**Supplementary Table 1 (a, b): Effectiveness of UD monitoring as a screening tool to detect AV access stenosis**

**a)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **(+) Fistulagram \*** | **(-) Fistulagram** | **Totals** |
| UD monitoring AV access flow < 600 ml/min or >20% drop from patient’s baseline | 15 (TP) | 3 (FP) | 18 |
| UD monitoring AV access flow > 600 ml/min or within 20% of patient’s baseline | 1 (FN) | 10 (TN) | 11 |
|   | 16 | 13 | 29 |
| \* (+) Fistulagram indicates detection of hemodynamically significant stenosis involving at least 50% narrowing.  |

|  |  |
| --- | --- |
| **Sensitivity**TP/TP+FN=15/16= 93.75% | **Positive Predictive Value** TP/TP+FP=15/18= 83.3% |
| **Specificity** TN/TN+FP=10/13= 76.9% | **Negative Predictive Value** TN/TN+FN=10/11= 90.9% |

**b)**

**FIGURE LEGENDS:**

**Supplementary Figure 1:** AV access blood flow as measured by UD monitoring was significantly lower in AV access that experienced at least one thrombotic episode compared to patent AV access

**Supplementary Figure 2:** UD monitoring detected a significant increase in AV access flow following angioplasty in AV accesses with hemodynamically significant stenosis.

Supplementary Figure 1:



Supplementary Figure 2:

