure # 1
Generalisability	21	Discuss the generalisability (external validity) of the study results	Page # 13
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	Page #15. We did not receive any funding to conduct the study. We did utilize resources from the University of Virginia Department of Public Health Sciences and the Division of Nephrology. TheSRTR data set and publication cost are shared by the University of Virginia-Division of Nephrology, Lynchburg Nephrology and the corresponding author.

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.