

Supplementary Materials

Table S1. Cannulation Assessment Periods

Start of maintenance hemodialysis	Beginning of CAP	Duration of CAP
Prior to week 12 visit	First hemodialysis session after week 12 visit	First 12 consecutive hemodialysis sessions
Between week 12 and month 12 visit	First hemodialysis session	First 12 consecutive hemodialysis sessions
After month 12 visit	No CAP	No CAP

Abbreviation: CAP-cannulation assessment period

Table S2. Baseline blood pressure profile according to gender

Parameter	Population (n=536)	Females (n=194)	Males (n=341)	p-value
Blood pressure (mmHg)				
-SBP	146.1 ± 23.0	144.8 ± 24.6	146.5 ± 22.0	0.35
-DBP	81.4 ± 13.4	79.6 ± 13.0	82.4 ± 13.5	0.02
-MAP	103.0 ± 14.4	101.4 ± 14.6	103.9 ± 14.2	0.05
-PP	64.7 ± 20.0	65.3 ± 21.4	64.4 ± 19.2	0.63

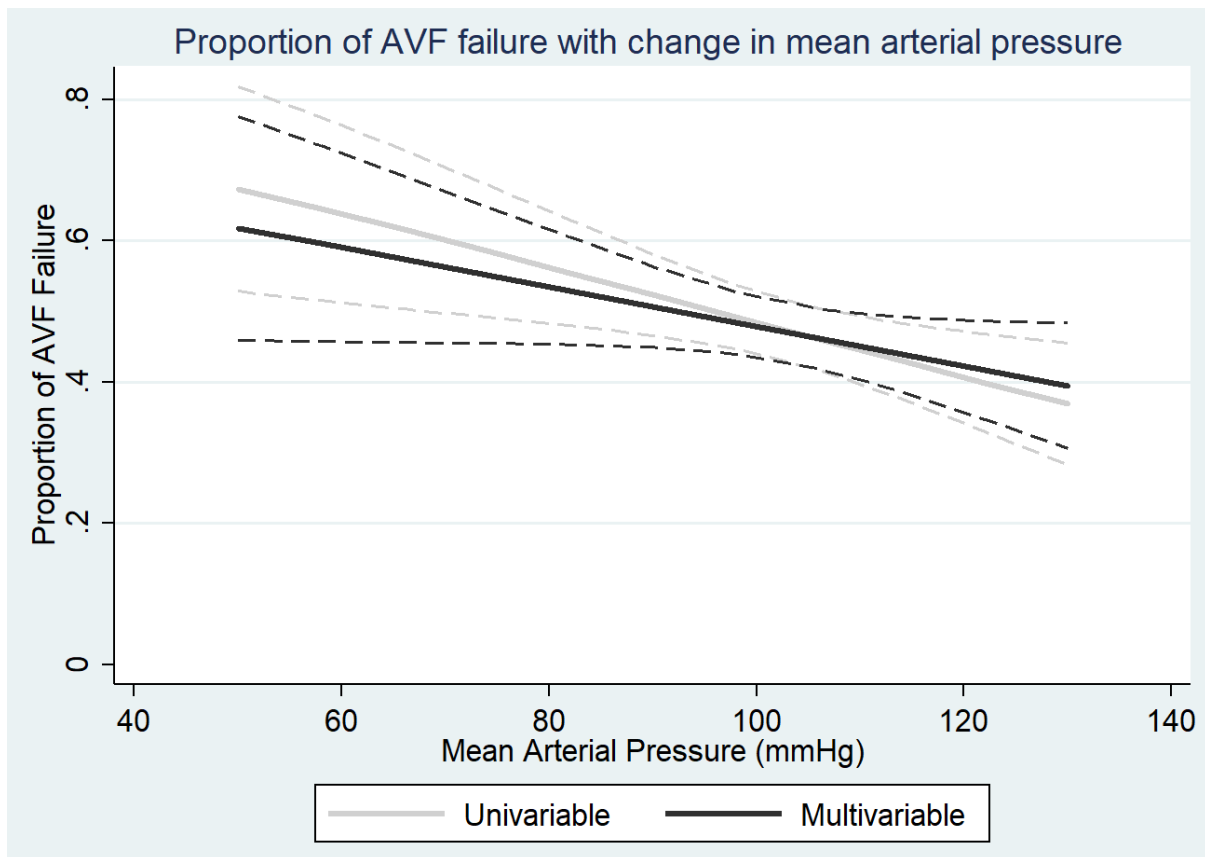
Presented in means(+/-SD) with Independent student t-test performed

Abbreviations: SBP- systolic blood pressure; DBP-diastolic blood pressure; MAP-mean arterial pressure; PP-pulse pressure

