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| **Supplementary Table 1.** Age and multivariable-adjustedCox proportional hazards regression for death-censored graft loss by the presence and severity of AAC. |
|  | **Kidney graft loss** **HR (95%CI)** | **Pancreas graft loss** **HR (95%CI)** | **Any graft loss****HR (95%CI)** |
| **Age-adjusted** |  |  |  |
| **Presence of AAC (any)** |  |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) | 1 (reference) |
|  **Any AAC (AAC24 score 1-24)** | 1.26 (0.73-2.19) | 1.15 (0.47-2.83) | 1.19 (0.73-1.93) |
| **Severity of AAC**  |  |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) | 1 (reference) |
|  **Moderate AAC (AAC24 score 1-7)** | 1.00 (0.52-1.92) | 0.99 (0.35-2.83) | 0.91 (0.51-1.63) |
|  **High AAC (AAC24 score ≥8)** | 1.90 (0.92-3.79) | 1.54 (0.45-5.19) | 1.85 (1.00-3.42) |
|  **P for trend†** | 0.085 | 0.506 | 0.055 |
| **Multivariable-adjusted** |  |  |  |
| **Presence of AAC (any)** |  |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) | 1 (reference) |
|  **Any AAC (AAC24 score 1-24)** | 1.27 (0.73-2.18) | 1.29 (0.51-3.26) | 1.24 (0.76-2.03) |
| **Severity of AAC**  |  |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) | 1 (reference) |
|  **Moderate AAC (AAC24 score 1-7)** | 1.00 (0.52-1.94) | 1.10 (0.38-3.18) | 0.96 (0.53-1.72) |
|  **High AAC (AAC24 score ≥8)** | 1.90 (0.93-3.87) | 1.62 (0.47-5.67) | **1.94 (1.04-3.27)** |
|  **P for trend†** | 0.080 | 0.453 | **0.040** |
| Abbreviations: AAC; Abdominal aortic calcification, CV; Cardiovascular event, HR; hazard ratio. \* Cox proportional hazards regression analyses. Valuesin bold p<0.05 compared to recipient with no AAC. †P values are a trend test using the median values of each AAC category in the Cox proportional hazards models. Adjusted for age and smoking history. |

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| **Supplementary Table 2.** Competing risk analysis for CV events and graft loss by the presence and severity of abdominal aortic calcification (AAC) accounting for the risk of non-CV or non-graft loss associated death. |
|  |  **Age-adjusted** **SHR (95% CI)** | **Multivariable-adjusted SHR (95% CI)** |
| **Presence of AAC** |  |  |
| **CVD event, (n=46)\*** |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) |
|  **Any AAC (AAC24 score 1-24)** | **2.42 (1.20-4.88)** | **2.15 (1.02-4.52)** |
| **Kidney graft loss, (n=60)†** |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) |
|  **Any AAC (AAC24 score 1-24)** | 1.27 (0.72-2.27) | 1.27 (0.71-2.23) |
| **Any graft loss, n=80†** |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) |
|  **Any AAC (AAC24 score 1-24)** | 1.26 (0.77-2.08) | 1.31 (0.79-2.16) |
| **Severity of AAC** |  |  |
| **CVD event, (n=46)\*** |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) |
|  **Moderate AAC (AAC24 score 1-7)** | 1.82 (0.82-3.96) | 1.74 (0.77-3.90) |
|  **High AAC (AAC24 score ≥8)** | **3.49 (1.54-7.92)** | **3.02 (1.22-7.48)** |
| **Kidney graft loss, (n=60)†** |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) |
|  **Moderate AAC (AAC24 score 1-7)** | 1.06 (0.54-2.10) | 1.06 (0.54-2.07) |
|  **High AAC (AAC24 score ≥8)** | 1.71 (0.84-3.47) | 1.70 (0.83-3.45) |
| **Any graft loss, (n=80)†** |  |  |
|  **No AAC (AAC24 score 0)** | 1 (reference) | 1 (reference) |
|  **Moderate AAC (AAC24 score 1-7)** | 0.98 (0.53-1.79) | 1.02 (0.56-1.85) |
|  **High AAC (AAC24 score ≥8)** | **1.89 (1.01-3.54)** | **1.98 (1.04-3.75)** |
| Abbreviations: AAC; Abdominal aortic calcification, CV; Cardiovascular, SHR; sub-distribution hazard ratio. \*Competing risk (non-CV death) analyses were adjusted for age or age, gender, smoking history, dialysis vintage, transplant type and diabetes. Valuesin bold P<0.05 compared to kidney or SPK recipients with no AAC. †Competing risk (non-graft loss associated death).  |

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**Supplementary Figure 1** Kaplan Meier Survival plots by the severity of AAC (low, n=348, moderate n=162 and high n=113) for a) cardiovascular (CV) events and b) any death. Vertical lines indicate censored individuals.