Albuminuria within normal range can predict all-cause mortality and cardiovascular mortality

Supplemental Figure 1 to 3

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Supplemental Figure 1. Flow diagram of study cohort.



Supplemental Figure 2. Subgroup associations of urine albumin creatine ratio with all-cause mortality. The risks for all-cause mortality of the third quartile ($6.211 \le <10.010 \text{ mg/g}$) for the first quartile (<4.171 mg/g) were shown. Hazard ratios (HRs) were adjusted for age, sex, race, education, body mass index, smoking, diabetes mellitus, hypertension, cardiovascular event, and baseline eGFR. HR, hazard ratio; CI, confidence interval; eGFR, estimated glomerular filtration rate

Subgroup categories	HR (95% CI)							P	for interaction
Age	1.25 (1.040, 1.525)				•				0 707
≥60 year	1.51 (1.306- 1.747)					-			0.727
Sex									
Male Female	1.31 (1.128- 1.515) 1.23 (1.005- 1.511)			-	-				0.655
Diabetes mellitus					-				
Yes No	1.34 (0.978- 1.834) 1.25 (1.099- 1.420)			-		_			0.419
Hypertension					_				
Yes No	1.28 (1.090- 1.511) 1.19 (1.002- 1.423)			_					0.812
Obesity	. , ,								
Yes	1.08 (0.873- 1.339) 1.35 (1.169- 1.553)								0.128
eGER									
<60 ml/min per 1.73 m^2 ≥60 ml/min per 1.73 m^2	1.30 (1.023- 1.642) 1.25 (1.089- 1.430)			-	- -				0.059
Education					_				
same or under high school college or graduate	1.29 (1.112- 1.489) 1.17 (0.958- 1.433)			+					0.912
Smoking									
ex-smoker or current smoker Never smoker	1.29 (1.108- 1.500) 1.26 (1.045- 1.524)			_	-				0.870
		0	0.5	1	1.5	2	2.5	3	

Supplemental Figure 3. The relationship between the urine albumin-creatinine ratio and mortality. Cubic spline curves showed that there was a linear association of the urine albumin-creatinine ratio with all-cause mortality when the reference was ACR = 4.00 mg/g (a), ACR = 5.00 mg/g (b), and ACR = 6.00 mg/g (c). All curves represent multivariable adjusted hazard ratios. Hazard ratios were adjusted for age, sex, race, education, body mass index, smoking, diabetes mellitus, hypertension, cardiovascular event, and baseline eGFR.

