SUPPLEMENTAL TABLE 1: Characteristics of ALLHAT participants included and excluded from the analysis - mean (sd) unless otherwise noted.

| Characteristic | $\begin{gathered} \text { Included } \\ (\mathrm{n}=21,245) \end{gathered}$ | $\begin{gathered} \text { Excluded } \\ (\mathrm{n}=12,112) \\ \hline \end{gathered}$ | $\begin{gathered} \mathrm{p}- \\ \text { value } \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| Age, years | 66.6 (7.4) | 67.3 (8.2) | <0.001 |
| Men, n (\%) | 11612 (54.7) | 6107 (50.4) | <0.001 |
| Non-Hispanic White, n (\%) | 10854 (51.1) | 4851 (40.1) | <0.001 |
| Non-Hispanic Black, n (\%) | 6537 (30.8) | 4071 (33.6) | <0.001 |
| Hispanic White, n (\%) | 2283 (10.8) | 1873 (15.5) | <0.001 |
| Hispanic Black, n (\%) | 464 (2.2) | 626 (5.2) | <0.001 |
| Education status, years | 11.2 (3.9) | 10.5 (4.1) | <0.001 |
| Current smoking, n (\%) | 4437 (20.9) | 2866 (23.7) | <0.001 |
| BMI, kg/m ${ }^{2}$ | 29.8 (6.1) | 29.5 (6.3) | <0.001 |
| Diabetes (type 2 at baseline), n (\%) | 7455 (35.1) | 4608 (38.0) | <0.001 |
| Total cholesterol, mg/dL | 215.5 (42.3) | 217.2 (45.5) | 0.001 |
| Low HDL-cholesterol (<35mg/dl), n (\%) | 2713 (12.8) | 1164 (9.6) | <0.001 |
| History of MI or stroke, n (\%) | 4652 (21.9) | 3085 (25.5) | <0.001 |
| History of revascularization, n (\%) | 2761 (13.0) | 1549 (12.8) | 0.59 |
| History of atrial fibrillation, n (\%) | 186 (0.9) | 148 (1.4) | <0.001 |
| History of other ASCVD, n (\%) | 5009 (23.6) | 2892 (23.9) | 0.54 |
| Major ST depression or T wave inversion, n (\%) | 2126 (10.1) | 1294 (10.8) | 0.07 |
| LVH by electrocardiogram, n (\%) | 3465 (16.3) | 2009 (16.6) | 0.51 |
| Use of antihypertensive medication prior to baseline, n (\%) | 19351 (91.1) | 10738 (88.7) | $<0.001$ |
| eGFR, ml/min/ $1.73 \mathrm{~m}^{2}$ | 74.3 (17.1) | 72.9 (19.0) | <0.001 |
| Aspirin use at baseline, n (\%) | 7920 (37.3) | 4032 (33.3) | <0.001 |
| Statin use at any visit during follow up (6-28m), n (\%) | 7546 (35.5) | 2375 (19.6) | <0.001 |
| Mean SBP at baseline, mm Hg | 145.6 (15.6) | 147.4 (15.6) | <0.001 |
| Mean DBP at baseline, mm Hg | 83.7 (10.0) | 84.5 (10.2) | <0.001 |
| Pulse pressure at baseline, mm Hg | 61.9 (14.2) | 62.9 (14.2) | <0.001 |
| Mean SBP during follow up (6-28m), mm Hg | 137.4 (11.4) | 140.1 (14.8) | <0.001 |
| Mean DBP during follow up (6-28m), mm Hg | 78.8 (7.1) | 80.0 (9.0) | <0.001 |
| Maximum number of antihypertensive meds at any visit (6-28m) | 1.7 (0.9) | 1.6 (0.9) | <0.001 |
| Low adherence at any visit, n (\%) | 3078 (14.5) | 1367 (11.3) | <0.001 |
| Changes in medication classes, n (\%) | 10043 (47.3) | 4876 (40.3) | <0.001 |
| Randomization group |  |  |  |
| Chlorthalidone, n (\%) | 9895 (46.6) | 5360 (44.3) | <0.001 |
| Amlodipine, n (\%) | 5793 (27.3) | 3255 (26.9) |  |
| Lisinopril, n (\%) | 5557 (26.2) | 3497 (28.9) |  |

BMI - body mass index, ASCVD - atherosclerotic vascular disease; LVH - left ventricular hypertrophy; eGFR - estimated glomerular filtration rate; SBP - systolic blood pressure; DBP - diastolic blood pressure.
Excluded participants: <5 BP measures, event prior to 28 month visit (REND, USRDS, CHD, CHF, STROKE), Canadian clinical sites, missing baseline creatinine measure (both BL and 1-3 month).

