

The effect of dapagliflozin on albuminuria in the DECLARE-TIMI 58 trial

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Key words: Type 2 diabetes; Dapagliflozin; SGLT2i; Diabetic kidney disease; Prevention; Urinary albumin to creatinine ratio (UACR).

Running title: Albuminuria in the DECLARE-TIMI 58

Supplementary materials

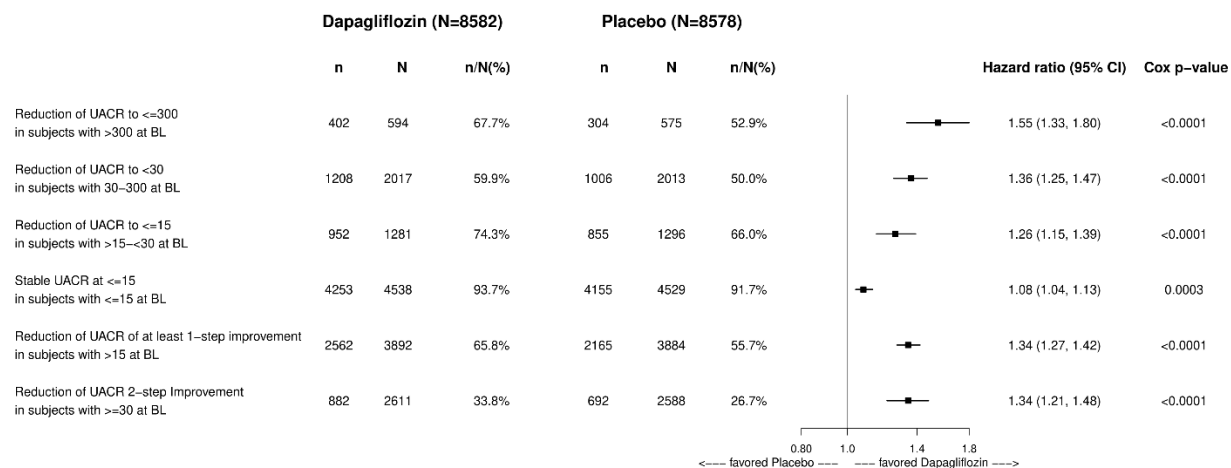
Table S1: Distribution of categorical UACR at baseline and 6 months' time points in dapagliflozin vs. placebo arm.

Visit	UACR categories	Dapagliflozin		Placebo		P-value
		N	%	N	%	
Baseline	≤15 mg/g	4381	54.0%	4346	54.0%	0.9899
	15-<30 mg/g	1240	15.3%	1244	15.4%	
	≥30-≤300 mg/g	1942	23.9%	1915	23.8%	
	>300 mg/g	555	6.8%	549	6.8%	
6 months	≤15 mg/g	4508	55.7%	4168	51.8%	<0.0001
	15-<30 mg/g	1317	16.3%	1246	15.5%	
	≥30-≤300 mg/g	1853	22.9%	2019	25.1%	
	>300 mg/g	412	5.1%	591	7.3%	

Legends: Participants distribution within the UACR categories at baseline and at 6 months, among those with readings at both time points. Comparison between treatment arms was performed using the χ^2 test. UACR – Urinary Albumin to Creatinine Ratio

Figure S1: One time change in categorical UACR from baseline to end of trial (EOT) in dapagliflozin vs. placebo arm. A. Improvement in UACR categories B. Deterioration in UACR categories

