**Table S1.** Category-free net reclassification improvement (cfNRI) and integrated discrimination improvement (IDI).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statistic** | **Value** | **Lower limit of 95% CI** | **Upper limit of 95% CI** | **p-value** |
| IDI | 0.15 | 0.07 | 0.23 | < 0.001 |
| IDI\_event | 0.12 | 0.05 | 0.20 | 0.002 |
| IDI\_nonevent | 0.03 | 0.009 | 0.04 | 0.003 |
| cfNRI | 0.88 | 0.52 | 1.25 | < 0.001 |
| cfNRI\_event | 0.31 | -0.02 | 0.65 | 0.06 |
| cfNRI\_nonevent | 0.57 | 0.41 | 0.72 | < 0.001 |
| AUC of clinical model alone | 0.86 | 0.78 | 0.94 | < 0.001 |
| AUC of clinical model with [TIMP-2]•[IGBFP7] | 0.94 | 0.90 | 0.98 | < 0.001 |
| AUC difference | 0.08 | 0.02 | 0.15 | 0.02 |

Event = AKI 2-3 within 12h. The clinical model is the model from Table 2.

The table shows that [TIMP-2]•[IGFBP7] improves the overall predictive ability of the model (statistically significant AUC increase, IDI, cfNRI) and that prediction was improved both for patients with AKI (IDI\_event, cfNRI\_event) and for patients without AKI (IDI\_nonevent, cfNRI\_nonevent).