

THE LANCET Oncology

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Casal MA, Ivy SP, Beumer J, Nolin TD. Effect of removing race from glomerular filtration rate-estimating equations on anticancer drug dosing and eligibility: a retrospective analysis of National Cancer Institute phase 1 clinical trial participants. *Lancet Oncol* 2021; published online Aug 13. [http://dx.doi.org/10.1016/S1470-2045\(21\)00377-6](http://dx.doi.org/10.1016/S1470-2045(21)00377-6).

SUPPLEMENTARY MATERIAL

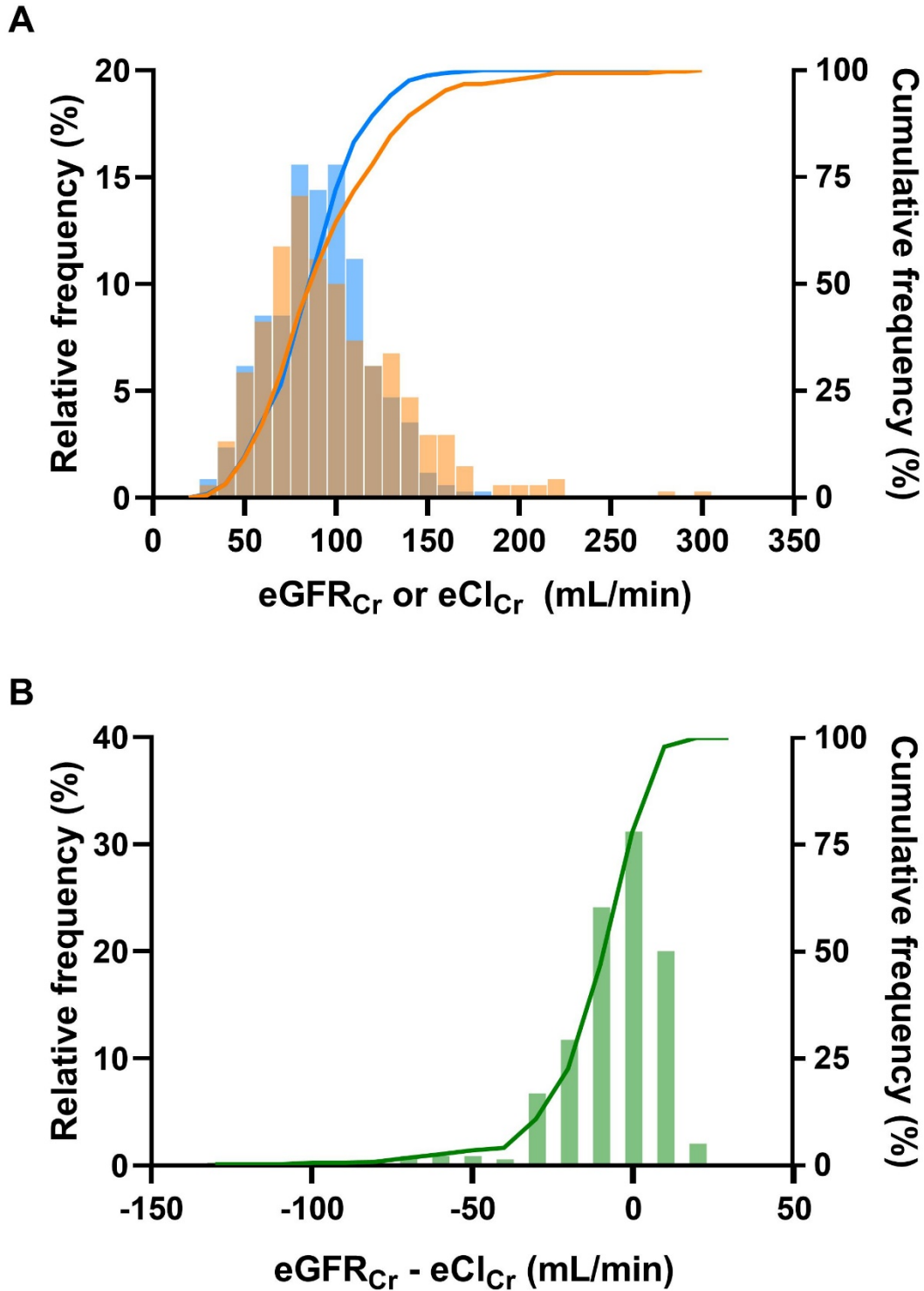


Figure e1. (A) eCl_{Cr} estimated by CG (orange) and eGFR_{Cr} calculated by CKD-EPI_{without race} (blue) and (B) the difference of eGFR_{Cr} - eCl_{Cr} (green) was calculated for 340 black patients with cancer.

