

SUPPLEMENTARY DATA

Supplementary Table 1. Comparison of the classification of reduced kidney function among the population with diabetes (A) and without diabetes (B) according to filtration marker, U.S. adults 20 years or older, NHANES 1999-2002.

(A) Diabetes (N=778)

		eGFR _{cr} (ml/min/1.73 m ²)		
		≥ 60	< 60	Total
eGFR _{cys} (ml/min/1.73 m ²)	≥ 60	74.9 %	3.1 %	78.0%
	<60	8.7 %	13.3 %	22.0%
	Total	83.6%	16.4%	100%

(B) No Diabetes (N=3,679)

		eGFR _{cr} (ml/min/1.73 m ²)		
		≥ 60	< 60	Total
eGFR _{cys} (ml/min/1.73 m ²)	≥ 60	90.8 %	1.3 %	92.1%
	<60	3.4 %	4.5 %	7.9%
	Total	94.2%	5.8%	100%

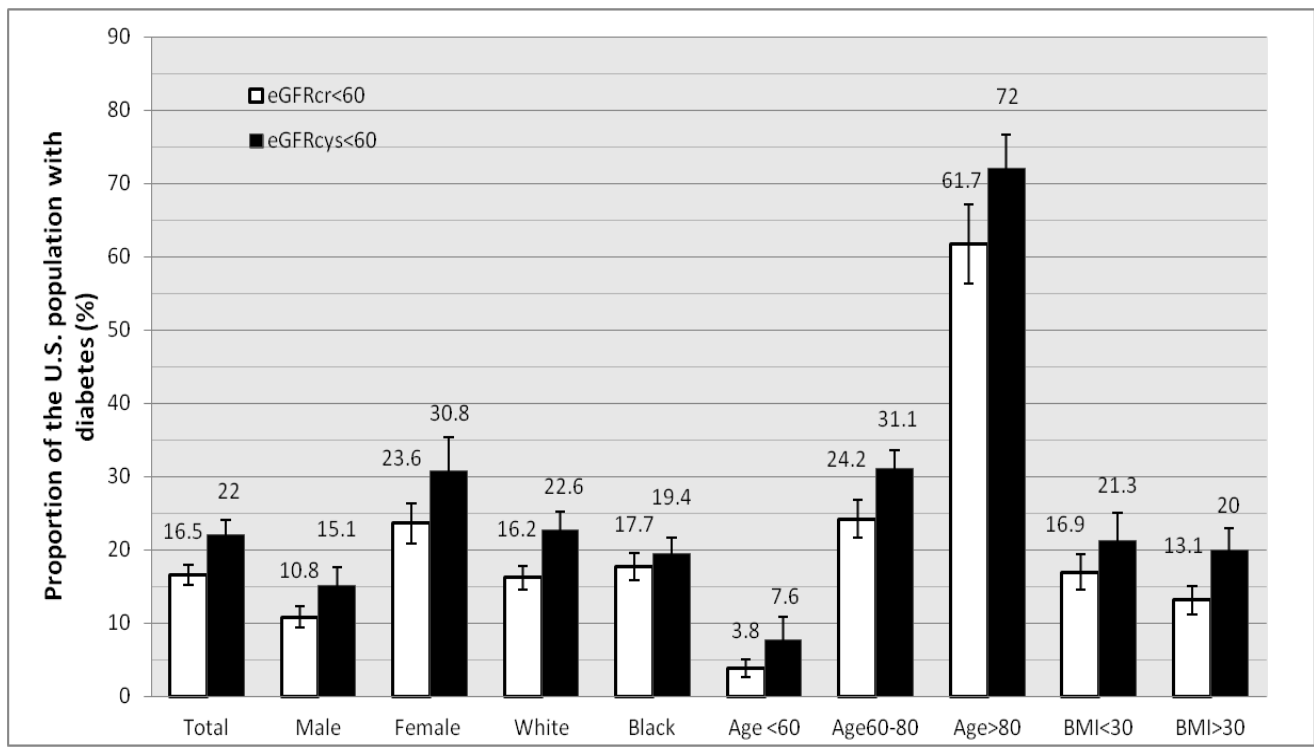
Supplementary Table 2. The association between diabetes status and reclassification from preserved kidney function by eGFR_{cr} to reduced kidney function by eGFR_{cys} with sequential adjustment for eGFR_{cr}, body mass index (BMI), age, and albuminuria*.

