**Supplementary Materials**

**Supplementary Table 2: Interaction and association of potassium and dialysis modalities with AC and CV mortalities.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AC mortality** | | | | | | | | |
|  | **Model 1** | | **Model 2** | | **Model 3** | | **Model 4** | |
| **HR (95% CI)** | ***P*-value** | **HR (95% CI)** | ***P*-value** | **HR (95% CI)** | ***P*-value** | **HR (95% CI)** | ***P*-value** |
| Potassium (mmol/L) | 0.98 (0.91, 1.04) | 0.453 | 0.92 (0.85, 0.99) | 0.019 | 0.92 (0.85, 0.99) | 0.025 | 0.88 (0.80, 0.97) | 0.010 |
| HD *vs*. PD | 1.64 (1.46, 1.84) | <0.001 | 1.20 (1.05, 1.38) | 0.007 | 1.06 (0.92, 1.23) | 0.416 | 0.83 (0.67, 1.02) | 0.080 |
| Interaction |  | <0.001 |  | 0.003 |  | 0.145 |  | 0.037 |
| **Cardiovascular mortality** | | | | | | |  | |
|  | **Model 1** | | **Model 2** | | **Model 3** | | **Model 4** | |
| **HR (95% CI)** | ***P*-value** | **HR (95% CI)** | ***P*-value** | **HR (95% CI)** | ***P*-value** | **HR (95% CI)** | ***P*-value** |
| Potassium (mmol/L) | 0.94 (0.86, 1.04) | 0.247 | 0.94 (0.84, 1.05) | 0.264 | 0.93 (0.83, 1.05) | 0.250 | 0.94 (0.82, 1.09) | 0.413 |
| HD *vs*. PD | 1.27 (1.05, 1.54) | 0.016 | 0.91 (0.74, 1.12) | 0.370 | 0.81 (0.65, 1.01) | 0.065 | 0.92 (0.68, 1.25) | 0.599 |
| Interaction |  | 0.013 |  | 0.044 |  | 0.039 |  | 0.392 |

AC: All-cause; CV: Cardiovascular; CVD: Cardiovascular disease; DM: Diabetes; HD: Hemodialysis; HR: Hazard ratio; iPTH: Intact parathyroid hormone; LDL-c: Low-density lipoprotein cholesterol; PD: Peritoneal dialysis.

Note: Potassium was classified into three categories as follows – hypokalemia: K < 3.5 mmol/L; normokalemia: 3.5 mmol/L ≤ K < 5.0 mmol/L, which is used as the reference; hyperkalemia: K ≥ 5.0 mmol/L.

Model 1: Unadjusted;

Model 2: Adjusted for age and sex;

Model 3: Model 2 + DM + CVD history + dialysis duration;

Model 4: Model 3 + uric acid + bicarbonate + hemoglobin + cholesterol + triglyceride + LDL-c + phosphorus + calcium + iPTH.

In the overall population, the dialysis modality was adjusted in Model 4.

The interaction was calculated using K as continuous variable and dialysis modality.