

**Frequent injection cocaine use increases the risk of renal impairment among hepatitis C and
HIV co-infected patients**

Supplemental Digital Content

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Supplemental Table 1: Longitudinal differences in estimated glomerular filtration rates (mL/min/1.73 m² per year) associated with injection cocaine use (n=1,061)

	Crude Difference in Δ eGFR/year (95% CI)	Adjusted Difference in Δ eGFR/year (95% CI) ^a
Non-User	0 (Reference)	0 (Reference)
Current Injection Cocaine Use	0.24 (-0.04, 0.52)	0.27 (-0.01, 0.55)
Heavy Frequency of Use ^b	0.55 (-0.02, 1.12)	0.49 (-0.07, 1.06)
Cumulative Use \geq 75% of follow-up	0.44 (0.06, 0.82)	0.48 (0.11, 0.86)

eGFR = estimated glomerular filtration rate; CI = confidence interval.

^a Models adjusted for chronic hepatitis C virus (HCV) infection, age, sex, income \leq \$24,000/year, CD4⁺ cell count, detectable HIV viral load, tenofovir use, atazanavir use, lopinavir use, AIDS, hypertension and end-stage liver disease diagnoses. All variables, except age and sex, were time-updated. Multiple imputation used for missing data.

^b Average injection cocaine use \geq 3 days per week.

Supplemental Table 2: Non-injection cocaine use and incident chronic renal impairment using discrete-time proportional hazards model

	Crude HR (95% CI)	Adjusted HR (95% CI) ^a
Current Use of Non-Injection Crack/Cocaine	1.28 (0.85, 1.92)	1.54 (0.98, 2.41)
Proportion of follow-up time		
Non-Users	1 (Reference)	1 (Reference)
>1 to ≤ 50%	1.02 (0.65, 1.60)	1.44 (0.86, 2.39)
> 50%	1.47 (0.96, 2.27)	2.03 (1.22, 3.39)

HR = hazard ratio; CI = confidence interval.

^a Models adjusted for chronic hepatitis C virus (HCV) infection, age, sex, income ≤ \$24,000/year, CD4⁺ cell count, detectable HIV viral load, tenofovir use, atazanavir use, lopinavir use, AIDS, hypertension and end-stage liver disease diagnoses. All variables, except sex, were time-updated.