

Supplementary Appendix

Rates of Cardiovascular Disease and CKD Progression in Young Adults with CKD across Race/Ethnic Groups.

Alexander J Kula, MD, MHS¹, David K. Prince, PhD², Christine P. Limonte, MD, MS², Bessie Young, MD, MPH², Nisha Bansal, MD, MAS²

Table of Contents:

Supplemental Table 1: Description of anti-hypertensive and statin use across race/ethnicity groups at the baseline visit.

Supplemental Table 2: Incidence rates per 1000 person-years for cardiovascular outcomes and CKD progression for CRIC participants <40yrs of age and stratified by race/ethnicity risk groups.

Supplemental Table 3: Incidence rate ratio values for death, cardiovascular (CV) events or death, or CKD progression for CRIC participants identifying as Black and/or Hispanic compared to those who identified as White or Other race/ethnicity.

Supplemental Table 1: Description of anti-hypertensive and statin use across race/ethnicity groups at the baseline visit. All values listed as: mean (standard deviation [SD]) or number (% of participants with same race/ethnicity). n=315 due to missing data for 2 participants.

Therapies by Race/Ethnicity in CRIC, age <40yrs					
	All Age <40yrs (n=315)	White or Other Race (n= 141)	Black Race (n= 118)	Hispanic Ethnicity (n= 56)	p-value, across race/ethnicity groups
Number of anti-hypertensives	1.72 (1.38)	1.45 (1.24)	2.13 (1.52)	1.55 (1.17)	<0.001
Ace/ARB, n (%)	199 (63%)	93 (66%)	73 (62%)	33 (59%)	0.609
Diuretics, n (%)	110 (35%)	39 (28%)	55 (47%)	16 (29%)	0.003
Beta Blockers, n (%)	82 (26%)	27 (19%)	44 (37%)	11 (20%)	0.002
Statins, n (%)	96 (30%)	45 (32%)	33 (28%)	18 (32%)	0.755
Calcium Channel Blockers, n (%)	77 (24%)	22 (16%)	37 (31%)	18 (32%)	0.004

Supplemental Table 2: Incidence rates per 1000 person-years for cardiovascular outcomes and CKD progression for CRIC participants <40yrs of age and stratified by race/ethnicity risk groups. Data describe mean incidence rates with 95% confidence intervals. HF: heart failure, MI: myocardial infarction, CVA: cerebrovascular accident, CV events: composite of HF, MI, CVA, and all-cause death, CKD progression: >50% decline in eGFR or ESKD.

	Patients age 21-40y		Black/Hispanic		White/Other	
	N=317		N=174		N=143	
	count	IR (95% CI)	count	IR (95% CI)	count	IR (95% CI)
CHF	31	10.4 (7.1, 14.8)	26	16.7 (10.9, 24.5)	5	3.5 (1.1, 8.2)
MI	7	2.2 (0.9, 4.6)	6	3.6 (1.3, 7.8)	1	0.7 (0.0, 3.9)
CVA	8	2.6 (1.1, 5.1)	4	2.4 (0.7, 6.1)	4	2.8 (0.8, 7.1)
Death	40	10.9 (7.8, 14.9)	27	14 (9.2, 20.4)	13	7.5 (4.0, 12.9)
CVD event or death	62	21.1 (16.2, 27.0)	46	30 (21.9, 40)	16	11.4 (6.5, 18.5)
CKD progression	161	85.9 (73.2, 100.3)	105	121.2 (99.1, 146.7)	56	55.6 (42.0, 72.2)

Supplemental Table 3: Incidence rate ratio values for death, cardiovascular (CV) events or death, or CKD progression for CRIC participants identifying as Black and/or Hispanic compared to those who identified as White or Other race/ethnicity. CKD progression is defined by 50% decrease in eGFR or ESKD; Cardiovascular event defined by first incidence of myocardial infarction, congestive heart failure, stroke, or any-cause death.

Composite Outcome	Model	Incidence Rate Ratio
CV Events or Death	Unadjusted	2.63 (1.50, 4.61)
	Adjusted	2.20 (1.15, 4.24)
CKD Progression	Unadjusted	2.18 (1.63, 2.91)
	Adjusted	2.17 (1.53, 3.08)

Adjusted incidence rate ratio includes adjustment for age, sex, APOL1 status (per +1 risk allele)