SUPPLEMENTARY APPENDIX

Longitudinal FGF23 Trajectories and Mortality in Patients with Chronic Kidney Disease Tamara Isakova, MD, MMSc,^{1,2} Xuan Cai, MS,² Jungwha Lee, PhD,² Dawei Xie, PhD,³ Xue Wang, MS,³ Rupal Mehta, MD,^{1,2} Norrina B. Allen, PhD,² Julia J. Scialla, MD, MHS^{4,5} Michael J. Pencina, PhD,⁵ Amanda H. Anderson, PhD, MPH,³ John Talierco, DO,⁶ Jing Chen, MD, MMSc, MSc,⁷ Michael J. Fischer, MD, MSPH,⁸ Susan P. Steigerwalt, MD,⁹ Mary B. Leonard, MD, MSCE,¹⁰ Chi-yuan Hsu, MD, MSc,¹¹ Ian de Boer, MD, MS,¹² John W. Kusek, PhD,¹³ Harold I. Feldman, MD, MSCE,³ Myles Wolf, MD, MMSc,^{4,5} for the Chronic Renal Insufficiency Cohort (CRIC) Study Investigators[†]

Running title: Serial FGF23 & Mortality in CKD

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Supplemental Tables

Supplemental Table 1. Sensitivity analyses: Model 5 from the 5-time point FGF23 trajectory

analysis in Table 3 of the main manuscript is the base model used for comparison in the

following additional analyses.

FGF23 trajectory group	Total N	Deaths N	Hazard Ratio (95% CI)
Model 5 from Table 3			
Stable	724	102	Reference
Slowly rising	486	221	4.49 (3.17–6.35)
Rapidly rising	99	67	15.23 (8.24–28.14)
Model 5, incorporating 1-y	year lag to	start of follow-up time*	
Stable	639	73	Reference
Slowly rising	430	147	6.70 (3.86–11.61)
Rapidly rising	103	60	42.84 (18.08–101.57)
Model 5 plus adjustment f	or number	of anti-hypertensive med	lications
Stable	724	102	Reference
Slowly rising	486	221	4.46 (3.15–6.32)
Rapidly rising	99	67	15.56 (8.44–28.68)
Model 5 plus adjustment f	or cardiova	ascular events in precedi	ng year
Stable	724	102	Reference
Slowly rising	486	221	4.48 (3.17–6.34)
Rapidly rising	99	67	15.22 (8.15–28.43)
Model 5 plus adjustment f	or number	of hospitalizations in pro	eceding year
Stable	724	102	Reference
Slowly rising	486	221	4.64 (3.25–6.61)
Rapidly rising	99	67	15.67 (8.49–28.92)
Model 5 plus adjustment f	or markers	s of inflammation at the b	paseline visit
Stable	724	102	Reference
Slowly rising	486	221	4.41 (3.11–6.26)
Rapidly rising	99	67	14.16 (7.62–26.32)
Model 5 plus adjustment f	or time-up	dated use of phosphate b	inders, active vitamin D,
calciferols			
Stable	724	102	Reference
Slowly rising	486	221	4.48 (3.17–6.34)
Rapidly rising	99	67	14.97 (8.11–27.63)
Model 5 plus adjustment f			
Stable	724	102	Reference
Slowly rising	486	221	4.29 (2.98–6.17)
Rapidly rising	99	67	17.67 (9.00–34.73)

Covariate adjustment is for covariates obtained at the analysis-specific time 0 except for baseline UACR and baseline eGFR, which are obtained at the CRIC Study baseline visit.

Model 5 is stratified by center and adjusted for age, sex, race, ethnicity, eGFR trajectories, baseline UACR, serum albumin, hemoglobin, SBP, BMI, diabetes, smoking, history of coronary artery disease, heart failure, stroke, and peripheral vascular disease, calcium, phosphate, PTH, and lnFGF23.

*For the lag-analysis, we derived the trajectory groups anew including only individuals that survived to year 5 post-baseline.

