SUPPLEMENTAL MATERIALS

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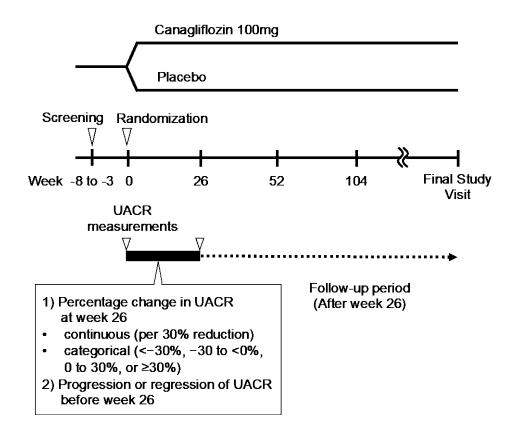
Supplemental Figure 2. Study design and identification of the study cohort

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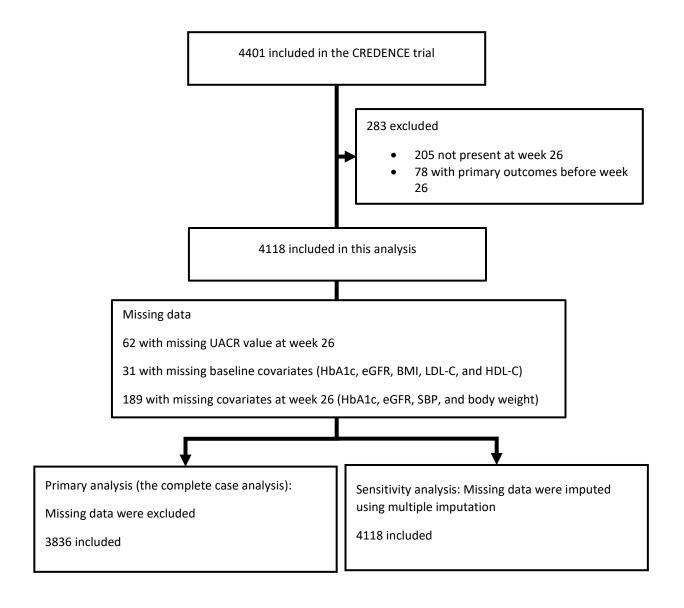
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Supplemental Figure 1. Study design of the analysis



Supplemental Figure 2. Study design and identification of the study cohort

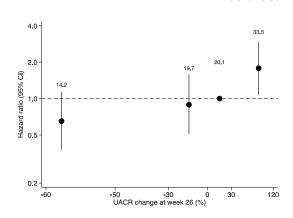


Supplemental Figure 3. Associations of early changes in albuminuria at week 26 with HHF in the overall population

HR (95% CI) for each 30% reduction in UACR

0.82 (0.76-0.88)





The numbers above each circle represent the event rates for each change in UACR category. Adjusted for baseline covariates including age, sex, race or ethnic group, current smoking, history of hypertension, history of heart failure, duration of diabetes, history of cardiovascular disease, body mass index, systolic blood pressure, HbA1c, eGFR, HDL cholesterol, LDL cholesterol, log-transformed triglycerides, diuretic use, RAAS inhibitor use, randomized treatment (canagliflozin or placebo), and log-transformed UACR, and percentage changes in HbA1c, body weight, systolic blood pressure, and eGFR at week 26.

Supplemental table 1. Associations of early changes in albuminuria at week 26 with kidney composite outcome, MACE, and HHF/CV death in the overall population

| | Number of events | Time at risk (patient-years) | Events per 1,000 patient-years | Hazard ratio (95% CI) | P for trend |
|---------------------|------------------|---------------------------------|--------------------------------|--------------------------|-------------|
| | | | | | |
| Kidney composite or | utcome | | | | |
| <-30% | 73 | 3301.5 | 22.1 | 0.35 (0.24, 0.52) | <0.001 |
| -30 to <0% | 68 | 1552.9 | 43.8 | 0.70 (0.48, 1.02) | |
| 0 to <30% | 48 | 984.1 | 48.8 | 1.00 (Reference) | |
| ≥30% | 135 | 2178.8 | 62.0 | 1.76 (1.26, 2.47) | |
| MACE | | | | | |
| <-30% | 121 | 3285.0 | 36.8 | 0.81 (0.56, 1.16) | <0.001 |
| -30 to <0% | 66 | 1557.2 | 42.4 | 0.92 (0.63, 1.36) | |
| 0 to <30% | 42 | 983.4 | 42.7 | 1.00 (Reference) | |
| ≥30% | 120 | 2197.5 | 54.6 | 1.33 (0.94, 1.90) | |
| HHF/CV death | | | | | |
| <-30% | 101 | 3312.7 | 30.5 | 0.72 (0.49, 1.07) | <0.001 |
| -30 to <0% | 52 | 1572.7 | 33.1 | 0.79 (0.52, 1.21) | |
| 0 to <30% | 38 | 995.4 | 38.2 | 1.00 (Reference) | |
| ≥30% | 126 | 2206.5 | 57.1 | 1.55 (1.08, 2.24) | |

Supplemental Table 2. Sensitivity analysis of the associations of early changes in albuminuria at week 26 with kidney and cardiovascular outcomes in the overall population after missing values were imputed using multiple imputation.

| Each 30% UACR reduction | Hazard ratio (95% CI) |
|--------------------------|-----------------------|
| Kidney composite outcome | 0.71 (0.67–0.76) |
| MACE | 0.92 (0.88–0.96) |
| HHF/CV death | 0.86 (0.81–0.90) |

Adjusted for baseline covariates including age, sex, race or ethnic group, current smoking, history of hypertension, history of heart failure, duration of diabetes, history of cardiovascular disease, body mass index, systolic blood pressure, HbA1c, eGFR, HDL cholesterol, LDL cholesterol, log-transformed triglycerides, diuretic use, RAAS inhibitor use, randomized treatment (canagliflozin or placebo), and log-transformed UACR, and percentage changes in HbA1c, body weight, systolic blood pressure, and eGFR at week 26.