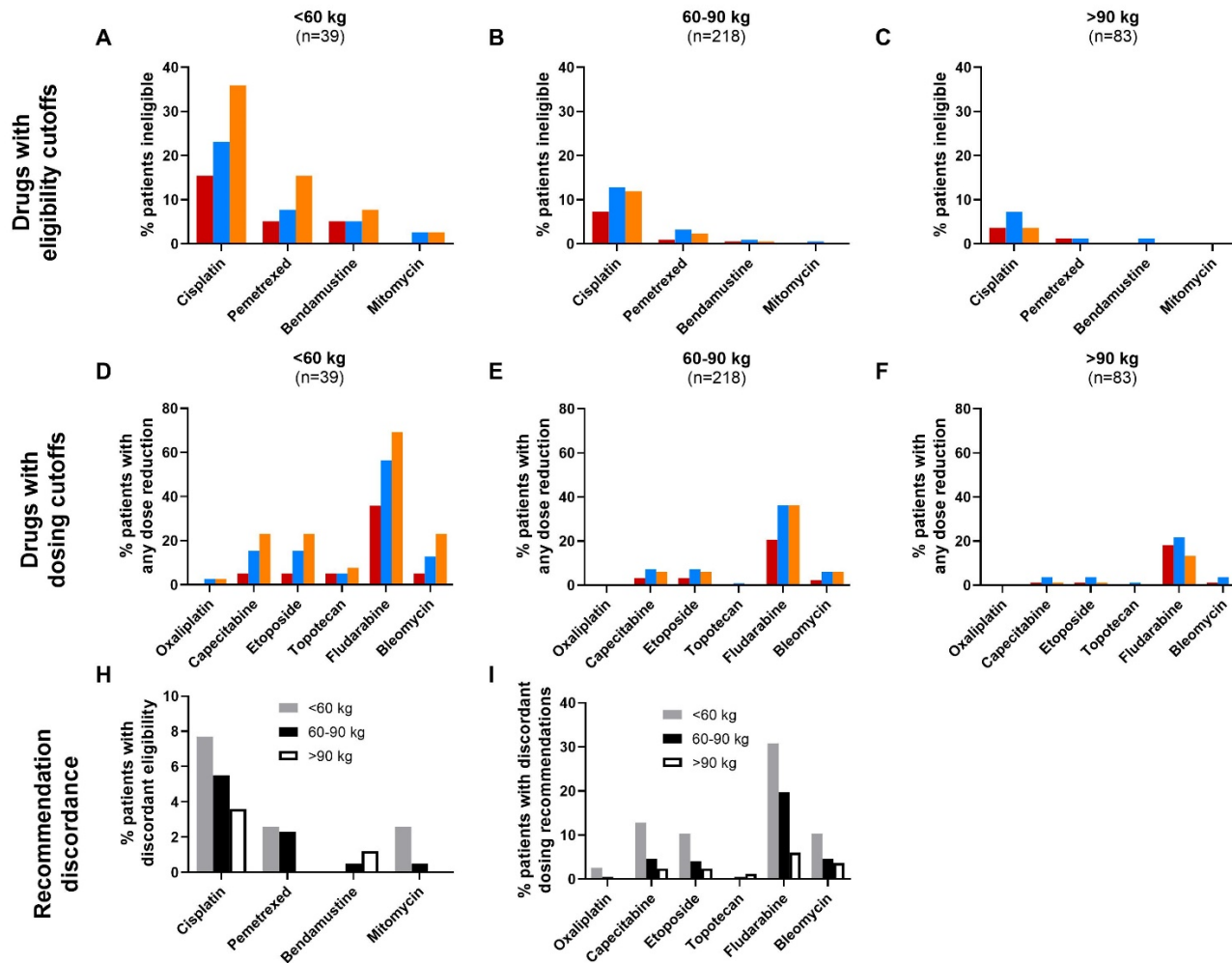


Figure e2. Weight subgroup analyses for drug eligibility and dosing. Dosing simulations were performed for anticancer drugs with (A-C) renal eligibility cutoffs and (D-F) renal dosing recommendations for subgroups based on the following weight: <60kg (A,D), 60-90 kg (B,E), and >90 kg (C,F). The percentage of patients ineligible for therapy because of renal eligibility criteria or requiring a renal dose reduction was calculated based on $eGFR_{Cr}$ calculated by CKD-EPI (red) and CKD-EPI_{without race} (blue) or eCl_{Cr} calculated by CG (orange). The percent of patients with (H) eligibility or (I) dosage discordance between CKD-EPI and CKD-EPI_{without race} was calculated by weight subgroup.