A. Improvement



B. Deterioration

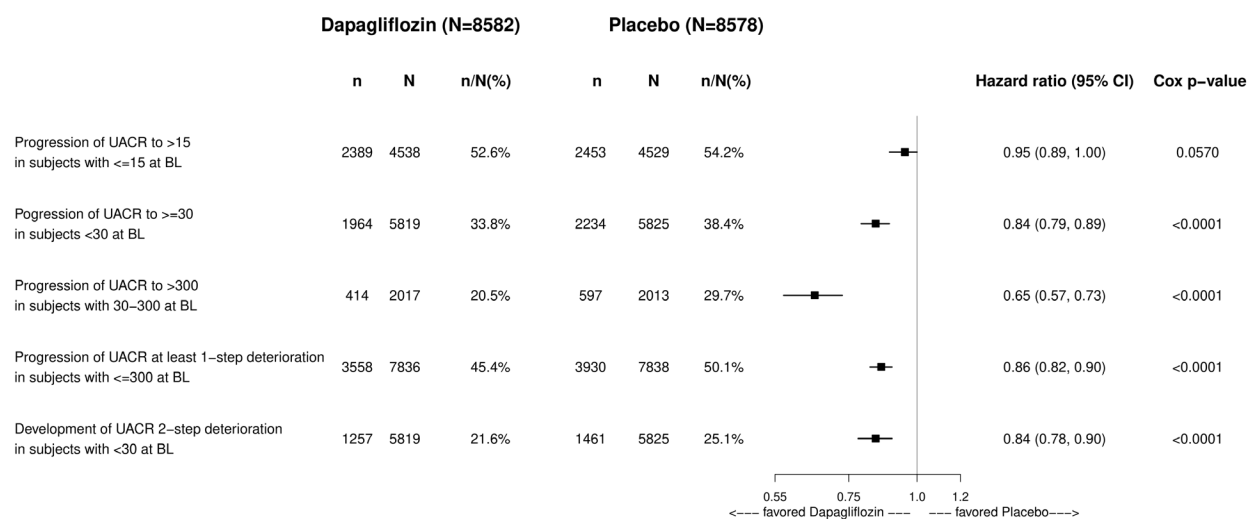
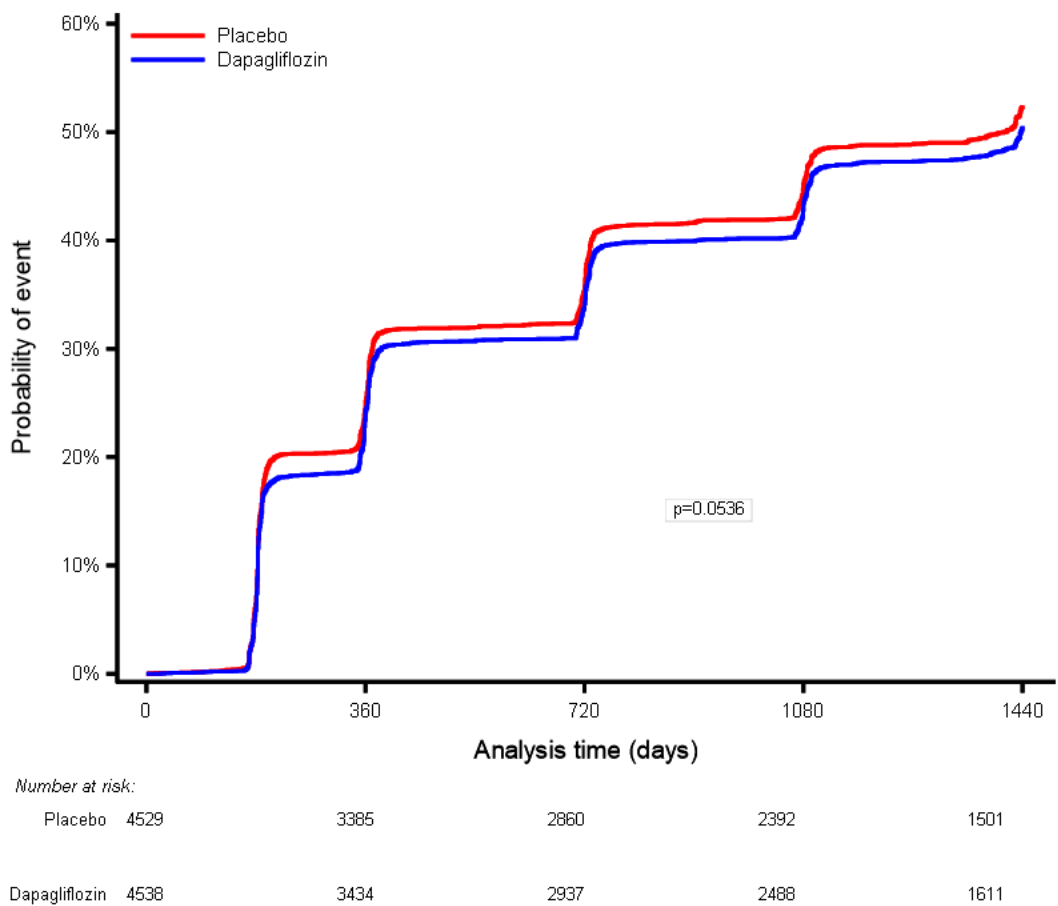


