Supplementary Figure: Combined effects of uric acid levels in the previous cohort studies on the risk of developing outcomes in IgA nephropathy. Three studies provided the hazard ratio (HR) of patients with hyperuricemia as compared with those with normal UA levels. Two studies provided the hazard ratio (HR) with the increase of UA by 1mg/dL. The definitions of outcomes in these studies were various: two studies by Moriyama Takahito defined the outcome as requiring dialysis or renal transplantation. Shi yongjun’s study defined as decline of eGFR >50% compared to the level obtained at renal biopsy or the initiation of renal replacement therapy, or death. Syrjanen Jaana’s study defined as elevation of serum creatinine above the normal levels and over 20% elevation from the baseline level. Wu jie’s study defined as intrarenal arterial lesions that was also associated with the progression of IgAN.