## **Supplementary Online Content**

Bhatraju PK, Zelnick LR, Chinchilli VM, et al. Association between early recovery of kidney function after acute kidney injury and long-term clinical outcomes. *JAMA Netw Open.* 2020;3(4):e202682. doi:10.1001/jamanetworkopen.2020.2682

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This supplementary material has been provided by the authors to give readers additional information about their work.

## eMethods. Inclusion and Exclusion Criteria

In ASSESS-AKI participants with and without AKI were initially matched on site and preadmission chronic kidney disease (CKD) status, with additional matching using an integrated priority score based on age, prior cardiovascular disease or diabetes mellitus, pre-admission level of estimated glomerular filtration rate (eGFR) using the CKD-EPI equation, and ICU treatment during the index hospitalization.

Inclusion Criteria	Exclusion Criteria
Adult participants aged 18 years to 89 years	Inability to provide informed or surrogate
	consent
Documented "baseline" serum creatinine	Died prior to the three-month study visit
defined as the outpatient, non-emergency	
department test value nearest to the index	
hospitalization within 7 and 365 days prior to	
admission using an IDMS-traceable serum	
creatinine assay.	
At Yale, pre-operative serum creatinine	Enrolled in an active interventional study at
results from an IDMS-traceable assay	the three-month in-person study visit.
obtained within seven days before cardiac	
surgery can be used to define "baseline"	
kidney function for the subset of participants	
who are undergoing non-urgent cardiac	
surgery.	
	Actively pregnant or breastfeeding. Prior
	chronic hemodialysis, peritoneal dialysis
	(lasting ≥three months), or estimated GFR
	<15 ml/min/1.73 m2 not receiving renal
	replacement therapy. History of solid organ
	and/or hematopoietic cell transplants

## Inclusion and exclusion criteria are listed below

Acute glomerulonephritis diagnosed clinically
or by biopsy.
Clinically significant urinary tract obstruction,
confirmed by imaging.
Hospitalization involving acute nephrectomy.
History of multiple myeloma.
Hepatorenal syndrome
Metastatic cancer or systemic cancer
receiving active treatment.
New York Heart Association Class IV heart
failure prior to index admission.
Predicted survival of 12 months or less as
determined by the participant's treating
physician or Clinical Research.
Center Principal Investigator.
AKI participants who remain hospitalized 90
or more days after the AKI episode.
FORD at the time of the three month study
VISIt.
Unable to provide research blood and urine
samples

			Unadjusted		Model 1		Model 2		
	N at	N	HR (95% CI)	P value	HR (95% CI)	P value	HR (95% CI)	<i>P</i> value	
	risk	events							
No AKI	463	66 (14%)	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)		
Resolving AKI	289	64 (22%)	1.95 (1.38, 2.75)	< 0.001	2.08 (1.44, 2.98)	< 0.001	2.29 (1.20, 4.34)	0.01	
Non- resolving AKI	174	73 (42%)	4.16 (3.04, 5.69) < 0.001		4.21 (3.02, 5.86) < 0.001		5.48 (2.97, 10.12) < 0.001		
Non- resolving AKI (compared with resolving AKI)			2.14 (1.51, 3.02)	< 0.001	2.03 (1.41, 2.91)	< 0.001	2.40 (1.65, 3.49)	< 0.001	

eTable 1. Association of AKI Recovery Subgroups With Development of CKD (Among Those Without CKD at Baseline)

			Unadjuste	ed	Model 1		Model	2
	N at risk	N events	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value
No AKI	306	27 (8.8%)	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)	
Resolving AKI	186	37 (20%)	2.68 (1.65, 4.35)	< 0.001	1.74 (1.02, 2.94)	0.04	2.08 (0.69, 6.33)	0.20
Non- resolving AKI	120	33 (28%)	3.84 (2.38, 6.22)	< 0.001	2.91 (1.75, 4.86)	< 0.001	3.28 (1.14, 9.42)	0.03
Non- resolving AKI (compared with resolving AKI)			1.43 (0.90, 2.29)	0.13	1.68 (1.02, 2.76)	0.04	1.58 (0.94, 2.64)	0.10

eTable 2. Association of AKI Recovery Subgroups With Progression of CKD (Among Those With CKD at Baseline)

