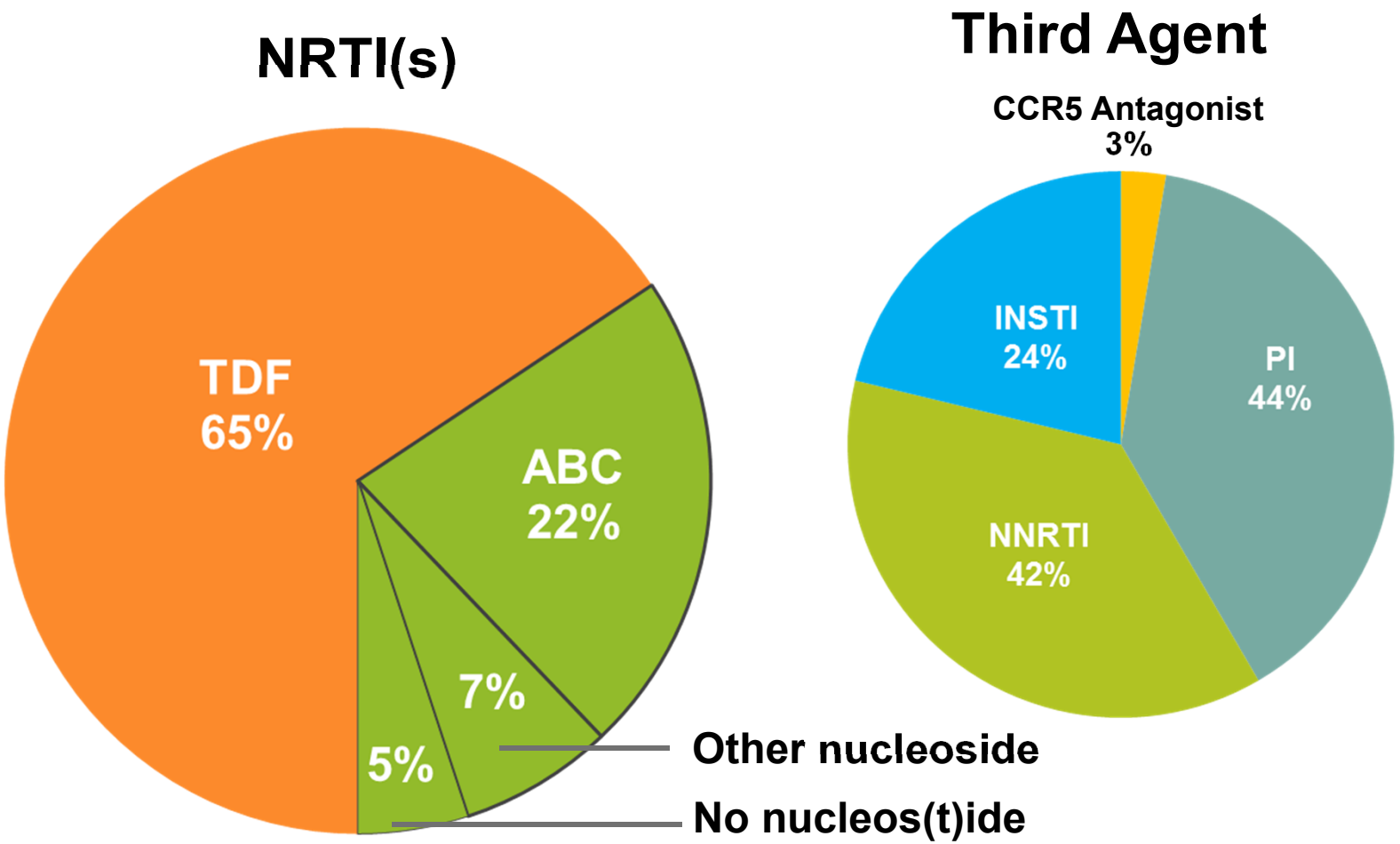
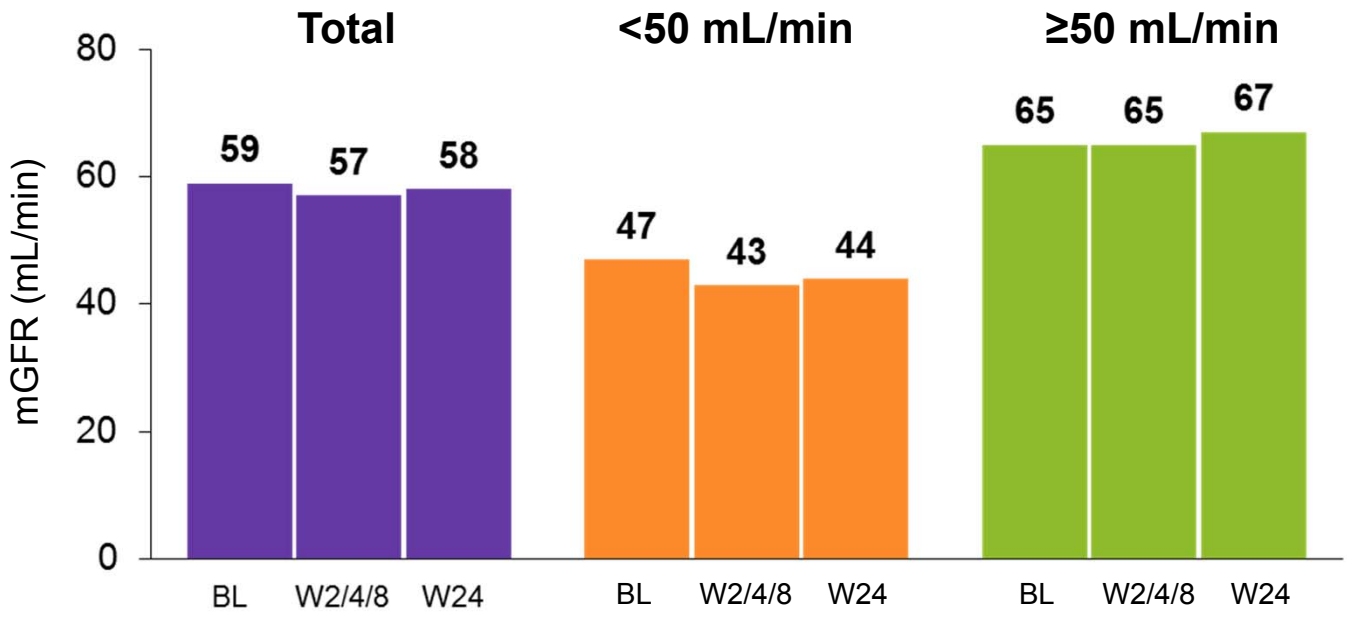
Supp. Figure 1. Pre-Switch Antiretroviral Treatment



