Title: Trabecular bone score and incident fragility fracture risk in adults with reduced kidney function

Supplemental Material

Supplemental Table 1. Variables used in FRAX ToolSupplemental Appendix 1. Algorithm to adjust for fracture probabilities

Figure S1. Study cohort

SUPPLEMENTARY MATERIAL

Supplemental Table 1. Variables used in FRAX Tool

Age
Sex
Weight (kg)
Height (cm)
Parental hip fracture
Previous fracture
Prolonged use of glucocorticoids
Current smoking
Alcohol use ≥ 3 units/day
Secondary osteoporosis (Defined as: Thyroid disorders, Inflammatory bowel disease, Prolonged immobility, Type I diabetes, Untreated hypogonadism, or Chronic obstructive pulmonary disease)
Rheumatoid arthritis
Femoral neck BMD (T-score) is optional

Sources: 1. FRAX World Health Organization Fracture Risk Assessment Tool [Internet]. World Health Organization; 2011. Available from <u>http://www.shef.ac.uk/FRAX/index.aspx</u>. 2. Kanis JA, McCloskey EV, Johansson H, Strom O, Borgstrom F, Oden A: How to decide who to treat. *Best Pract Res Clin Rheumatol* 23: 711-726, 2009

Supplemental Appendix 1. Algorithm to adjust for fracture probabilities

To adjust the 10-year major osteoporotic fracture probabilities for TBS we used the following formula:

The 10-year probability of major osteoporotic fracture calculated with TBS is $\frac{100}{1+e^{-\omega}}$

where W = 5.340 - 4.213 9 x TBS - 0.0521 x age + 0.0393 x TBS x age + 0.897 x L

where $L = -\ln(100/p - 1)$

where p is the 10-year FRAX probability calculated without TBS

We then divided our adjusted 10-year major osteoporotic fracture probabilities by two to obtain the 5-year major osteoporotic fracture probabilities.

Source: McCloskey EV, Oden A, Harvey NC, Leslie WD, Hans D, Johansson H, Kanis JA: Adjusting fracture probability by trabecular bone score. *Calcified tissue international* 96: 500-509, 2015

Figure S1. Study cohort

