

### Figure 1A

Use of potentially nephrotoxic antiretrovirals at baseline : Exposure to ARVs at/before baseline

### Figure 1B

Use of potentially nephrotoxic antiretrovirals at baseline : Median exposure to ARVs among those ever started

### Figure 2

Crude incidence rates of CKD and cumulative exposure to potentially nephrotoxic antiretrovirals

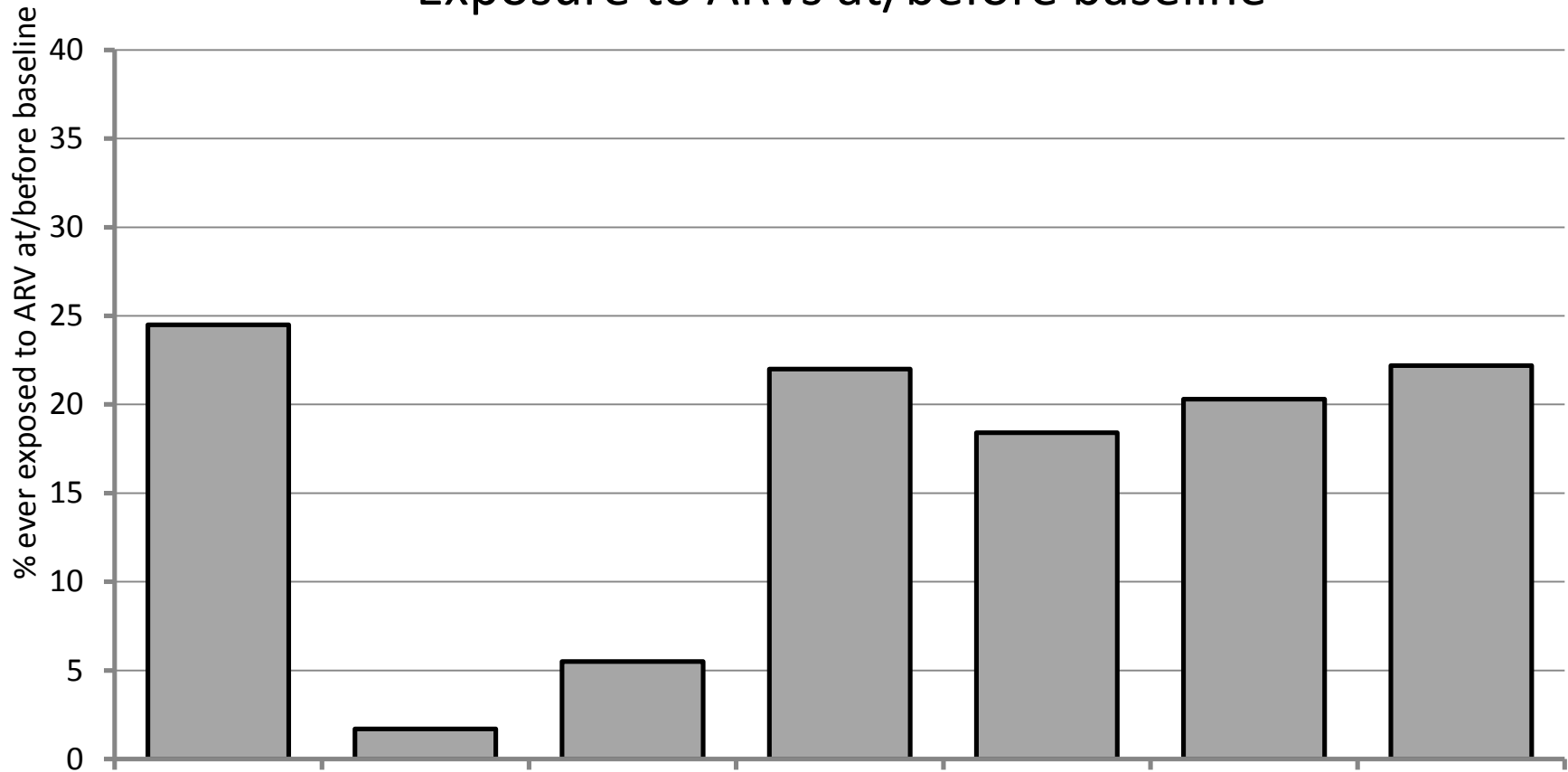
### Figure 3

Unadjusted and adjusted incidence rates of CKD per year of additional exposure to potentially nephrotoxic antiretrovirals