*Some regimens included >1 third agent; therefore, total percentage >100%.

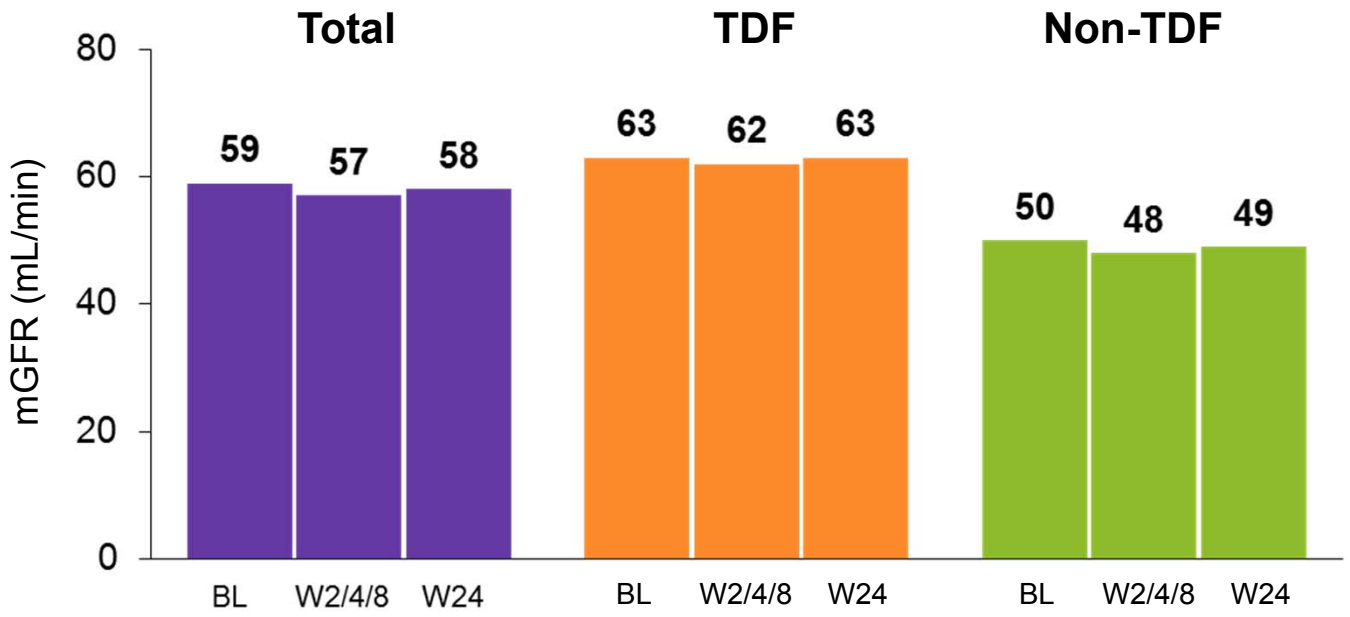
Supp Figure 2a. Measured GFR by Iohexol Clearance at 24 Weeks



		GLSM Ratio, % (90% CI)*
<50 mL/min n=10	Week 2, 4, or 8 vs baseline	93 (84, 103)
	Week 24 vs baseline	95 (86, 105)
≥50 mL/min n=21	Week 2, 4, or 8 vs baseline	100 (95, 105)
	Week 24 vs baseline	102 (97, 107)

*Lack of alteration boundary: 80–125% (GLSM).

Supp Figure 2b. Measured GFR by Iohexol Clearance at 24 Weeks



		GLSM Ratio, % (90% CI)*
TDF (n=21)	Week 2, 4, or 8 vs baseline	98 (94, 102)
	Week 24 vs baseline	100 (96, 105)
Non-TDF (n=10)	Week 2, 4, or 8 vs baseline	96 (86, 108)
	Week 24 vs baseline	98 (87, 111)