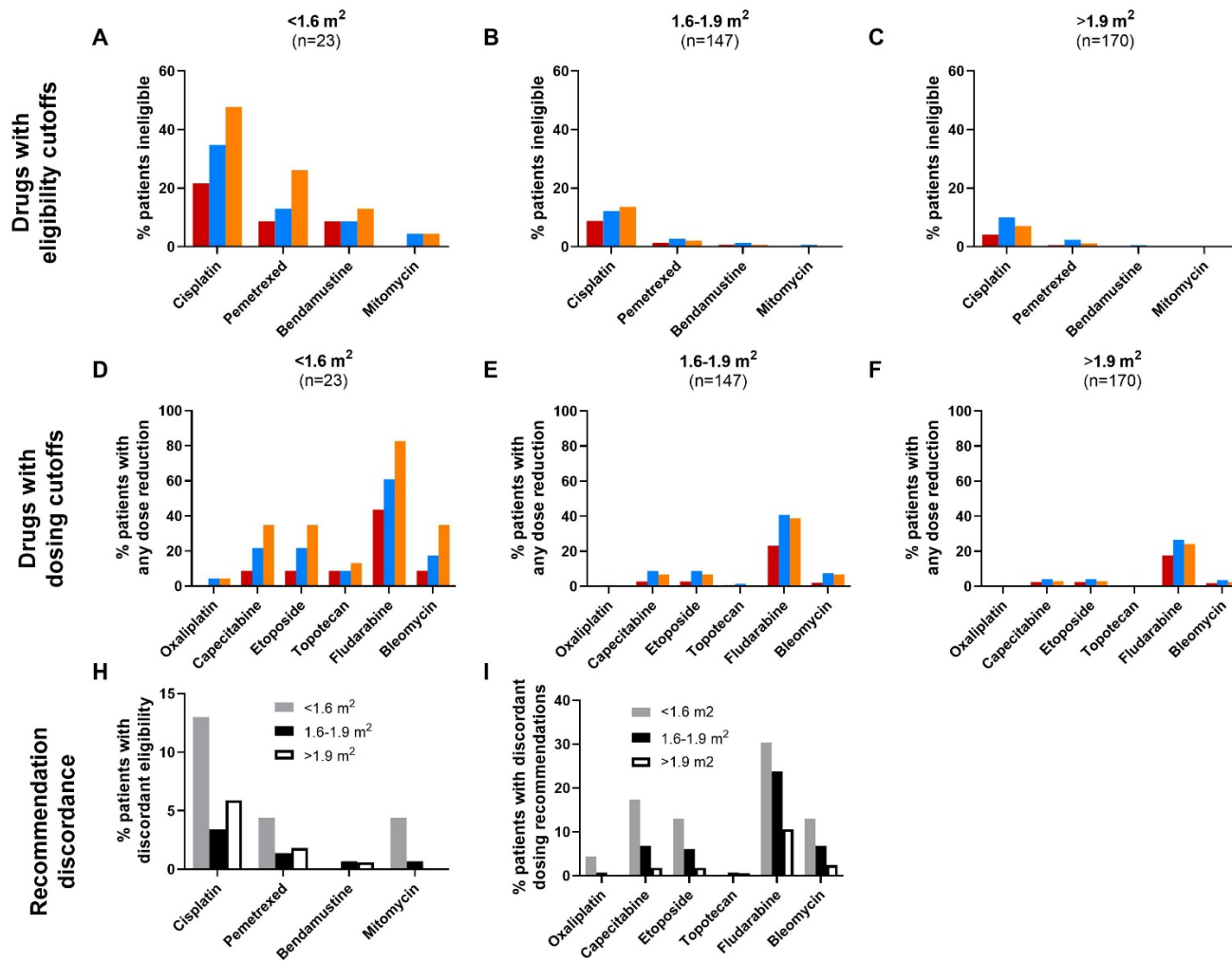


Figure e3. BSA subgroup analyses for drug eligibility and dosing. Dosing simulations were performed for anticancer drugs with (A-C) renal eligibility cutoffs and (D-F) renal dosing recommendations for subgroups based on the following BSAs: $<1.6 \text{ m}^2$ (A,D), $1.6\text{-}1.9 \text{ m}^2$ (B,E), $>1.9 \text{ m}^2$ (C,F). The percentage of patients ineligible for therapy because of renal eligibility criteria or requiring a renal dose reduction was calculated based on $e\text{GFR}_{\text{Cr}}$ calculated by CKD-EPI (red) and $\text{CKD-EPI}_{\text{without race}}$ (blue) or $e\text{Cl}_{\text{Cr}}$ calculated by CG (orange). The percent of patients with (H) eligibility or (I) dosage discordance between CKD-EPI and $\text{CKD-EPI}_{\text{without race}}$ was calculated by BSA subgroup.

