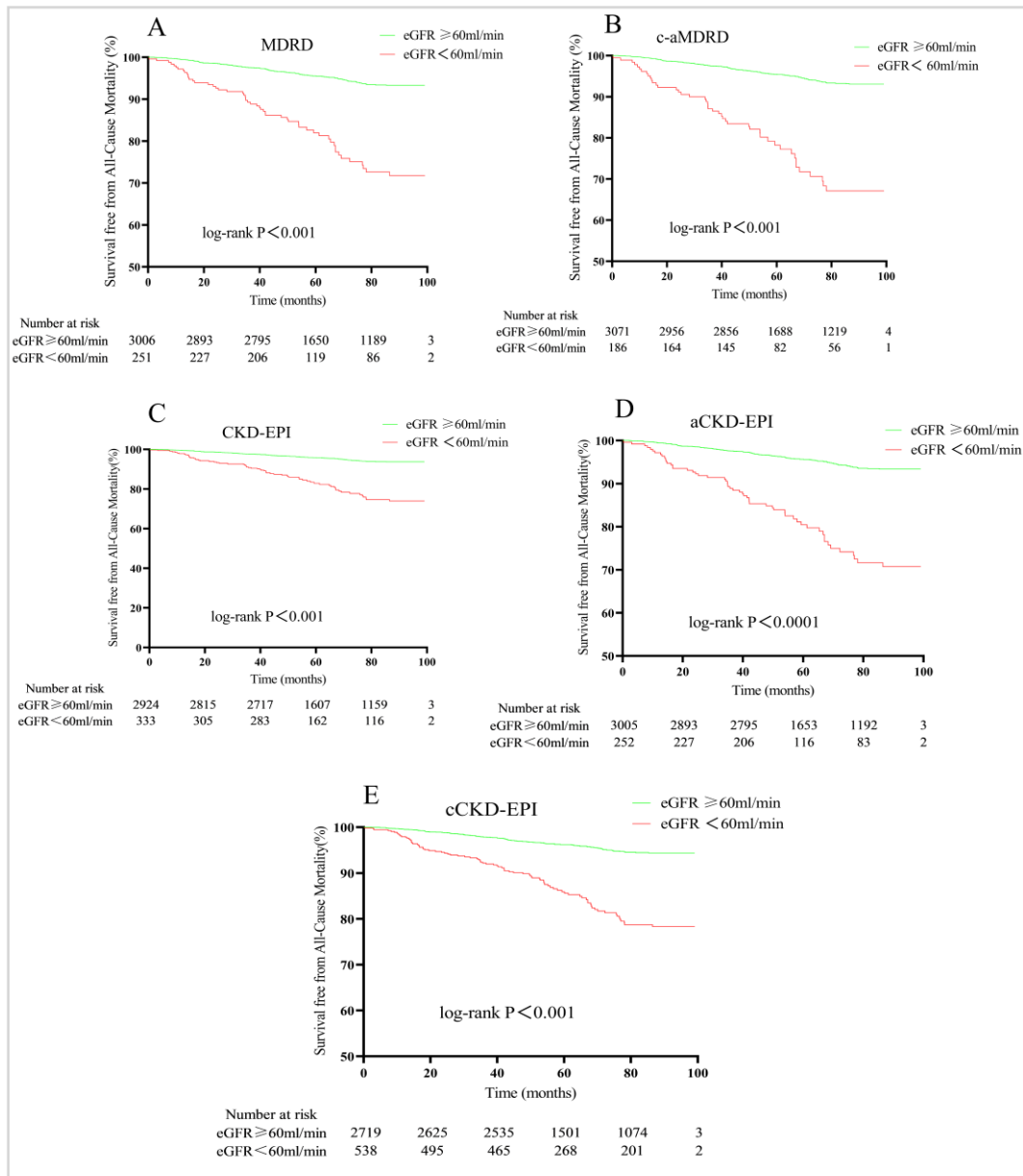
