Supplementary Table 1. eGFR decline ≥ 40 mL/min/1.73 m^2 from baseline outcomes among groups classified by Framingham risk score with multivariate Cox regression analysis

	Total	Framingham risk score groups		
		Low risk	Intermediate risk	High risk
≥ 40 eGFR decline				
Events	679	450	133	96
Events/1,000 person-year	9.9	8.6	7.7	9.9
Model 1	HR (95% CI)	1 [reference]	0.917 (0.756–1.113)	1.280 (1.026–1.595)
	P		0.379	0.028
Model 2	HR (95% CI)	1 [reference]	0.958 (0.786–1.168)	1.313 (1.044–1.651)
	P		0.674	0.020
Model 3	HR (95% CI)	1 [reference]	1.356 (1.106–1.662)	2.182 (1.717–2.772)
	P		0.003	< 0.001
Model 4	HR (95% CI)	1 [reference]	1.222 (0.989–1.509)	1.727 (1.341–2.224)
	P		0.063	< 0.001

Data are presented as number person-year or incidence rate per 1,000 person-year.

Model 1, crude hazard ratio (HR) without adjustment; Model 2, adjusted for residence (Ansan or Anseong), education status, income, history of coronary artery disease, alcohol intake (non-drinker, ex-drinker, or current drinker); Model 3, model 2 + eGFR and proteinuria; Model 4, model 3 + fasting glucose, albumin, triglyceride, C-reactive protein, and calculated low density lipoprotein.

CI, confidence interval; eGFR, estimated glomerular filtration rate.

Supplementary Table 2. Linear mixed model of annual eGFR decline according to Framingham risk group

Framingham risk score groups	Slope of eGFR decline (95% CI)	*P* for-difference between groups		
		Low risk	Intermediate risk	High risk
Low risk	−0.545 (−0.573 to −0.517)	–		
Intermediate risk	−0.638 (−0.690 to −0.585)	0.002	–	
High risk	−0.861 (−0.940 to −0.781)	< 0.001	< 0.001	–

Estimated glomerular filtration rate (eGFR) decline: biannual eGFR decline rate (mL/min/1.73 m^2/year).

Supplementary Table 3. Multivariate Cox regression analysis for the development of incident proteinuria (≥ 1+) according to Framingham risk score groups

	Model 1		Model 2		Model 3		Model 4	
	HR (95% CI)	*P*	HR (95% CI)	*P*	HR (95% CI)	*P*	HR (95% CI)	*P*
Low risk	1 [reference]		1 [reference]		1 [reference]		1 [reference]	
Intermediate risk	3.730 (2.451–5.674)		3.225 (2.099–4.956)		3.148 (2.040–4.857)	< 0.001	3.020 (1.935–4.714)	< 0.001
High risk	5.598 (3.600–8.704)		4.359 (2.741–6.300)		4.200 (2.618–6.739)	< 0.001	3.346 (2.028–5.521)	< 0.001

Model 1, crude hazard ratio (HR) without adjustment; Model 2, adjusted for residence (Ansan or Anseong), education status, income, history of coronary artery disease, alcohol intake (non-drinker, ex-drinker, or current drinker); Model 3, model 2 + eGFR and proteinuria ; Model 4, model 3 + fasting glucose, albumin, triglyceride, C-reactive protein, and calculated low density lipoprotein.

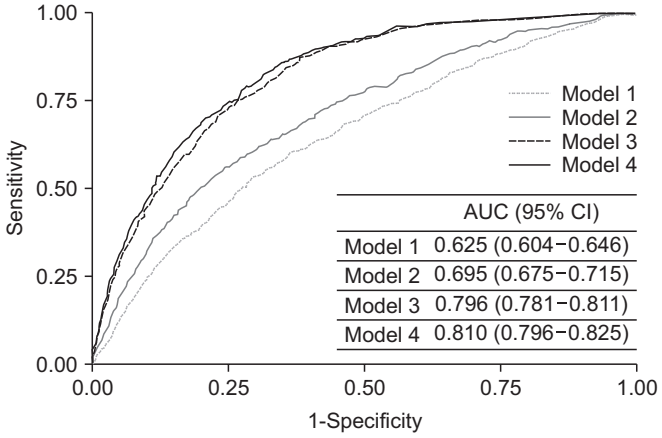
CI, confidence interval; eGFR, estimated glomerular filtration rate.

Supplementary Table 4. Mean C-statistics for prediction of incident chronic kidney disease using 10-fold cross validation

Model	C-statistics (95% CI)	P for difference of C-statistics compared with models			
		Model 1	Model 2	Model 3	Model 4
Model 1	0.643 (0.612–0.690)	NA	–	–	–
Model 2	0.728 (0.663–0.811)	< 0.001	NA	–	–
Model 3	0.817 (0.765–0.854)	< 0.001	< 0.001	NA	–
Model 4	0.837 (0.797–0.867)	< 0.001	< 0.001	< 0.001	NA

Model 1, sex, body mass index, education level, income, fasting glucose, and serum albumin; Model 2, model 1 + Framingham risk score; Model 3, model 1 + eGFR and proteinuria; Model 4, model 1 + eGFR, proteinuria, and the Framingham risk score.

CI, confidence interval; eGFR, estimated glomerular filtration rate; NA, not applicable.



Supplementary Figure 1. Receiver operating characteristics curve for 4 models predicting incident chronic kidney disease after 10-fold cross-validation. Model 1, sex, body mass index, education level, income, fasting glucose, and serum albumin; Model 2, model 1 + Framingham risk score; Model 3, model 1 + eGFR + proteinuria; Model 4, model 1 + eGFR + proteinuria + Framingham risk score.

AUC, area under the curve; CI, confidence interval; eGFR, estimated glomerular filtration rate.