# Figure 1A

## Use of potentially nephrotoxic antiretrovirals at baseline

### Exposure to ARVs at/before baseline



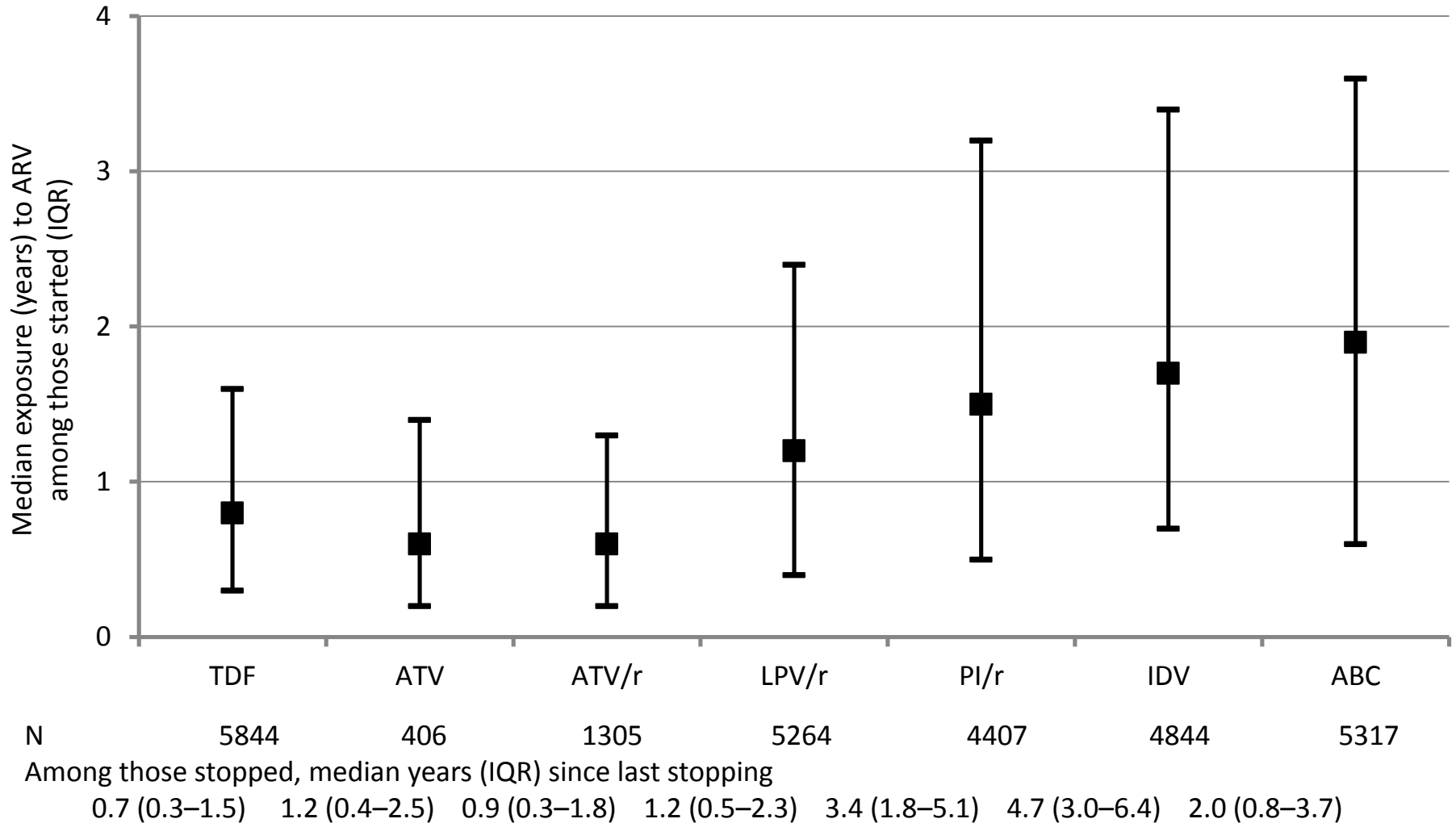
	TDF	ATV	ATV/r	LPV/r	PI/r	IDV	ABC
N	5844	406	1305	5264	4407	4844	5317
Among those started, % on ARV at baseline	87.0	56.2	78.5	64.3	32.6	10.2	61.4

IQR; interquartile range. Baseline: first eGFR measured during prospective follow-up in D:A:D after 1/1/2004.

