Supplemental Table of Contents

Supplemental Material 1

Topics and Informants During Phase Two		
Topic	**Moderators** and Panelists/Discussants	**Location**
Transplant Waitlist and Nephrology Referral and Kidney Donation Evaluation	**Neil Powe, MD, MPH, MBA**	
	Winfred Williams, MD	Boston, MA
	Delphine Tuot, MD	San Francisco, CA
	Vineeta Kumar, MD	Birmingham, AL
	Tanjala Purnell, PhD	Baltimore, MD
	Elaine Ku, MD	San Francisco,CA
	Michelle Josephson, MD	Chicago, IL
	Silas Norman, MD	Ann Arbor, MI
Quantifying Impact of Race Removal and Patient Safety Considerations	**Nwamaka Eneanya, MD, MPH; Mallika Mendu, MD, MBA**	
	Arjun Manrai, MD	Boston, MA
	Salman Ahmed, MD	Boston, MA
	Melanie Hoenig, MD	Boston, MA
	Rajnish Mehrotra, MD	Seattle, WA
	Alp Ikizler, MD, PhD	Nashville, TN
	Jeffrey Fink, PhD	Baltimore, MD
	Karthik Sivashanker, MD	Boston, MA
	Alan Kliger, MD	New Haven, CT
	Lee-Ann Wagner, MD	Baltimore, MD
	Tom Sequist, MD	Boston, MA
The role of eGFR on Pharmacologic Considerations	**Wendy St. Peter, PharmD; Mallika Mendu, MD, MBA**	
	Amit Pai, PharmD	Ann Arbor, MN
	Erin F. Barretto, PharmD, RPH	Rochester, MN
	Joanna Hudson, PharmD	Nashville, TN
	Paul Palevsky, MD	Pittsburgh, PA
	James Wetmore, MD, MS	Minneapolis, MN
	Thomas Nolin, PharmD, PhD	Pittsburgh, PA
	Jeffrey Fink, PhD	Baltimore, MD
	Silvia Titan, MD, PhD	Boston, MA
	Katherine Tuttle, MD	Spokane, WA
	Michael Shlipak, MD	San Francisco, CA
Minority Participation in Clinical Trials and CKD Research in African Americans	**Crystal Gadegbeku, MD; Marva M. Moxey-Mims, MD**	
	David M. Charytan, MD	New York, NY
	Jackson T. Wright, MD, PhD	Cleveland, OH
	Herman A. Taylor, Jr., MD	Atlanta, GA
	Keith C. Norris, MD	Los Angeles, CA
	L. Ebony Boulware, MD, MPH	Durham, NC
	Stephen B. Thomas, MS, PhD	College Park, MD
	Akinlolu O. Ojo, MD, PhD, MBA, MPH	Kansas City, KS
The Food and Drug Administration, Centers for Medicare and Medicaid Services perspectives on Drug Approval and Population Tracking	**Wendy St. Peter, PharmD; Nilka Rios Burrows, MPH, MT**	
	Thomas Nolin, PharmD, PhD	Pittsburgh, PA
	Aliza Thompson, MD, MS	Silver Spring, MD
	Julia Breyer Lewis, MD	Nashville, TN
	Afshin Parsa, MD, MPH	Baltimore, MD
	Morgan Grams, MD, PhD, MHS	Baltimore, MD

	Joseph Coresh, MD, PhD, MHS	Baltimore, MD
	Rajiv Saran, MBBS, MD, DTCD, MS	Ann Arbor, MI
	Jessie Roach, MD	Washington, DC
	Kirsten Johansen, MD	Minneapolis, MN
	Sankar Naveneethan, MD, MS, MPH	Houston, TX
	Susan Crowley, MD MBA	West Haven, CT

Supplemental Material 2

Equity, Disparities, Health and Healthcare		
Term		Definition
Health Equity		A fair and just opportunity to be as healthy as possible; Requiring the removal of obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups. [1]
Health Disparity		A difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States. [2]
Healthcare Disparities		Differences between groups in health insurance coverage, access to and use of care, and quality of care. Health and healthcare disparities often refer to differences that are not explained by variations in health needs, patient preferences, or treatment recommendations and are closely linked with social, economic, and/or environmental disadvantage. [3]
Race and Racism		
Race		A construct of human variability based on perceived differences in biology, physical appearance and behavior but not a biological reality. [4]
Racism		An organized system, rooted in an ideology of inferiority that categorizes, ranks and differentially allocates societal resources to human population groups.[5]
Discrimination		Differential actions toward others according to race. [6]
Genetic Ancestry		Sets of polymorphisms for a particular DNA sequence, identified as ancestry-informative markers, that appear in substantially different frequencies between populations from different geographical regions of the world that can be used to estimate the geographical origins of the ancestors of an individual typically by continent of origin (Africa, Asia, or Europe). [7]
eGFR Evaluation		
Criterion	Metric	Definition

Bias	Median difference	Median mGFR minus eGFR (closer to 0 is better)
Precision	Interquartile range (IQR) of differences	IQR of mGFR minus eGFR (lower is better)
Accuracy	P_{30}	Percentage of mGFR minus eGFR more than 30% of mGFR (varies from 0 to 100, higher is better)
	$1\text{-}P_{30}$	Percentage of mGFR minus eGFR less than 30% of mGFR (varies from 0 to 100, lower is better)
	Root mean square error (RMSE)	Square root of the mean of square of log mGFR minus log eGFR (varies from 0 to 1, lower is better)
	Concordance correlation coefficient (CCC)	Measure of agreement of eGFR vs. mGFR along the identity line (varies from -1 to 1, higher is better)
Classification	Concordance	Percent of people with agreement in eGFR and mGFR category (varies from 0 to 100, higher is better)
Reclassification	Net reclassification index (NRI)	Percent of correct reclassifications minus percent of incorrect reclassifications in people with disease plus percent of correct reclassifications minus percent of incorrect reclassifications in people without disease (varies from -200 to 200, higher is better)
eGFR Computation		The use of an equation to numerically derives an estimate of GFR
eGFR Reporting		Manner by which eGFR computed values are reported by clinical laboratories.
Bias is 0 in development datasets. Measures of accuracy reflect precision when bias is 0. For these metrics, measures of bias, precision, classification, reclassification, and P30 are computed on the raw scale. RMSE, CCC, TDI 90 and CP 30 are computed on the log scale.		

Table References

1. Braveman P, Arkin E, Orleans T, Proctor D, Acker J, Plough A. What is health equity? Behavioral Science & Policy 2018;4(1):1-14.
2. United States Department of Health and Human Services (HHS) action plan to reduce racial and ethnic health disparities: a nation free of disparities in health and health care. Washington, DC: US DHHS 2011.

3. Artiga S, Orgera K, Pham O. Disparities in health and health care: Five key questions and answers. Washington, DC: Kaiser Family Foundation http://kff org/disparities-policy/issue-brief/disparities-in-health-and-health-carefive-key-questions-and-answers/Accessed March 2016;7:2017.
4. Nelson A. Unequal treatment: confronting racial and ethnic disparities in health care. Journal of the National Medical Association 2002;94(8):666.
5. Bonilla-Silva E. Rethinking racism: Toward a structural interpretation. American sociological review 1997:465-480.
6. Jones CP. Levels of racism: a theoretic framework and a gardener's tale. American journal of public health 2000;90(8):1212.
7. National Institutes of Health (NIH), National Human Genome Research Institutue.Talking Glossary of Genetic Terms. (https://www.genome.gov/genetics-glossary).