**Supplementary Table 1:** Treatment effect of more frequent hemodialysis on left ventricular mass reduction in subgroups of parameters tested for interaction.

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| --- | --- | --- | --- | --- |
| Daily Trial  Parameter | N | Group | Treatment effect (95% CI) | P |
| Serum Sodium Concentration (SNa+) | 102 | SNa+ <= 138 mEq/L | -28 (-40.5 to -15.4) g |  |
|  | 95 | SNa+ > 138 mEq/L | -2 (-15.5 to 11.5) g |  |
|  | 197 | continuous interaction | 3.1 (0.4 to 5.9) g | 0.027 |
| Serum Sodium Gradient (GNa+) | 62 | GNa+ <= 0 mEq/L | -0.7 (-18.2 to 16.8) g |  |
|  | 111 | GNa+ > 0 mEq/L | -25.2 (-37.6 to -12.7) g |  |
|  | 173 | continuous interaction | -2.7 (-5.5 to 0.1) g | 0.061 |
| Time-integrated sodium-adjusted fluid load (TIFL) | 111 | TIFL <= 3 L x day | -5.6 (-21.5 to 10.4) g |  |
|  | 113 | TIFL > 3 L x day | -26 (-39.4 to -12.6) g |  |
|  | 224 | continuous interaction | -5.8 (-27.9 to -7.3) g | 0.22 |

The treatment effect of frequent in-center dialysis may differ by the relative level of certain measures. We tested this by creating interaction terms between the binary treatment variable and the continuous form of each parameter. Results reflect the change in LVM (g) associated with a per-unit parameter among the frequent as opposed to the conventional treatment arm. Each parameter was also divided into “low” and “high” value ranges, then frequent vs. conventional treatment effects were calculated within each range, just as an illustration.”