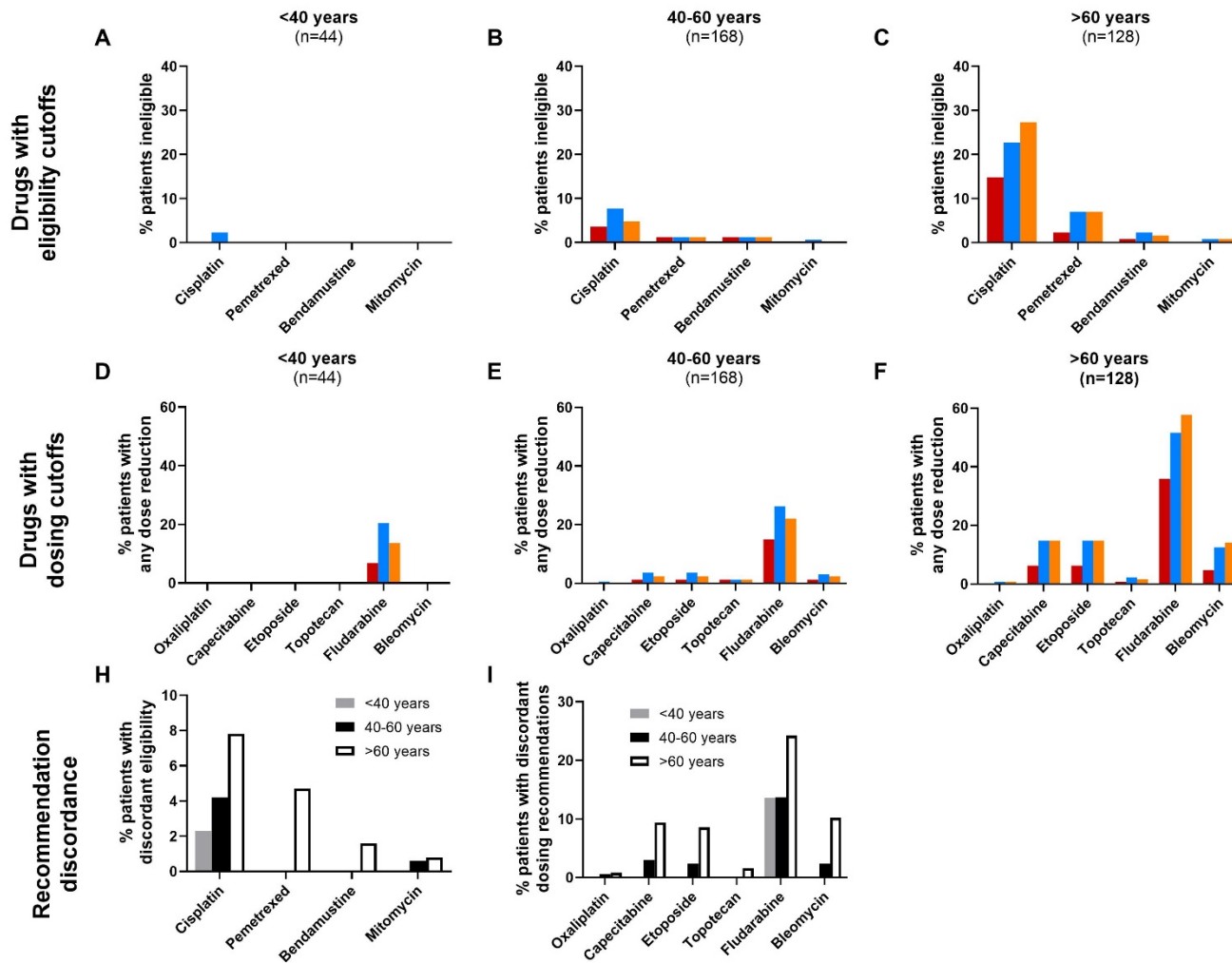


Figure e4. Age subgroup analyses for drug eligibility and dosing. Dosing simulations were performed for anticancer drugs with (A-C) renal eligibility cutoffs and (D-F) renal dosing recommendations for subgroups based on the following ages: <40 years (A,D), 40-60 years (B,E), and >60 years (C,F). The percentage of patients ineligible for therapy because of renal eligibility criteria or requiring a renal dose reduction was calculated based on $eGFR_{Cr}$ calculated by CKD-EPI (red) and CKD-EPI_{without race} (blue) or eCl_{Cr} calculated by CG (orange). The percent of patients with (H) eligibility or (I) dosage discordance between CKD-EPI and CKD-EPI_{without race} was calculated by age subgroup.