			Unadjusted		Model 1		Model	2
	N at risk	N events	HR (95% CI)	P value	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value
No AKI	769	112 (14%)	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)	
Resolving AKI	475	126 (27%)	2.03 (1.57, 2.61)	< 0.0001	1.91 (1.46, 2.50)	< 0.0001	1.60 (0.94, 2.71)	0.08
Non-resolving AKI	294	82 (28%)	2.08 (1.59, 2.72)	< 0.0001	2.03 (1.54, 2.69)	< 0.0001	1.76 (1.04, 2.98)	0.03
Non-resolving AKI (compared with resolving AKI)			1.03 (0.78, 1.35)	0.85	1.06 (0.80, 1.40)	0.67	1.11 (0.83, 1.47)	0.49

eTable 3. Association of AKI Recovery Subgroups With Risk of Death

			Unadjuste	d	Model 1		Model 2		
	N at	N events	HR (95% CI)	P value	HR (95% CI)	P value	HR (95% CI)	P value	
	risk								
No AKI	769	12 (1.6%)	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)		
Resolving AKI	475	28 (5.9%)	4.19 (2.24, 7.84)	< 0.001	2.53 (1.31, 4.89)	0.006	1.43 (0.37, 5.60)	0.61	
Non- resolving AKI	294	18 (6.1%)	4.26 (2.05, 8.85)	< 0.001	3.15 (1.48, 6.73)	0.003	1.90 (0.51, 7.05)	0.34	
Non- resolving AKI (compared with resolving AKI)			1.02 (0.56, 1.84)	0.96	1.25 (0.67, 2.33)	0.49	1.33 (0.70, 2.53)	0.39	

eTable 4. Association of AKI Recovery Subgroups With End-Stage Renal Disease (ESRD)

eTable 5. Association of AKI Recovery Subgroups With MAKE (Composite of CKD Incidence, Chronic Dialysis or Death) Among Those Without CKD at Baseline

			Unadjusted		Model 1		Model 2		
	N at risk	N at risk	N events	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value
No AKI	463	66 (14%)	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)		
Resolving AKI	289	64 (22%)	1.91 (1.45, 2.50)	< 0.001	1.88 (1.41, 2.50)	< 0.001	1.63 (0.95, 2.80)	0.07	
Non-resolving AKI	174	73 (42%)	2.99 (2.29, 3.90)	< 0.001	3.01 (2.27, 3.99)	< 0.001	3.00 (1.77, 5.10)	< 0.001	
Non-resolving AKI compared with resolving AKI			1.57 (1.18, 2.09)	0.002	1.60 (1.19, 2.15)	0.002	1.84 (1.36, 2.50)	< 0.001	

eTable 6. Association of AKI Recovery Patterns With MAKE Including Hospital Length of Stay as a Covariate (Composite of CKD Incidence, CKD Progression, Dialysis or Death)

			Unadjusted		Model 1		Model 2	
	N at N of Research N at N of Research N at N of Research N	N at N events risk	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value
No AKI	769	192 (25%)	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)	
Resolving AKI	475	198 (42%)	2.05 (1.68, 2.50)	< 0.001	1.95 (1.58, 2.40)	< 0.001	1.47 (0.96, 2.25)	0.08
Non-resolving AKI	294	160 (54%)	2.90 (2.37, 3.54)	< 0.001	2.80 (2.26, 3.46)	< 0.001	2.17 (1.42, 3.31)	< 0.001
Non-resolving AKI compared with resolving AKI			1.42 (1.15, 1.75)	0.001	1.44 (1.16, 1.78)	0.001	1.48 (1.18, 1.85)	< 0.001

Model 1: Adjusted for age, sex, black race, diabetes, CVD, and sepsis. Model 2: additionally adjusted for maximum KDIGO stage of AKI at 72 hours post AKI diagnosis, shock, mechanical ventilation, major surgery, hospital length of stay. HR, hazard ratio; Ref, reference.