Table S3. Site of AVF created according to gender

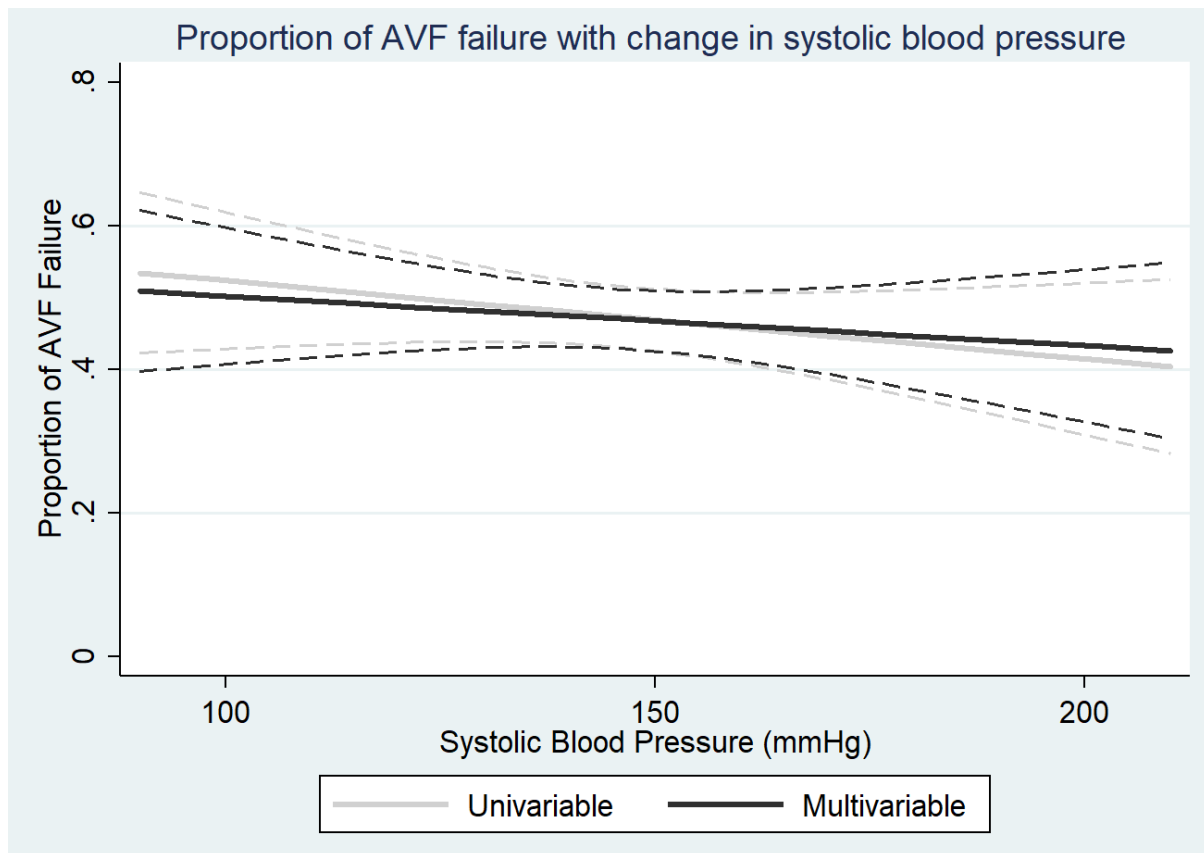
Site of AVF creation	Females (n=194)	Males (n=341)	p-value
Upper Arm	119 (61%)	98 (29%)	<0.01
Lower Arm	75 (39%)	244 (71%)	

Figure S1. Proportion of arteriovenous fistula failure (composite outcome of arteriovenous fistula abandonment, thrombosis and failure to cannulate) with change in mean arterial pressure.