Figure S2: Deterioration in categorical albuminuria status over time (Kaplan-Meier estimate):

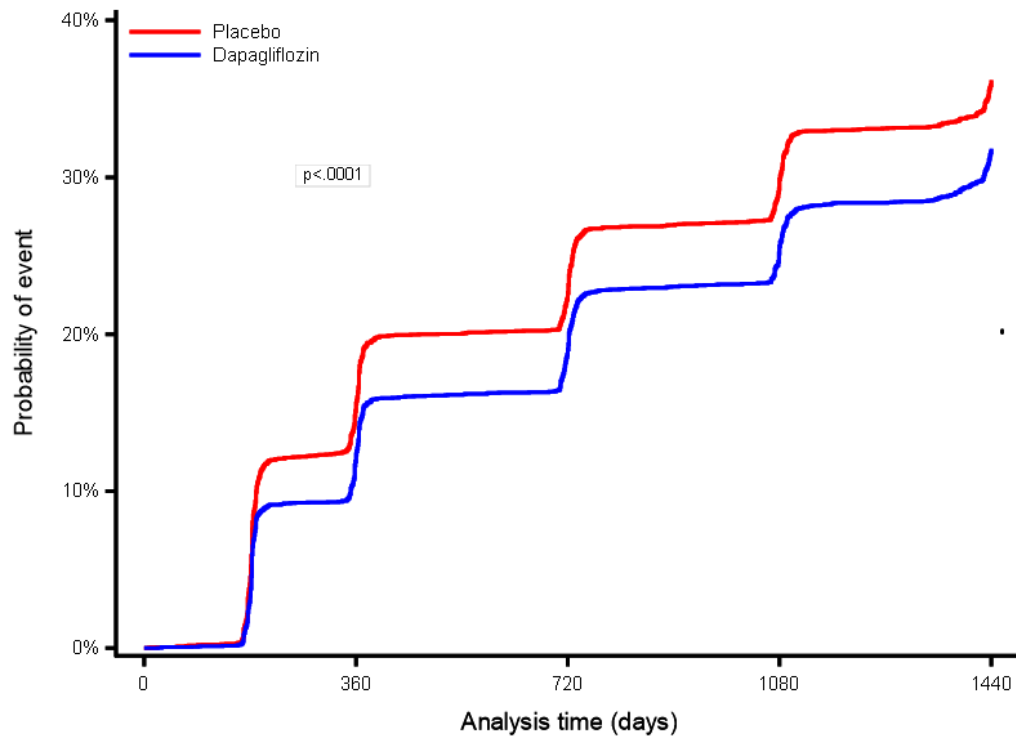
- A- New onset of >15 mg/g in patients with ≤15 mg/g at baseline
- B- New onset of ≥30 mg/g in patients with <30 mg/g at baseline
- C- New onset of >300 mg/g in patients with ≤300 mg/g at baseline

A-



P=0.0536

B-



Number at risk:

Placebo	5825	4875	4391	3915	2543
Dapagliflozin	5819	5059	4600	4147	2757

C-