eTable 7. Association of AKI Recovery Subgroups With MAKE Adjusting for Discharge SCr or KDIGO Stage of AKI at 72 Hours

	Model 1a (adjusting for hospital	discharge	Model 1b (KDIGO stage o	of AKI at 72
	serum creatinine concentra	tion)	hours)	
	HR (95% CI)	<i>P</i> value	HR (95% CI)	P value
No AKI	1.00 (Ref.)		1.00 (Ref.)	
Resolving AKI	1.80 (1.47, 2.22)	< 0.001	1.55 (1.03, 2.33)	0.04
Non-resolving AKI	2.37 (1.87, 3.00)	< 0.001	2.37 (1.57, 3.58)	< 0.001
Non-resolving AKI compared with resolving AKI	1.31 (1.05, 1.64)	0.02	1.53 (1.23, 1.90)	< 0.001

Model 1a: Adjusted for age, sex, black race, diabetes, CKD status, CVD, sepsis, center, shock, mechanical ventilation, major surgery and serum creatinine concentration at hospital discharge.

Model 1b: Adjusted for age, sex, black race, diabetes, CKD status, CVD, sepsis, center, shock, mechanical ventilation, major surgery and maximum KDIGO stage of AKI at 72 hours post AKI diagnosis.

HR, hazard ratio; Ref, reference.

**eTable 8.** Association of AKI Recovery Patterns With MAKE Including Vasopressors as a Covariate Instead of Shock (Composite of CKD Incidence, CKD Progression, Dialysis or Death)

			Unadjusted		Model 1		Model 2	
	N at N e risk	I at N events isk	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value	HR (95% CI)	P value
No AKI	769	192 (25%)	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)	
Resolving AKI	475	198 (42%)	2.05 (1.68, 2.50)	< 0.001	1.95 (1.58, 2.40)	< 0.001	1.54 (1.03, 2.30)	0.04
Non-resolving AKI	294	160 (54%)	2.90 (2.37, 3.54)	< 0.001	2.80 (2.26, 3.46)	< 0.001	2.32 (1.54, 3.50)	< 0.001
Non-resolving AKI compared with resolving AKI			1.42 (1.15, 1.75)	0.001	1.44 (1.16, 1.78)	0.001	1.51 (1.21, 1.87)	< 0.001

			Unadjus	Unadjusted		Model 1		Model 2	
	N at risk	N events	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value	HR (95% CI)	<i>P</i> value	
Before 3 years									
No AKI	769	105	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)		
Resolving AKI	475	145	1.42 (1.10, 1.83)	0.007	1.46 (1.12, 1.89)	0.005	1.25 (0.80, 1.95)	0.33	
Non-resolving AKI	294	105	2.11 (1.61, 2.77)	< 0.001	2.12 (1.60, 2.80)	< 0.001	1.81 (1.15, 2.85)	0.01	
Non-resolving AKI									
compared with resolving AKI			1.49 (1.16, 1.92)	0.002	1.45 (1.12, 1.88)	0.005	1.45 (1.12, 1.89)	0.006	
After 3 years									
No AKI	587	87	1.00 (Ref.)		1.00 (Ref.)		1.00 (Ref.)		
Resolving AKI	281	52	1.36 (0.97, 1.92)	0.08	1.32 (0.93, 1.87)	0.12	1.12 (0.68, 1.86)	0.65	
Non-resolving AKI	171	55	2.72 (1.93, 3.83)	< 0.001	2.65 (1.88, 3.74)	< 0.001	2.19 (1.34, 3.60)	0.002	

eTable 9. Time-Stratified Association of AKI Subgroups With Composite Outcome (CKD Incidence, CKD Progression, Dialysis or Death)

Non-resolving AKI compared with resolving AKI		2.00 (1.36, 2.92)	< 0.001	2.00 (1.37, 2.94)	< 0.001	1.95 (1.33, 2.87)	< 0.001

eFigure. Risk of MAKE Between Patients Without AKI, Resolving AKI and Nonresolving AKI With 95% CIs