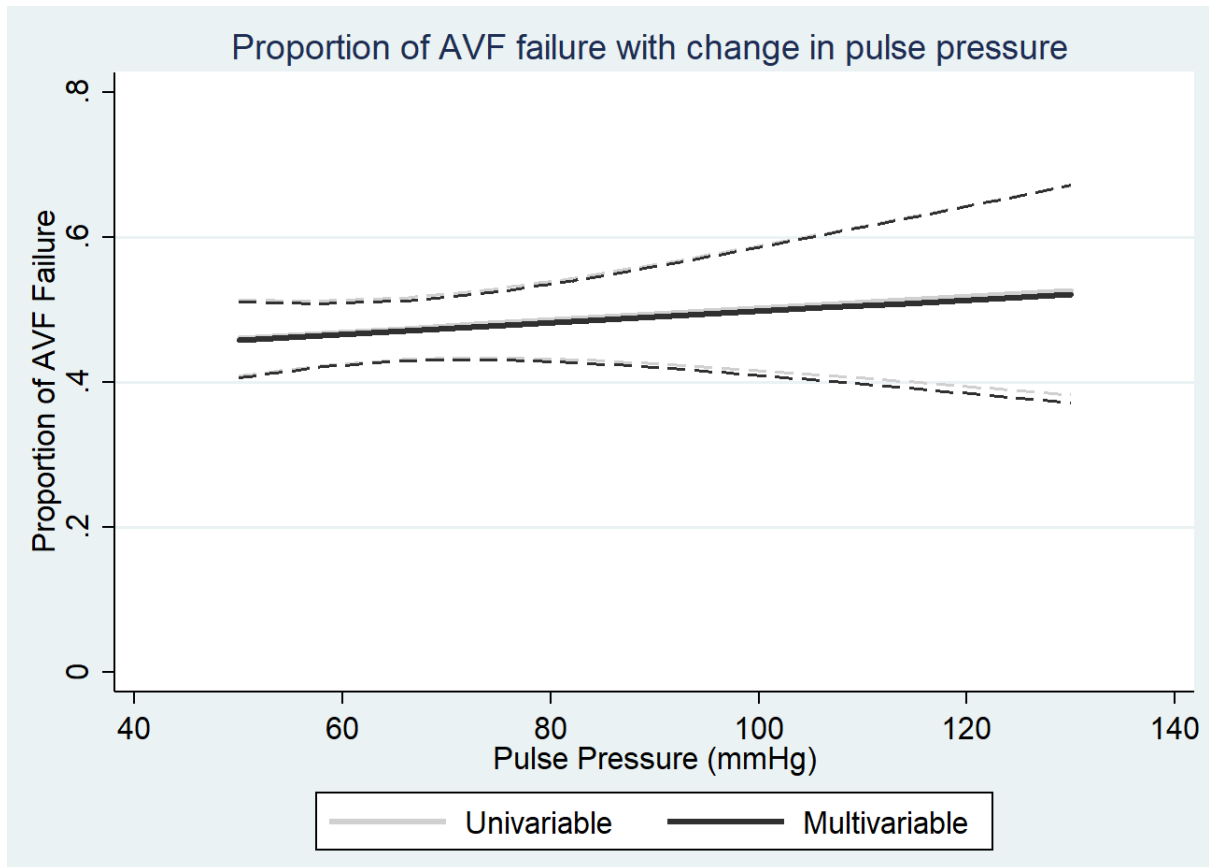
The light grey line reflects an almost inverse linear relationship between mean arterial pressure and proportion of AVF failure on univariable logistic regression and the dashed grey line represent the 95% confidence interval at each mean arterial pressure level (OR 0.85, $p=0.01$). The black line shows a similar relationship between mean arterial pressure and proportion of AVF failure on multivariable analysis adjusted for female sex, age, region of recruitment, presence of diabetes, presence of peripheral vascular disease, presence of central venous catheter, use of calcium channel blockers, haemoglobin levels, randomization to aspirin, randomization to fish oil, type of AVF created, surgical expertise and type of anesthesia use added and the dotted black line representing the 95% confidence interval (Adjusted OR 0.90, $p=0.10$).

Figure S2. Proportion of arteriovenous fistula failure (composite outcome of arteriovenous fistula abandonment, thrombosis and failure to cannulate) with change in systolic blood pressure.



The light grey line reflects the relationship between systolic blood pressure and proportion of AVF failure on univariable logistic regression and the dashed grey line represent the 95% confidence interval at each systolic blood pressure level (OR 0.96, $p=0.25$) while the black line represents the relationship between systolic blood pressure and proportion of AVF failure on multivariable analysis adjusted for female sex, age, region of recruitment, presence of diabetes, presence of peripheral vascular disease, presence of central venous catheter, use of calcium channel blockers, haemoglobin levels, randomization to aspirin, randomization to fish oil, type of AVF created, surgical expertise and type of anesthesia use added and the dotted black line representing the 95% confidence interval (Adjusted OR 0.97, $p=0.52$).

Figure S3. Proportion of arteriovenous fistula failure (composite outcome of arteriovenous fistula abandonment, thrombosis and failure to cannulate) with change in pulse pressure.



The light grey line reflects the relationship between pulse pressure and proportion of AVF failure on univariable logistic regression and the dashed grey line represent the 95% confidence interval at each pulse pressure level (OR 1.03, $p=0.45$) while the black line represents the relationship between pulse pressure and proportion of AVF failure on multivariable analysis adjusted for female sex, age, region of recruitment, presence of diabetes, presence of peripheral vascular disease, presence of central venous catheter, use of calcium channel blockers, haemoglobin levels, randomization to aspirin, randomization to fish oil, type of AVF created, surgical expertise and type of anesthesia use added and the dotted black line representing the 95% confidence interval (Adjusted OR 1.03, $p=0.51$).