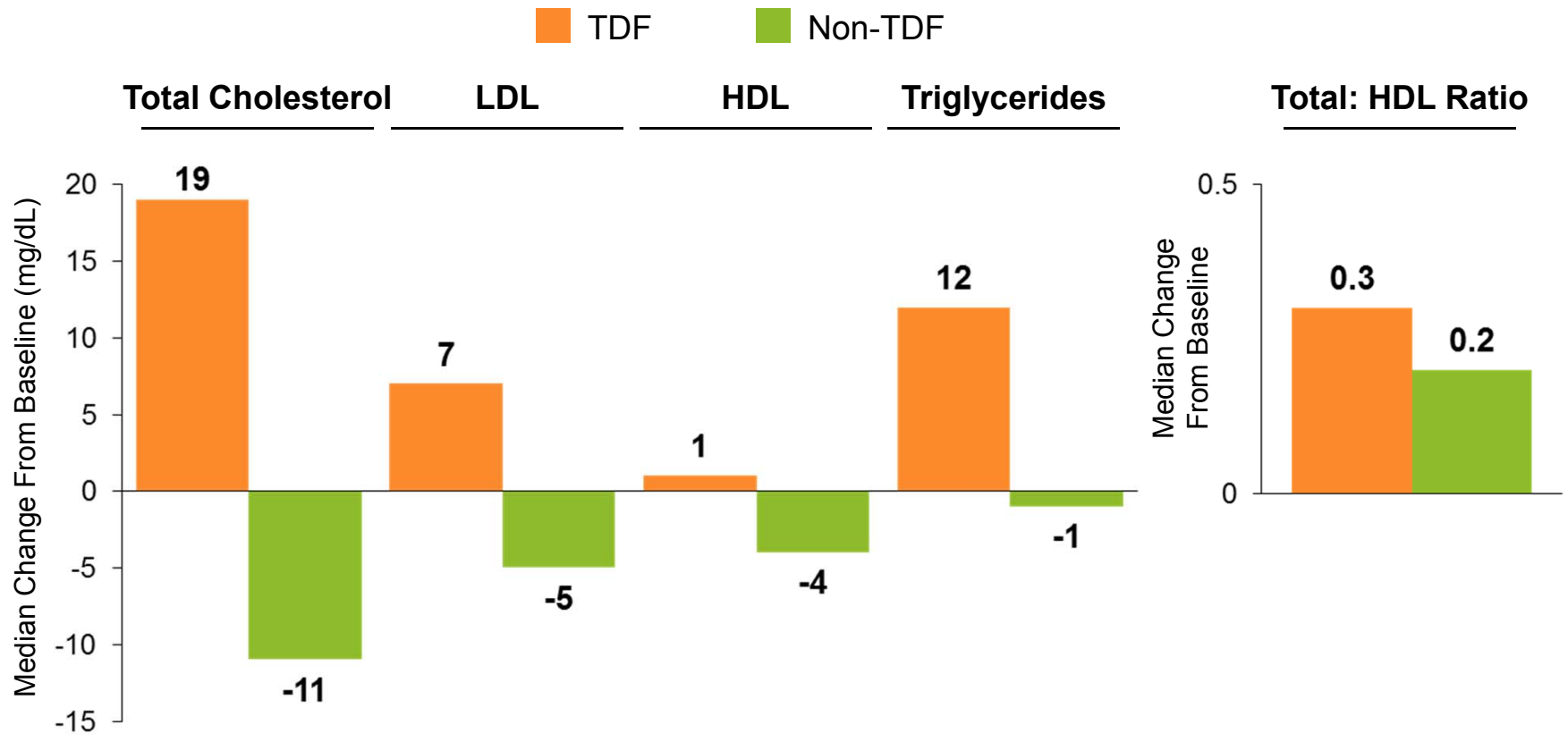
*Lack of alteration boundary: 80–125% (GLSM).

Supplementary Table 1. Baseline Characteristics by TDF Creatinine Clearance

	Total N=242	<50 mL/min n=80	≥50 mL/min n=162
Median age, years (range)	58 (24, 82)	59 (31, 82)	58 (24, 76)
≥ 65 years, %	26	31	23
Female, %	21	26	18
Black or African descent, %	18	18	19
Median CD4 count, cells/μL	632	622	635
Hypertension, %	39	50	34
Diabetes, %	14	15	13
Median $eGFR_{CG}$, mL/min	56	43	60
Dipstick proteinuria, %‡			
Grade 1	23	29	20
Grade 2	10	15	7
Grade 3-4	0	0	0

‡Grade 1 (1+ on dipstick), Grade 2 (2–3+ on dipstick).

Supp Figure 3. Fasting Lipids at Week 48



Baseline:	194	205	122	126	54	55	122	165	3.6	3.7
p-value*	<0.001	0.028	0.002	0.011	0.36	<0.001	0.028	0.73	<0.001	0.010

*Wilcoxon signed-rank test.