SUPPLEMENTAL TABLE 2: Hazard ratios* for combined renal endpoint associated with the highest versus lowest quintile of standard deviation of systolic blood pressure across ALLHAT follow-up visits conducted 6 to 28 months following baseline in selected sub-groups

|  | Lowest quintile of sd SBP | Highest quintile of sd SBP | Interaction p-value |
| :---: | :---: | :---: | :---: |
| All participants ( $\mathrm{n}=21,245$ ) | HR=1.00 (ref) | HR =2.05 (1.25-3.36), $\mathrm{p}=0.004$ | NA |
| Mean SBP < 130 mmHg from month 6-28 ( $\mathrm{n}=5,207$ ) | HR=1.00 (ref) | HR =3.41 (0.71-16.2), $\mathrm{p}=0.12$ | 0.22 |
| Mean SBP $=130-139.9 \mathrm{mmHg}$ from month 6-28 ( $\mathrm{n}=8,069$ ) | HR=1.00 (ref) | HR =1.31 (0.56-3.05), $\mathrm{p}=0.53$ |  |
| Mean SBP >= 140 mmHg from month 6-28 ( $\mathrm{n}=7,969$ ) | HR=1.00 (ref) | HR =2.88 (1.15-7.20), $\mathrm{p}=0.024$ |  |
| Chlorthalidone group ( $\mathrm{n}=9,895$ ) | HR=1.00 (ref) | HR =3.78 (1.64-8.74), $\mathrm{p}=0.002$ | 0.29 |
| Amlodipine group ( $\mathrm{n}=5,793$ ) | HR=1.00 (ref) | HR =1.00 (0.43-2.32), $\mathrm{p}=0.99$ |  |
| Lisinopril group ( $\mathrm{n}=5,557$ ) | HR=1.00 (ref) | HR =1.52 (0.55-4.20), $\mathrm{p}=0.42$ |  |
| eGFR at baseline $>=90 \mathrm{ml} / \mathrm{min} / 1.73 \mathrm{~m}^{2}(\mathrm{n}=4,121)$ | HR=1.00 (ref) | HR =1.54 (0.43-5.54), $\mathrm{p}=0.51$ | 0.39 |
| eGFR at baseline $=60-89 \mathrm{ml} / \mathrm{min} / 1.73 \mathrm{~m}^{2}(\mathrm{n}=12,839)$ | HR=1.00 (ref) | HR =3.60 (1.60-8.11), $\mathrm{p}=0.002$ |  |
| eGFR at baseline $<60 \mathrm{ml} / \mathrm{min} / 1.73 \mathrm{~m}^{2}(\mathrm{n}=4,285)$ | HR=1.00 (ref) | HR =1.37 (0.65-2.88), $\mathrm{p}=0.41$ |  |
| Type 2 diabetes at baseline ( $\mathrm{n}=7,455$ ) | HR=1.00 (ref) | HR =2.03 (1.09-3.78), $\mathrm{p}=0.026$ | 0.64 |
| Non-diabetic at baseline ( $\mathrm{n}=13,790$ ) | HR=1.00 (ref) | HR =1.74 (0.75-4.03), $\mathrm{p}=0.19$ |  |

* We used interval censored regression models to calculate hazard ratios

These hazard ratios are adjusted for the following baseline values: age, gender, race/ethnicity, region of residence, randomization assignment, education, smoking status, body mass index, estimated glomerular filtration rate (eGFR), diabetes, total cholesterol, history of MI or stroke, history of coronary revascularization, history of atrial fibrillation, history of other atherosclerotic cardiovascular disease, major ST depression or T wave inversion, left ventricular hypertrophy, low HDL cholesterol, aspirin use, use of blood pressure medications prior to study randomization; and the following values measured during the VVV of BP assessment period (i.e., month 6 through 28 of follow-up): statin use, mean SBP, mean pulse pressure, medication adherence, antihypertensive medication classes being taken, changes in antihypertensive medication classes being taken, and the number of visits ( 5,6 , or 7 ) used to calculate VVV.