TDF; tenofovir. ATV; atazanavir. ATV/r; ritonavir boosted atazanavir. LPV/r; ritonavir-boosted lopinavir. Other PI/r; other ritonavir-boosted protease inhibitor. IDV; indinavir. ABC; abacavir

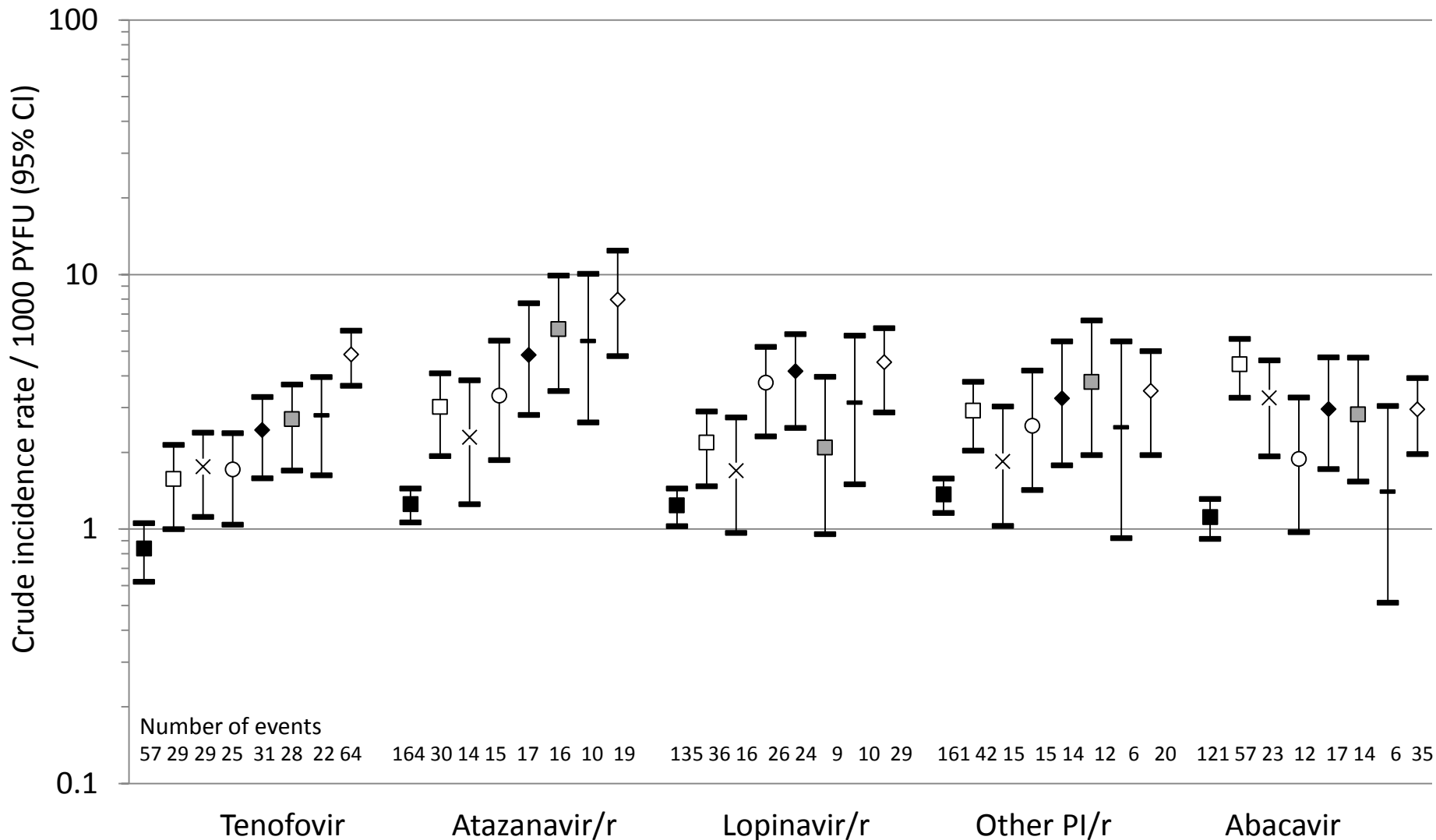
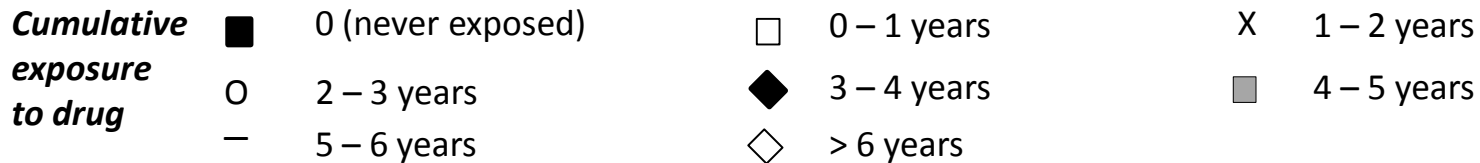
# Figure 1B