Supp Table 2a. Summary of Adverse Events

Patients, %	Baseline eGFR <50 mL/min n=80	Baseline eGFR ≥50 mL/min n=162	Total N=242
Serious Adverse Events	9 (11)	20 (12)	29 (12)
Grade 3-4 Adverse Events	7 (9)	13 (8)	20 (8)
Adverse Events leading to Discontinuation	6 (8)	2 (1)	8 (3)

Supp Table 2b. Adverse Events in ≥5% of Patients to Week 48

Patients, %	Baseline eGFR <50 mL/min n=80	Baseline eGFR ≥50 mL/min n=162	Total N=242
Diarrhea	13	11	11
Arthralgia	8	10	9
Upper respiratory tract infection	3	12	9
Bronchitis	9	8	8
Osteopenia*	11	7	8
Nausea	6	9	8
Headache	3	9	7
Pain in extremity	5	8	7
Back pain	4	8	7
Dizziness	10	4	6
Fatigue	5	6	6
Renal cyst	6	6	6
Cough	5	6	6

*Of 19 patients, 16 had osteopenia at baseline; the other 3 had an AE of osteopenia reported within 12 days after switching to E/C/F/TAF, indicating identification with baseline DXA scan.

Supp Table 2c. Emtricitabine (FTC) Adverse Drug Reactions (ADR)

FTC ADR Term	FTC ADR Frequency	Baseline eGFR	
		<50 mL/min n=80	≥50 mL/min n=162
Headache	Very Common	2 (3)	15 (9)
Diarrhea	Very Common	10 (13)	17 (11)
Nausea	Very Common	5 (6)	14 (9)
Hypersensitivity	Common	0	0
Insomnia	Common	1 (1)	6 (4)
Abnormal dreams	Common	2 (3)	2 (1)
Dizziness	Common	8 (10)	7 (4)
Vomiting	Common	4 (5)	6 (4)
Abdominal pain	Common	4 (5)	5 (3)
Dyspepsia	Common	0	7 (4)
Vesiculobullous rash	Common	0	0
Pustular rash	Common	0	0
Maculopapular rash	Common	0	0
Rash	Common	1 (1)	6 (4)
Pruritis	Common	1 (1)	5 (3)
Urticaria	Common	0	0
Skin hyperpigmentation	Common	0	0
Pain	Common	1 (1)	1 (1)
Asthenia	Common	0	1 (1)
Anemia	Uncommon	2 (3)	2 (1)
Angioedema	Uncommon	0	0

FTC ADRs were identified in subjects who received FTC for 48 weeks in Studies FTC-301A, FTC-302, and FTC-303, based on treatment-related adverse events (both ≥ 3% and < 3%).

Appendix 1. Treatment-naïve patients (n=6)

Six antiretroviral-naïve patients were enrolled in Cohort 2. Eligible subjects were ART-naive, HIV-infected adults with plasma HIV-1 RNA levels ≥ 1000 copies/mL, CD4+ cell count ≥ 50 cells/μL, a screening genotype showing sensitivity to EVG, FTC, and TDF, and stable $eGFR_{CG}$ 30 to 69 mL/min for 3 months prior to screening. The 6 subjects enrolled in Cohort 2 all received at least 1 dose of study drug. All 6 subjects were male, and the median age was 54 years (range: 46 to 65). Reported races were black (3 subjects), white (2 subjects), and Asian (1 subject) and the most common ethnicity was non-Hispanic/Latino (5 subjects). Two subjects had baseline HIV-1 RNA > 100,000 copies/mL. Three subjects were in eGFR category CKD Stage 2, and 3 subjects were in eGFR category CKD Stage 3. At Week 48, all 6 subjects had HIV-1 RNA <50 copies/mL. No SAEs, Grade 3 or 4 AEs, or AEs leading to study drug discontinuation were reported for this cohort, and no individual AE occurred in > 1 subject. No study drug discontinuations, no AEs of proximal renal tubulopathy (including Fanconi Syndrome), fractures, or laboratory findings consistent with subclinical renal tubulopathy were observed in these patients. The median (Q1, Q3) change in eGFR(CG) -0.6 mL/min (-1.9, 4.2) at Week 48.