SUPPLEMENTAL TABLE 3: Association of VVV of SBP versus mean SBP (both modeled in quintiles, each adjusted for the other) with renal outcomes

| A. Hazard ratio for 50\% decline in eGFR <br> or ESRD through month 72 (297 events) | Q1 | Q2 | Q3 | Q4 | Q5 | p-trend |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| For VVV of SBP (95\% CI) | 1 (ref) | $1.27(0.74-2.19)$ | $1.69(1.02-2.81)$ | $1.42(0.85-2.38)$ | $1.97(1.20-3.26)$ | 0.007 |
| For mean SBP (95\% CI) | 1 (ref) | $1.28(0.71-2.34)$ | $1.77(1.01-3.09)$ | $2.02(1.17-3.48)$ | $3.55(2.09-6.05)$ | $<0.001$ |
| B. Hazard ratio for ESRD only through <br> month 72 (161 events) |  |  |  |  |  |  |
| For VVV of SBP (95\% CI) | 1 (ref) | $1.20(0.52-2.79)$ | $1.82(0.84-3.98)$ | $1.61(0.74-3.50)$ | $1.99(0.93-4.26)$ | 0.06 |
| For mean SBP (95\% CI) | 1 (ref) | $1.58(0.66-3.80)$ | $1.44(0.60-3.46)$ | $2.33(1.03-5.24)$ | $3.20(1.44-7.14)$ | $<0.001$ |
| C. Hazard ratio for 50\% decline in eGFR <br> only (173 events) |  |  |  |  |  |  |
| For VVV of SBP (95\% CI) | 1 (ref) | $1.24(0.63-2.43)$ | $1.78(0.96-3.30)$ | $1.43(0.76-2.72)$ | $2.15(1.15-4.00)$ | 0.01 |
| For mean SBP (95\% CI) | 1 (ref) | $0.92(0.43-1.96)$ | $1.90(1.00-3.62)$ | $1.65(0.86-3.18)$ | $3.18(1.68-6.03)$ | $<0.001$ |

eGFR = estimated Glomerular Filtration Rate; ESRD = End Stage Renal Disease; CI = Confidence Interval ; SBP - systolic blood pressure; SD = Standard Deviation; VVV = visit to visit variability

* We used interval censored regression models to calculate hazard ratios in Panels A and C, We used Cox proportional hazard models in Panel B
Hazard ratios adjusted for age, gender, race/ethnicity, region of residence, randomization assignment, education, smoking status, body mass index, diabetes, total cholesterol, history of MI or stroke, history of coronary revascularization, history of atrial fibrillation, history of other atherosclerotic cardiovascular disease, major ST depression or T wave inversion, left ventricular hypertrophy, low HDL cholesterol, and eGFR at baseline, statin use during follow-up, use of blood pressure medications and aspirin prior to study randomization, the number of visits $(5,6$, or 7 ) used to calculate VVV and mean SBP, and medication adherence, non-randomized antihypertensive medication classes taken, and changes in antihypertensive medication classes during months 6 through 28 of follow-up.
Mean SBP and VVV of SBP are calculated from SBP measured at all (5, 6, or 7) available visits during months 6 through 28 of follow up.
Quintiles $1-5$ of mean SBP (in mmHg ) were $<128.4,128.4-134.0,134.1-139.1,139.2-145.9$, and $>145.9$, respectively.
Quintiles 1 - 5 of VVV of SBP were <6.6, 6.6-8.8, 8.8-11.1, 11.2-14.6, and $>14.6$, respectively

