SUPPLEMENTAL MATERIAL

The Association of Monocyte Count and Monocyte-to-Lymphocyte Ratio with the Risk of Cardiovascular Outcomes in Patients with Chronic Kidney Disease

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Supplemental Table 1. Sensitivity analysis of the association (hazard ratios; 95% CI) between monocyte count and CVD event evaluating all-cause death as a competing risk.

	Tertile 1, <400/mm³ (n=1,003)	Tertile 2, ≥400 and <523/mm³ (n=1,255)	Tertile 3, ≥523/mm³ (n=1,133)	Per doubling of monocyte count
CVD				
Unadjusted	Ref.	1.35 (1.04-1.76)	1.74 (1.35-2.24)	1.49 (1.27-1.75)
Model 1	Ref.	1.22 (0.94-1.60)	1.49 (1.15-1.94)	1.35 (1.15-1.59)
Model 2	Ref.	1.11 (0.85-1.45)	1.24 (0.95-1.62)	1.20 (1.02-1.41)
Model 3	Ref.	1.11 (0.85-1.46)	1.20 (0.92-1.57)	1.17 (0.99-1.37)
Model 4	Ref.	1.10 (0.84-1.44)	1.17 (0.89-1.53)	1.14 (0.97-1.35)

Model 1: Unadjusted + demographics (age, sex, race, and clinic site)
Model 2: Model 1 + traditional CVD risk factors (systolic blood pressure, number of antihypertensives, total cholesterol, high-density lipoprotein cholesterol, statin use, smoking status, prevalent CVD, and prevalent diabetes)
Model 3: Model 2 + markers of kidney disease (eGFR and urinary albumin)
Model 4: Model 3 + hs-CRP

Supplemental Table 2. Sensitivity analysis of the association (hazard ratios; 95% CI) between

MLR and CVD event evaluating all-cause death as a competing risk.

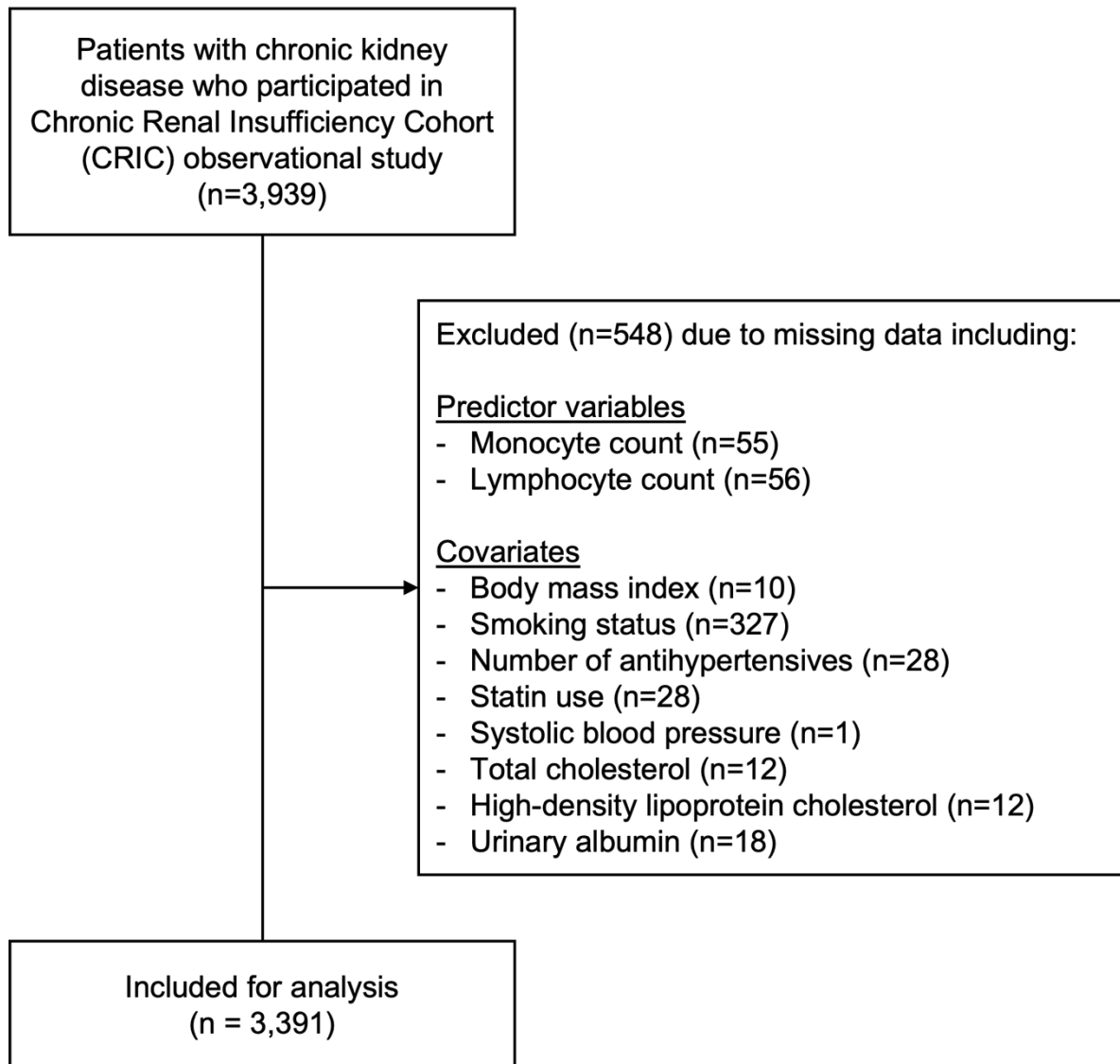|	Tertile 1, <0.23 (n=1,107)	Tertile 2, ≥0.23 and <0.33 (n=1,068)	Tertile 3, ≥0.33 (n=1,216)	Per doubling of MLR
CVD				
Unadjusted	Ref.	1.16 (0.89-1.52)	1.84 (1.45-2.34)	1.48 (1.30-1.68)
Model 1	Ref.	1.05 (0.80-1.38)	1.55 (1.21-2.00)	1.34 (1.18-1.53)
Model 2	Ref.	1.03 (0.78-1.36)	1.45 (1.11-1.89)	1.28 (1.12-1.48)
Model 3	Ref.	1.02 (0.77-1.35)	1.38 (1.06-1.81)	1.24 (1.08-1.43)
Model 4	Ref.	1.02 (0.77-1.34)	1.36 (1.04-1.78)	1.23 (1.07-1.42)

Abbreviation: CVD, cardiovascular disease; MLR, monocyte-to-lymphocyte ratio.
Model 1: Unadjusted + demographics (age, sex, race, and clinic site)
Model 2: Model 1 + traditional CVD risk factors (systolic blood pressure, number of antihypertensives, total cholesterol, high-density lipoprotein cholesterol, statin use, smoking status, prevalent CVD, and prevalent diabetes)
Model 3: Model 2 + markers of kidney disease (eGFR and urinary albumin)
Model 4: Model 3 + hs-CRP

Patients with chronic kidney disease who participated in Chronic Renal Insufficiency Cohort (CRIC) observational study (n=3,939)

Excluded (n=548) due to missing data including:

Predictor variables
- Monocyte count (n=55)
- Lymphocyte count (n=56)

Covariates
- Body mass index (n=10)
- Smoking status (n=327)
- Number of antihypertensives (n=28)
- Statin use (n=28)
- Systolic blood pressure (n=1)
- Total cholesterol (n=12)
- High-density lipoprotein cholesterol (n=12)
- Urinary albumin (n=18)

Included for analysis (n = 3,391)

Supplemental Figure 1. Study flow chart.