

## **Item S1. Detailed Methods**

### **Data Collection**

The eligible range of age at enrollment was 21 to 74 years. Sociodemographic and medical history regarding age, sex, race/ethnicity (White, Black, other), was collected at study baseline. A directed history was obtained to determine underlying cause of CKD (if known by patient), prior cardiovascular disease and cardiovascular risk factors, coexisting morbidity, and health behaviors (tobacco use, ethanol exposures, illicit drug use). Diabetes was defined as subjects that are on current anti-diabetic medication use or in patients without a clear history, but with suspected type 2 diabetes, the following criteria are used: non-fasting plasma glucose level > 200 mg/dL, or fasting plasma glucose level > 126 mg/dL. Hypertension was defined as systolic blood pressure  $\geq$  140 mmHg and/or diastolic blood pressure  $\geq$  90 mmHg, or self-reported use of anti-hypertensive medication for hypertension. Hyperlipidemia is defined as fasting total cholesterol  $\geq$  240 mg/dL, (LDL) cholesterol  $\geq$  160 mg/dL, or (HDL) cholesterol < 40 mg/dL, or triglycerides  $\geq$  200 mg/dL, or current use of lipid-lowering medication.

Clinical risk factors included self-reported history of cardiovascular disease (CVD; myocardial infarction or revascularization, heart failure, stroke, or peripheral arterial disease). Participants are asked to list all prescription and over-the-counter medications they have taken within 30 days of each annual clinic visit. BMI and other anthropometric measures (e.g., waist circumference) were performed using standard techniques such as those used in NHANES III. Blood pressure was measured annually and required taking three sequential manual measurements while the participant is seated followed by one measurement while standing. Self-reported current use of cigarettes defined current smoking. Anthropometric measures were assessed using standard protocols. Annual serum creatinine was measured at the CRIC Central Laboratory using an enzymatic method ([www.orthoclinical.com](http://www.orthoclinical.com)) for samples collected through October 2008 and by the Jaffe method ([www.beckmancoulter.com](http://www.beckmancoulter.com)), thereafter, standardized to isotope dilution mass spectrometry-traceable values. Estimated GFR was calculated from serum creatinine using the 2021 CKD-EPI equations. Hemoglobin A1c was analyzed in whole blood. Hemoglobin was obtained at annual visits as part of the complete blood count. Serum was used to measure glucose, ALT, AST, total bilirubin, serum albumin, bicarbonate, and blood urea nitrogen, and potassium. Urine albumin, protein, and creatinine were measured using annual random urines and 24-hour urine samples.

### **CRIC Clinic Visit - Activities and Procedures:**

**Collection of the following:** Informed consent review (as needed), medical record release form, medical history update, medical event information, biosamples (urine and blood) collection, physical measures and anthropometry, concomitant medications, and complete the medical event CRF by inquiring if any of the listed medical events or procedures occurred since last visit.