## Use of potentially nephrotoxic antiretrovirals at baseline Median exposure to ARVs among those started

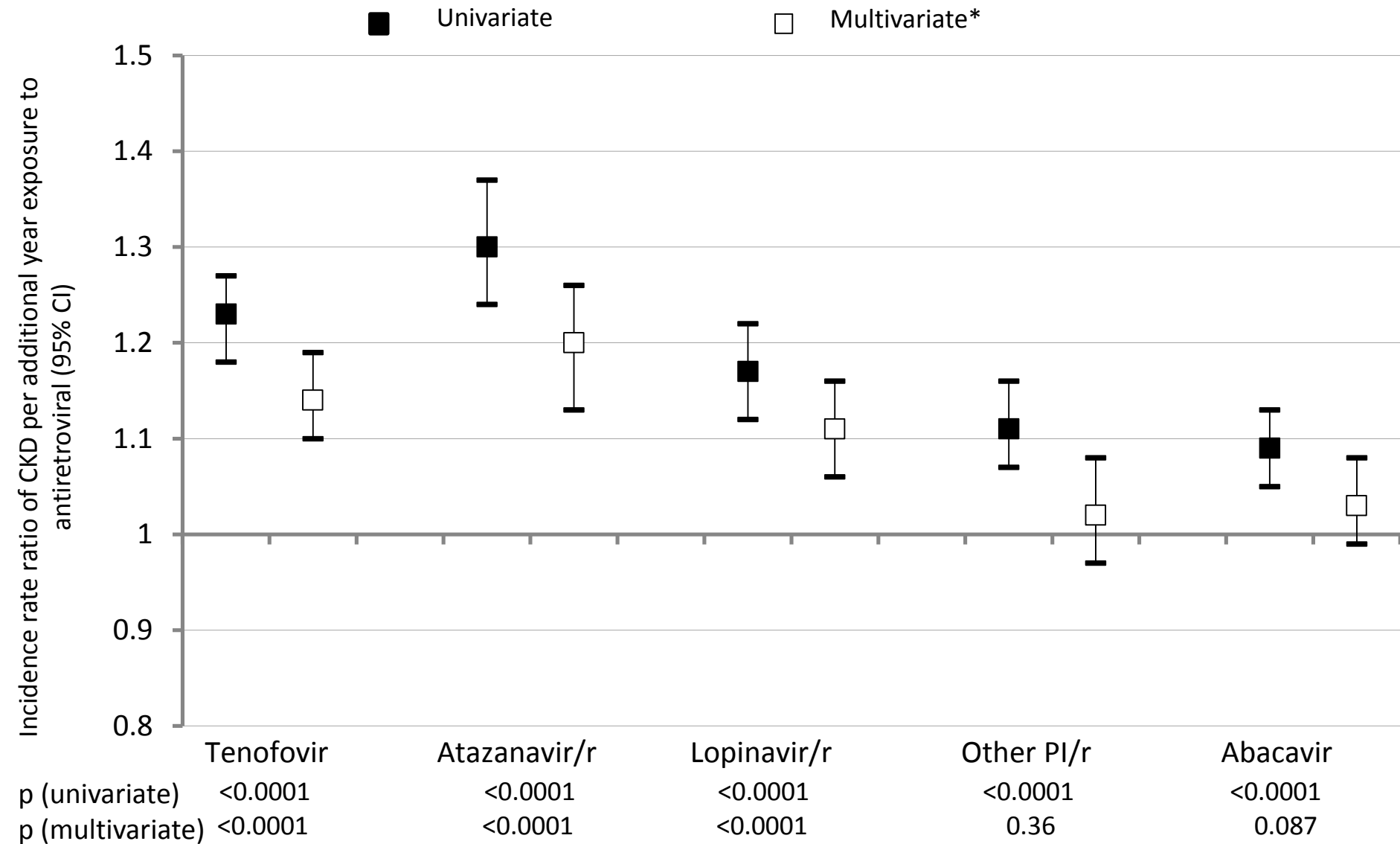


IQR; interquartile range. Baseline: first eGFR measured during prospective follow-up in D:A:D after 1/1/2004.

TDF; tenofovir. ATV; atazanavir. ATV/r; ritonavir boosted atazanavir. LPV/r; ritonavir-boosted lopinavir. Other PI/r; other ritonavir-boosted protease inhibitor. IDV; indinavir. ABC; abacavir



CKD; chronic kidney disease; confirmed (>3 months part) eGFR < 60 mL/min/1.73m<sup>2</sup>



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Multivariate models were adjusted for gender race, HIV exposure group, D:A:D enrolment cohort, D:A:D participating cohort, prior CVD, age, CD4 nadir, GFR at baseline, baseline date and hepatitis B/C, AIDS diagnosis within the past 12 months, smoking status, BMI, family history of CVD, CD4, viral load, anaemia, diabetes, hypertension and cART (on/off) as time updated variables. A separate category was included for missing data where data was missing. Models were additionally adjusted for cumulative exposure to indinavir.