Model	Odds ratio for diabetes (95% CI)	P-value
Unadjusted	3.1 (1.9-4.9)	<0.001
+ eGFR _{cr}	2.3 (1.5-3.8)	0.001
+ eGFR _{cr} , BMI	2.0 (1.2-3.4)	0.008
+ eGFR _{cr} , BMI, age	1.4 (0.9-2.3)	0.2
+ eGFR _{cr} , BMI, age, albuminuria*	1.2 (0.7-2.1)	0.5

*modeled as albumin-to-creatinine ratio >30 mg/g (yes, no)

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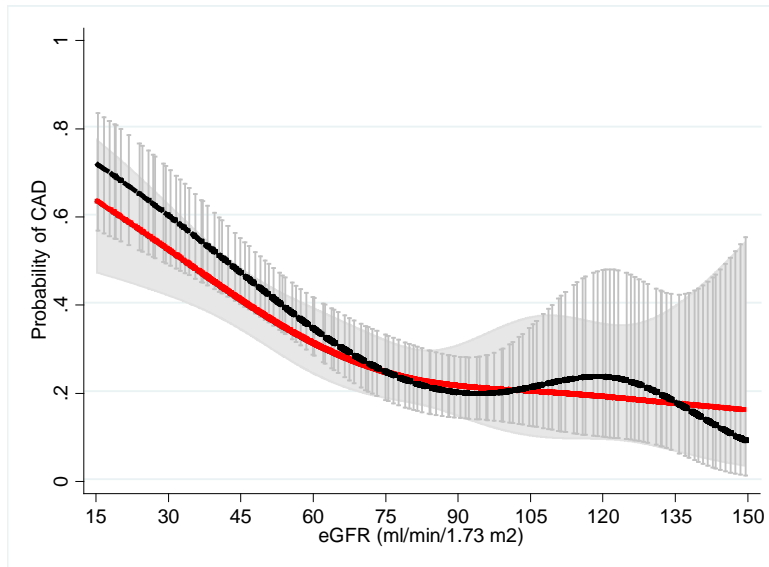
Supplementary Figure 1. Prevalence of reduced kidney function (eGFR<60 ml/min/1.73 m²) by filtration marker and subgroups defined by sex, race, age and body mass index category, U.S. adults 20 years or older with diabetes, NHANES 1999-2002 (N=778).



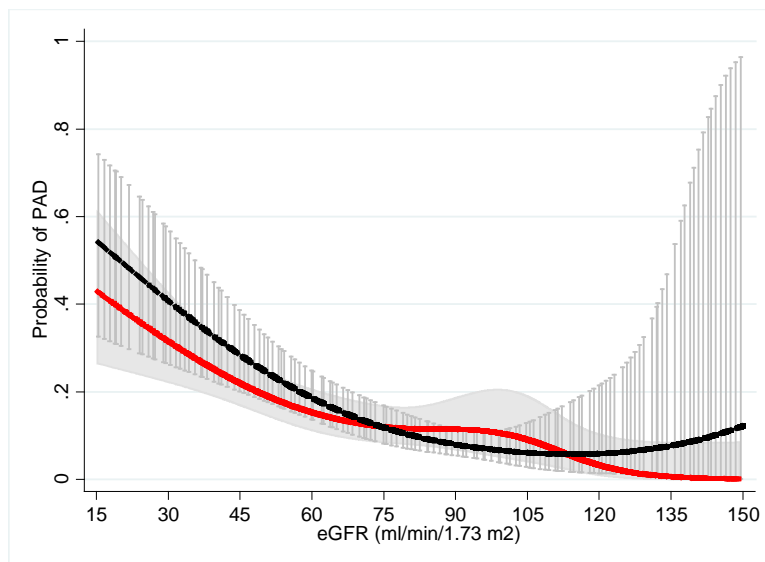
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Supplementary Figure 2. Probability of prevalent coronary artery disease (A), peripheral arterial disease (B), albuminuria (C), or retinopathy (D) by level of GFR estimating using serum creatinine (black line, with 95% CI) and serum cystatin C (red line, with 95% CI) among adult participants with diabetes (N=778).

(A) Coronary artery disease

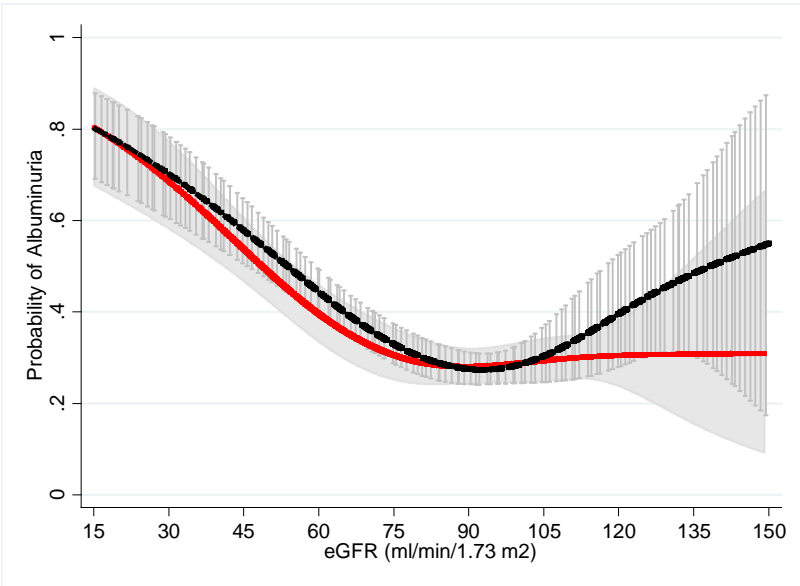


(B) Peripheral arterial disease (ankle brachial index < 0.90)



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(C) Albuminuria (albumin-to-creatinine ratio >30 mg/g)



(D) Retinopathy