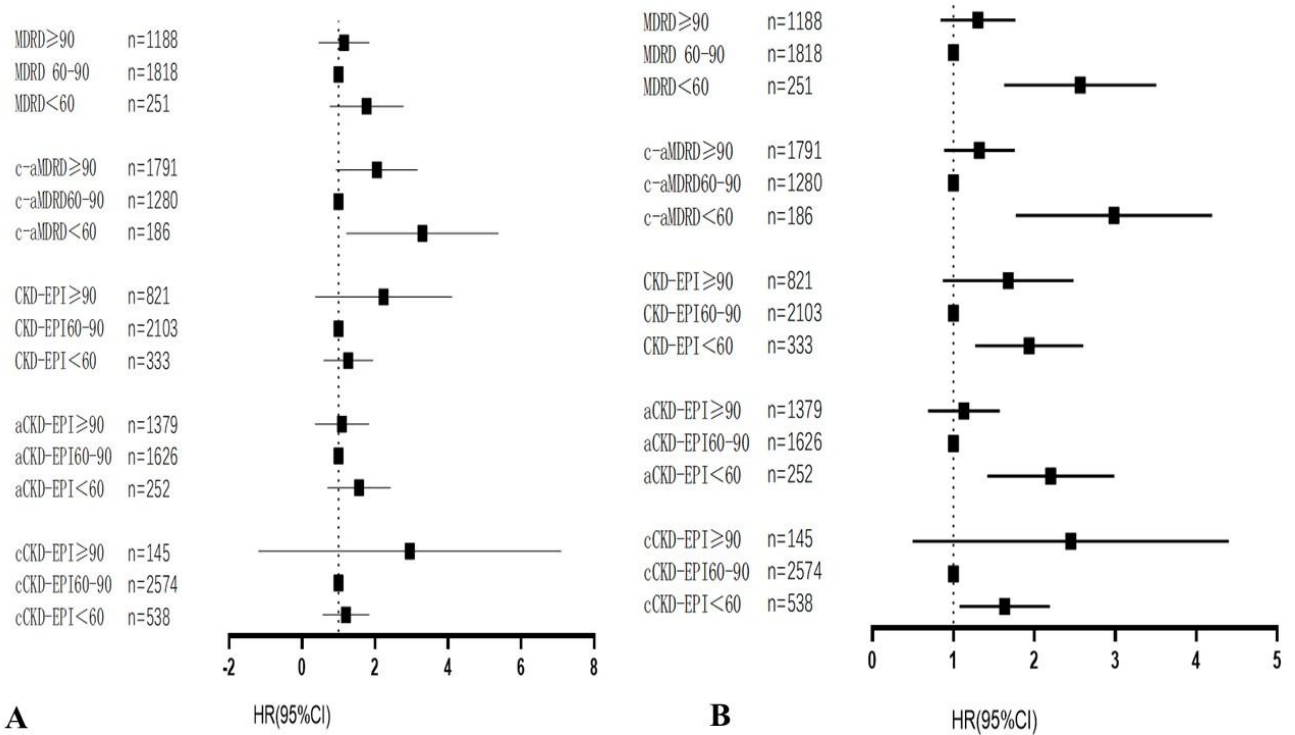


Supplementary Figure 1 Kaplan-Meier curves show the relationship between estimated glomerular filtration rate (eGFR) and survival free from cardiovascular (CV) mortality.



Supplementary Figure 2 Kaplan-Meier curves show the relationship between estimated glomerular filtration rate (eGFR) and survival free from all-cause mortality.



Supplementary Figure 3 The predication of estimated glomerular filtration rate (eGFR) for cardiovascular (CV) mortality (A) and all-cause mortality (B).

Supplementary Table 1 Baseline characteristics based on eGFR values estimated by different equations

| Variable | MDRD ≥90ml/min (n=1188,36.5%) | c-aMDRD ≥90ml/min (n=1791,55.0%) | CKD-EPI ≥90ml/min (n=821,25.2%) | aCKD-EPI ≥90ml/min (n=1379,42.3%) | cCKD-EPI ≥90ml/min (n=145,4.5%) |
|-----------------|--|---|--|--|--|
| Mean Age | 68 (66-72) | 69 (67-72) | 67 (66-69) | 68 (66-71) | 68 (66-70) |
| Male | 524 (44.1) | 652 (36.4) | 305 (37.1) | 575 (41.7) | 2 (1.4) |
| Hypertension | 593 (49.9) | 892 (49.8) | 391 (47.6) | 666 (48.3) | 66(45.5) |
| Diabetes | 265 (22.3) | 356 (19.9) | 185 (22.5) | 288(20.9%) | 40(27.6%) |
| CHD | 347 (29.2) | 539 (30.1) | 212 (25.8) | 385 (27.9) | 42 (29) |
| stroke | 218 (18.4) | 327 (18.3) | 154 (18.8) | 257 (18.6%) | 24 (16.6%) |
| Smoking | 289 (24.3) | 377 (21.0) | 201 (24.5) | 332 (24.1%) | 2 (1.4%) |
| BMI | 24.2 (21.9-26.2) | 24.2 (22.0-26.3) | 24.1 (21.9-26.2) | 24.1 (21.9-26.3) | 24.1 (22.1-26.8) |
| Alcohol | 222 (18.7) | 320 (17.9) | 147 (17.9) | 253 (18.3) | 19 (13.1) |
| TC | 5.02 (4.33-5.69) | 5.07 (4.41-5.74) | 5.04 (4.38-5.70) | 5.04 (4.38-5.72) | 5.16 (4.58-7.79) |
| LDL | 3.06 (2.45-3.67) | 3.10 (2.52-3.71) | 3.08 (2.49-3.68) | 3.07 (2.48-3.69) | 3.23 (2.65-3.82) |
| TG | 1.42 (1.05-1.94) | 1.39 (1.04-1.91) | 1.42 (1.05-1.94) | 1.40 (1.05,1.92) | 1.38 (0.96-1.90) |
| HDL | 1.36 (1.14-1.61) | 1.36 (1.14-1.61) | 1.35 (1.14-1.61) | 1.36 (1.15-1.60) | 1.39 (1.14-1.66) |
| WBC | 5.54 (4.70-6.54) | 5.54 (4.70-6.51) | 5.52 (4.71-6.48) | 5.55 (4.70-6.52) | 5.61 (4.73-6.55) |
| Albumin | 47 (45-49) | 47 (45-49) | 47 (45-49) | 47 (45-49) | 47 (45-49) |
| Uric acid | 301 (253-346) | 304 (259-350) | 295 (250-341) | 303 (258-349) | 260 (231-315) |

Data is presented as median (IQR) or number (%). HDL: high-density lipoprotein; LDL: low-density lipoprotein; TC: total cholesterol; TG:

triglyceride; BMI: body mass index; CHD: coronary heart disease.

eGFR estimated glomerular filtration rate

MDRD Modification of Diet in Renal Disease

CKD-EPI Chronic Kidney Disease Epidemiology Collaboration

MACE: major cardiovascular events

CKD: Chronic kidney disease

NYHA: New York Heart Association

ROC: Receiver operating characteristic

AIC: Akaike information criterion

Supplementary Table 2 The prediction of Estimated Glomerular Filtration Rate for Cardiovascular Mortality

| Equation | Cox | eGFR(ml/min) | | |
|----------|--------|--------------|---------|-----------|
| | | ≥90 | 60-90 | < 60 |
| MDRD | Event | 16/1188 | 42/1818 | 19/251 |
| | HR | 1.01 | 1 | 1.58 |
| | 95% CI | 0.54-1.90 | | 0.87-2.86 |
| | P | 0.97 | | 0.13 |
| c-aMDRD | Event | 32/1791 | 27/1280 | 16/186 |
| | HR | 1.85 | 1 | 2.86 |
| | 95% CI | 1.05-3.25 | | 1.47-5.56 |
| | P | 0.035 | | 0.002 |
| CKD-EPI | Event | 7/821 | 46/2103 | 24/333 |
| | HR | 1.71 | 1 | 1.15 |
| | 95% CI | 0.68-4.31 | | 0.66-1.99 |
| | P | 0.26 | | 0.62 |
| aCKD-EPI | Event | 12/1379 | 45/1626 | 20/252 |
| | HR | 0.93 | 1 | 1.40 |
| | 95% CI | 0.45-1.90 | | 0.79-2.49 |
| | P | 0.84 | | 0.25 |
| cCKD-EPI | Event | 1/145 | 41/2574 | 35/538 |
| | HR | 1.01 | 1 | 1.09 |
| | 95% CI | 0.13-7.71 | | 0.63-1.89 |
| | P | 0.99 | | 0.76 |

HR: hazard risk; CI: confident interval. Models were adjusted to gender, smoking, hypertension, diabetes, BMI, age, coronary heart disease, white blood cell, serum albumin, uric acid, and stroke

Supplementary Table 3 The prediction of Estimated Glomerular Filtration Rate for all-cause mortality

| Equation | Cox | eGFR(ml/min) | | |
|----------|--------|--------------|----------|-----------|
| | | ≥90 | 60-90 | < 60 |
| MDRD | Event | 54/1188 | 95/1818 | 53/251 |
| | HR | 1.25 | 1 | 2.45 |
| | 95% CI | 0.87-1.79 | | 1.69-3.56 |
| | P | 0.23 | | <0.001 |
| c-aMDRD | Event | 82/1791 | 75/1280 | 45/186 |
| | HR | 1.27 | 1 | 2.82 |
| | 95% CI | 0.91-1.78 | | 1.86-4.27 |
| | P | 0.17 | | < 0.001 |
| CKD-EPI | Event | 26/821 | 111/2103 | 65/333 |
| | HR | 1.55 | 1 | 1.86 |
| | 95% CI | 0.94-2.54 | | 1.31-2.64 |
| | P | 0.085 | | 0.001 |
| aCKD-EPI | Event | 45/1379 | 102/1626 | 55/252 |
| | HR | 1.07 | 1 | 2.11 |
| | 95% CI | 0.72-1.60 | | 1.47-3.03 |
| | P | 0.73 | | <0.001 |
| cCKD-EPI | Event | 6/145 | 109/2574 | 87/538 |
| | HR | 1.93 | 1 | 1.57 |
| | 95% CI | 0.81-4.61 | | 1.11-2.22 |
| | P | 0.14 | | 0.011 |

HR: hazard risk; CI: confident interval. Models were adjusted to gender, smoking, hypertension, diabetes, BMI, age, coronary heart disease, white blood cell, serum albumin, uric acid, and stroke

Supplementary Table 4 Goodness-of-fit among different eGFR equations

| Outcome | Equation | AIC | BIC | AUC |
|-----------------------------|-----------------|------------|------------|------------|
| MACE | MDRD | 2191 | 2204 | 0.533 |
| | caMDRD | 2189 | 2202 | 0.539 |
| | CKDEPI | 2180 | 2192 | 0.558 |
| | aCKDEPI | 2180 | 2192 | 0.557 |
| | cCKDEPI | 2178 | 2190 | 0.567 |
| Cardiovascular Mortality | MDRD | 704 | 716 | 0.644 |
| | caMDRD | 704 | 716 | 0.642 |
| | CKDEPI | 685 | 697 | 0.703 |
| | aCKDEPI | 685 | 697 | 0.703 |
| | cCKDEPI | 685 | 697 | 0.701 |
| All-Cause Mortality | MDRD | 1461 | 1474 | 0.627 |
| | caMDRD | 1459 | 1471 | 0.630 |
| | CKDEPI | 1415 | 1427 | 0.677 |
| | aCKDEPI | 1416 | 1428 | 0.675 |
| | cCKDEPI | 1428 | 1441 | 0.677 |
| Event-free | MDRD | 2662 | 2674 | 0.559 |
| | caMDRD | 2658 | 2670 | 0.565 |
| | CKDEPI | 2626 | 2638 | 0.591 |
| | aCKDEPI | 2627 | 2639 | 0.589 |
| | cCKDEPI | 2632 | 2645 | 0.600 |

AIC: Akaike information criterion; AUC: area under the curve; BIC: Bayesian Information Criteria. MDRD: the Modification of Diet in Renal Disease; CKD-EPI: chronic kidney disease epidemiology collaboration.