Chronic kidney disease and hypertension during long-term follow-up in children and adolescents previously treated with extracorporeal membrane oxygenation

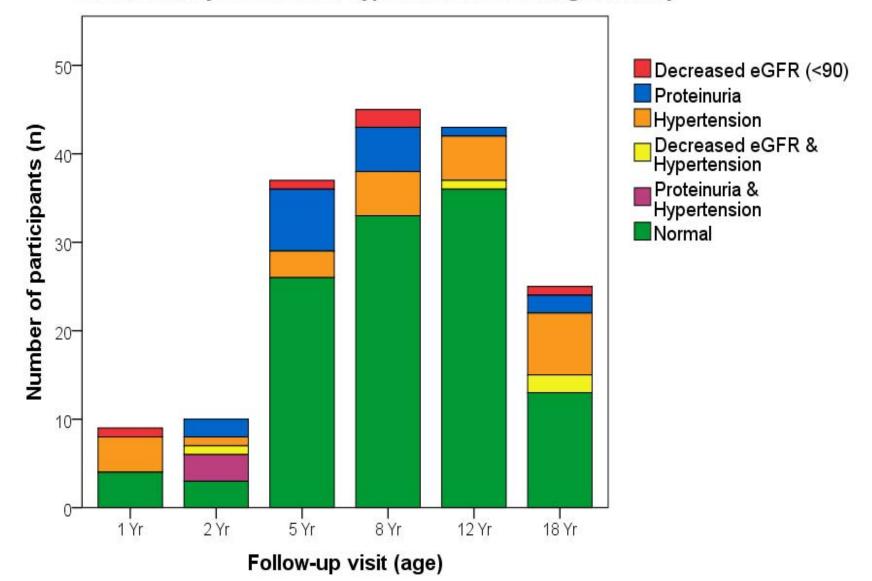
## **Supplemental material**

## Figure 6. Chronic kidney disease and hypertension screening results per parameter assessed.

GFR was estimated using the revised Schwartz formula [0.413\*height(cm)/SCr]. An eGFR below 90 mL/min/1.73m<sup>2</sup> was considered abnormal. Glomerular hyperfiltration was defined as an eGFR  $\geq$ 150 mL/min/1.73m<sup>2</sup>.

Proteinuria was quantified as a uP/C ratio >0.50 mg protein/mg creatinine for children aged  $\leq$ 24 months and >0.20 mg protein/mg creatinine for children older than 24 months. If proteinuria was identified, urinalysis was repeated three times in a first morning sample to rule out an orthostatic effect. In case of orthostatic proteinuria, the participant was scored negative for proteinuria. Prehypertension, stage 1 and stage 2 hypertension were defined as a mean systolic and/or diastolic blood pressure between 90<sup>th</sup> and 95<sup>th</sup> percentile, blood pressure  $\geq$ 95<sup>th</sup> and  $\leq$ 99<sup>th</sup> percentile or blood pressure  $\geq$ 99<sup>th</sup> percentile, respectively, of reference values for sex, height standard deviation score, and age.

**Abbreviations:** eGFR, estimated glomerular filtration rate; SCr, serum creatinine; uP/C ratio, urinary protein-creatine ratio; mg, milligram; Yr, year.



## Chronic Kidney Disease and hypertension screening summary