

Sex differences in progression of kidney disease in sickle cell disease

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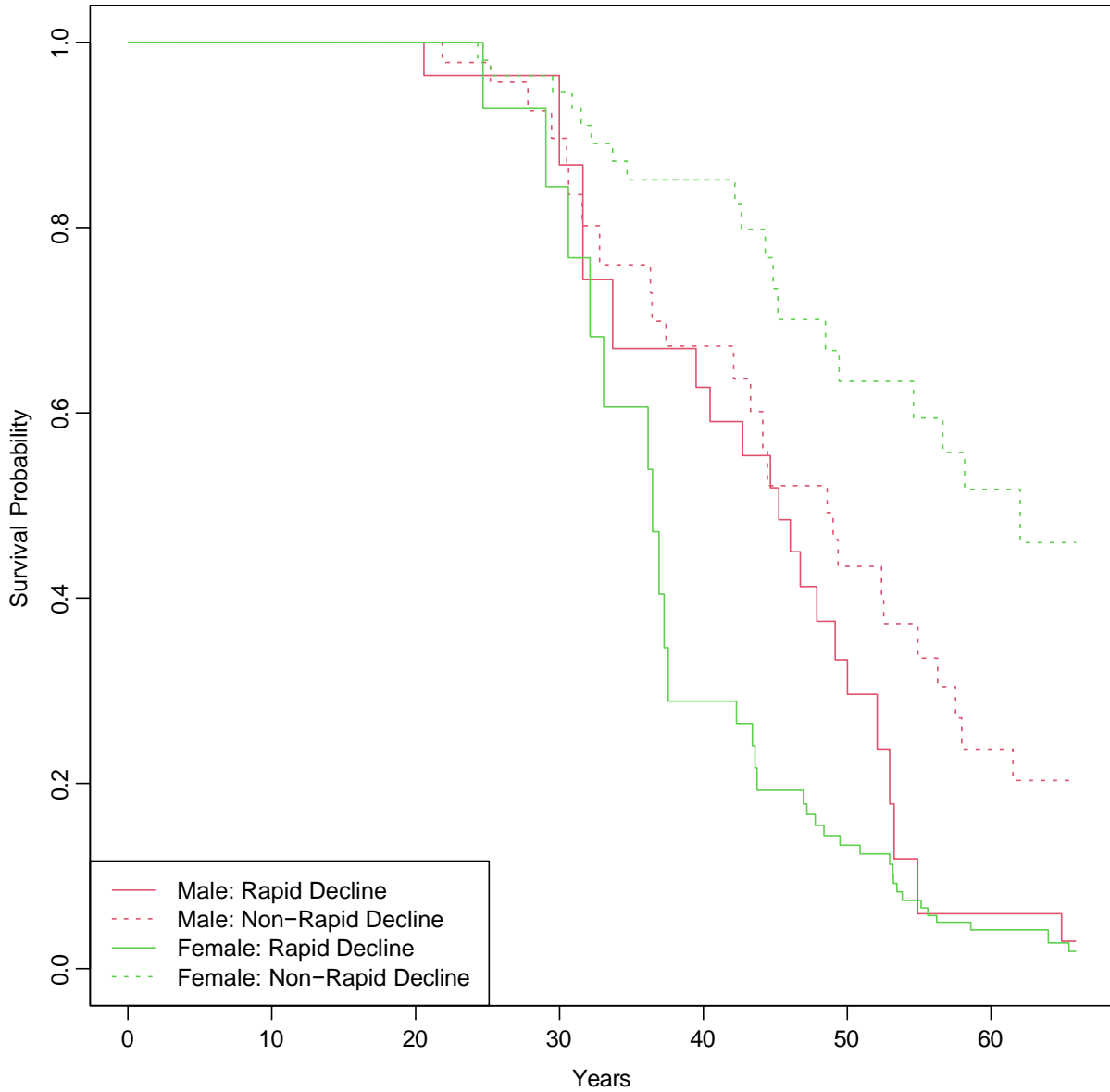
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Supplementary Figure 1: Kaplan-Meier estimates of the survival probabilities for rapid (>3.0 mL/min/1.73m² per year) and non-rapid estimated glomerular filtration rate (using CKD-EPI-2009) decline groups for female and male patients. Rapid eGFR decline was significantly associated with age at death in female patients (HR: 4.69, 95%CI: 2.63, 8.37; $p<0.0001$) following adjustment for center, but not in male patients (HR: 1.65, 95%CI: 0.88, 3.07; $p=0.12$).



SUPPLEMENTARY DATA

Supplementary Table 1: KDIGO eGFR Stage of Patients in the Pooled Analysis

G Stage	CKD-EPI-2009 Number (%)	CKD-EPI-2021 Number (%)
No CKD (eGFR >90 mL/min per 1.73 m ² without proteinuria)	526 (75.3)	537 (76.8)
G1 (eGFR >90 mL/min per 1.73 m ² with proteinuria)	55 (7.9)	56 (8.0)
G2 (eGFR 60 - 89 mL/min per 1.73 m ²)	62 (8.9)	52 (7.4)
G3a (eGFR 45 - 59 mL/min per 1.73 m ²)	18 (2.6)	19 (2.7)
G3b (eGFR 30 - 44 mL/min per 1.73 m ²)	17 (2.4)	16 (2.3)
G4 (eGFR 15 - 29 mL/min per 1.73 m ²)	11 (1.6)	9 (1.3)
G5 (eGFR <15 mL/min per 1.73 m ² or treatment by dialysis)	10 (1.4)	10 (1.4)

KDIGO - Kidney Disease Improving Global Outcomes; eGFR - estimated glomerular filtration rate; CKD - Chronic kidney disease
CKD Epidemiology Collaboration (CKD-EPI) formulae (CKD-EPI-2009 and CKD-EPI-2021) were used to estimate GFR; Race variable was excluded from CKD-2009 equation.