Abbreviations: FGF23, fibroblast growth factor 23; eGFR, estimated glomerular filtration rate; UACR, urine albumin to creatinine ratio; SBP, systolic blood pressure; BMI, body mass index; PTH, parathyroid hormone; lnFGF23, natural log-transformed fibroblast growth factor 23; 25D, 25-hydroxyvitamin D; and 1,25D, 1,25-dihydroxyvitamin D.

eGFR trajectory group	Ν	Ν	Unadjusted	Model 1	Model 2	Model 3	Model 4		
	Total	events							
Up to 5 annual time point	Up to 5 annual time points, median duration of subsequent follow-up time 3.4 years in 1309 total participants at risk								
Stable	267	26	Reference	Reference	Reference	Reference	Reference		
Slowly declining	510	146	3.63 (2.34–5.64)	2.61 (1.65-4.12)	2.24 (1.39-3.60)	2.21 (1.36–3.58)	1.92 (1.10–3.37)		
Rapidly declining	532	218	6.22 (4.04–9.57)	4.35 (2.74–6.91)	3.05 (1.83-5.07)	2.90 (1.73-4.87)	2.06 (0.97-4.39)		
Up to 4 annual time point	Up to 4 annual time points, median duration of subsequent follow-up time 4.3 years in 1376 total participants at risk								
Stable	259	29	Reference	Reference	Reference	Reference	Reference		
Slowly declining	569	184	3.67 (2.42–5.55)	2.71 (1.75–4.19)	2.16 (1.37-3.40)	2.03 (1.28-3.22)	1.47 (0.85–2.54)		
Rapidly declining	548	242	5.83 (3.87-8.79)	4.06 (2.58-6.37)	2.68 (1.62-4.44)	2.54 (1.52-4.24)	1.32 (0.61–2.84)		
Up to 3 annual time points, median duration of subsequent follow-up time 5.1 years in 1412 total participants at risk									
Stable	255	33	Reference	Reference	Reference	Reference	Reference		
Slowly declining	627	207	3.20 (2.17-4.72)	2.45 (1.63-3.67)	1.98 (1.32–2.99)	1.92 (1.26–2.93)	1.54 (0.85–2.79)		
Rapidly declining	530	250	5.35 (3.63-7.88)	3.76 (2.47–5.72)	2.38 (1.51-3.75)	2.39 (1.50-3.81)	1.29 (0.59–2.80)		

Supplemental Table 2. eGFR trajectories and risk of death.

Covariate adjustment is for covariates obtained at the analysis-specific time 0 except for baseline UACR and baseline eGFR, which

are obtained at the CRIC Study baseline visit.

Model 1: stratified by center, adjusted for age, sex, race, and ethnicity

Model 2: Model 1 plus baseline UACR, serum albumin and hemoglobin

Model 3: Model 2 plus diabetes, smoking, SBP, BMI, history of coronary artery disease, history of heart failure, history of stroke, and

history of peripheral vascular disease

Model 4: Model 3 plus calcium, phosphate, PTH, lnFGF23, and baseline eGFR

Abbreviations: eGFR, estimated glomerular filtration rate; UACR, urine albumin to creatinine ratio; SBP, systolic blood pressure; BMI, body mass index; PTH, parathyroid hormone; lnFGF23, natural log-transformed fibroblast growth factor 23.

SBP trajectory group	N Total	N events	Unadjusted	Model 1	Model 2	Model 3	Model 4		
Up to 5 annual time point	Up to 5 annual time points, median duration of subsequent follow-up time 3.4 years in 1309 total participants at risk								
Low stable	484	107	Reference	Reference	Reference	Reference	Reference		
Moderate stable	612	191	1.62 (1.25–2.10)	1.26 (0.95–1.68)	1.02 (0.75–1.38)	1.06 (0.77–1.46)	1.04 (0.74–1.46)		
Elevated rising	213	92	2.77 (2.02–3.82)	2.05 (1.44–2.94)	1.34 (0.91–1.98)	1.34 (0.88–2.03)	1.21 (0.77–1.88)		
Up to 4 annual time point	Up to 4 annual time points, median duration of subsequent follow-up time 4.3 years in 1376 total participants at risk								
Low stable	542	139	Reference	Reference	Reference	Reference	Reference		
Moderate stable	602	210	1.53 (1.21–1.94)	1.25 (0.97–1.63)	1.01 (0.77–1.33)	0.99 (0.74–1.32)	0.92 (0.68–1.25)		
Elevated rising	232	106	2.46 (1.84–3.30)	1.83 (1.31–2.55)	1.19 (0.83–1.70)	1.18 (0.81–1.71)	1.09 (0.74–1.62)		
Up to 3 annual time points, median duration of subsequent follow-up time 5.1 years in 1412 total participants at risk									
Low stable	724	201	Reference	Reference	Reference	Reference	Reference		
Moderate stable	533	210	1.69 (1.36–2.10)	1.41 (1.11–1.78)	1.11 (0.87–1.42)	1.11 (0.86–1.43)	1.15 (0.87–1.52)		
Elevated rising	155	79	2.48 (1.82–3.39)	1.83 (1.30–2.59)	1.19 (0.82–1.72)	1.09 (0.73–1.62)	0.93 (0.61–1.43)		

Supplemental Table 3. Systolic blood pressure trajectories and risk of death.

Covariate adjustment is for covariates obtained at the analysis-specific time 0 except for baseline UACR and baseline eGFR, which

are obtained at the CRIC Study baseline visit.

Model 1: stratified by center, adjusted for age, sex, race, and ethnicity

Model 2: Model 1 plus eGFR, baseline UACR, serum albumin, and hemoglobin

Model 3: Model 2 plus diabetes, smoking, BMI, history of coronary artery disease, history of heart failure, history of stroke, and

history of peripheral vascular disease

Model 4: Model 3 plus calcium, phosphate, PTH, lnFGF23, and baseline eGFR

Abbreviations: SBP, systolic blood pressure; eGFR, estimated glomerular filtration rate; UACR, urine albumin to creatinine ratio; BMI, body mass index; PTH, parathyroid hormone; lnFGF23, natural log-transformed fibroblast growth factor 23.

Phosphate trajectory group	N Total	N events	Unadjusted	Model 1	Model 2	Model 3	Model 4
Up to 5 annual time points, m	edian du	ration of s	ubsequent follow-up	o time 3.4 years in 1	309 total participan	its at risk	
Stable	1134	320	Reference	Reference	Reference	Reference	Reference
Rising	175	70	2.04 (1.51-2.77)	2.26 (1.52-3.34)	1.86 (1.24–2.80)	1.66 (1.07–2.56)	1.55 (0.98–2.45)
Up to 4 annual time points, median duration of subsequent follow-up time 4.3 years in 1376 total participants at risk							
Stable	1187	370	Reference	Reference	Reference	Reference	Reference
Rising	189	85	2.03 (1.54-2.67)	2.01 (1.42-2.84)	1.62 (1.14–2.30)	1.62 (1.10-2.39)	1.36 (0.90–2.05)
Up to 3 annual time points, median duration of subsequent follow-up time 5.1 years in 1412 total participants at risk							
Stable	1259	416	Reference	Reference	Reference	Reference	Reference
Rising	153	74	2.06 (1.52-2.77)	1.82 (1.25–2.66)	1.42 (0.96–2.09)	1.49 (0.98–2.26)	1.37 (0.86–2.18)

Supplemental Table 4. Serum phosphate trajectories and risk of death.

Covariate adjustment is for covariates obtained at the analysis-specific time 0 except for baseline UACR and baseline eGFR, which are obtained at the CRIC Study baseline visit.

Model 1: stratified by center, adjusted for age, sex, race, and ethnicity

Model 2: Model 1 plus eGFR, baseline UACR, serum albumin, and hemoglobin

Model 3: Model 2 plus diabetes, smoking, SBP, BMI, history of coronary artery disease, history of heart failure, history of stroke, and

history of peripheral vascular disease

Model 4: Model 3 plus calcium, PTH, InFGF23 and baseline eGFR

Abbreviations: eGFR, estimated glomerular filtration rate; UACR, urine albumin to creatinine ratio; SBP, systolic blood pressure;

BMI, body mass index; PTH, parathyroid hormone; lnFGF23, natural log-transformed fibroblast growth factor 23.