SUPPLEMENTAL TABLE 4: Comparison of the hazard ratios* for a $50 \%$ decline in eGFR or ESRD through month 72 post randomization between the highest vs. lowest quintile of VVV of systolic blood pressure (SBP) when measured by standard deviation, average real variability, or peak value. ( $\mathrm{n}=21,245$ )

|  | Standard Deviation of SBP | Average Real Variability of SBP | Peak value of SBP |
| :---: | :---: | :---: | :---: |
| A. Combined endpoint, $\mathrm{n}=297$ (Hazard Ratio, 95\% CI) |  |  |  |
| Model 1 | 4.17 (2.73-6.39), $\mathrm{p}<0.001$ | 2.81 (1.88-4.18), $\mathrm{p}<0.001$ | 2.53 (1.72-3.72), $\mathrm{p}<0.001$ |
| Model 2 | 4.23 (2.65-6.78), $\mathrm{p}<0.001$ | 3.04 (1.96-4.71), $\mathrm{p}<0.001$ | 2.71 (1.75-4.18), $\mathrm{p}<0.001$ |
| Model 3 | 2.55 (1.56-4.15), $\mathrm{p}<0.001$ | 1.86 (1.18-2.92), $\mathrm{p}=0.007$ | 1.70 (1.09-2.65), $\mathrm{p}=0.02$ |
| Model 4 | 2.32 (1.42-3.80), p=0.001 | 1.71 (1.08-2.71), $\mathrm{p}=0.021$ | 1.50 (0.96-2.36), $\mathrm{p}=0.08$ |
| Model 5 | 2.05 (1.25-3.36), p=0.004 | 1.53 (0.97-2.43), $\mathrm{p}=0.069$ | 1.47 (0.94-2.30), p=0.09 |
| B. End Stage Renal Disease prior to Y6, n=161 (Hazard Ratio, 95\% CI) |  |  |  |
| Model 1 | 5.31 (2.85-9.88), $\mathrm{p}<0.001$ | 3.08 (1.78-5.32), $\mathrm{p}<0.001$ | 2.26 (1.37-3.72), $\mathrm{p}=0.001$ |
| Model 2 | 5.49 (2.69-11.2), $\mathrm{p}<0.001$ | 3.47 (1.87-6.45), $\mathrm{p}<0.001$ | 2.30 (1.31-4.06), $p=0.004$ |
| Model 3 | 3.04 (1.45-6.36), $\mathrm{p}=0.003$ | 1.96 (1.03-3.73), $\mathrm{p}=0.039$ | 1.33 (0.74-2.38), $\mathrm{p}=0.34$ |
| Model 4 | 2.61 (1.24-5.49), $\mathrm{p}=0.012$ | 1.76 (0.92-3.36), $\mathrm{p}=0.087$ | 1.14 (0.63-2.06), $\mathrm{p}=0.67$ |
| Model 5 | 1.98 (0.93-4.21), $\mathrm{p}=0.077$ | 1.44 (0.74-2.78), $\mathrm{p}=0.28$ | 1.05 (0.58-1.91), $\mathrm{p}=0.86$ |
| C. 50\% decrease in eGFR, $\mathrm{n}=173$ (Hazard Ratio, 95\% CI) |  |  |  |
| Model 1 | 3.00 (1.78-5.07), $\mathrm{p}<0.001$ | 2.46 (1.46-4.14), $\mathrm{p}=0.001$ | 2.85 (1.69-4.82), $\mathrm{p}<0.001$ |
| Model 2 | 3.43 (1.92-6.14), $\mathrm{p}<0.001$ | 2.51 (1.45-4.35), $\mathrm{p}=0.001$ | 3.17 (1.77-5.67), $\mathrm{p}<0.001$ |
| Model 3 | 2.29 (1.25-4.20), $\mathrm{p}=0.007$ | 1.67 (0.95-2.96), $\mathrm{p}=0.077$ | 2.21 (1.21-4.02), $\mathrm{p}=0.009$ |
| Model 4 | 2.27 (1.23-4.19), $\mathrm{p}=0.009$ | 1.67 (0.94-2.98), $\mathrm{p}=0.082$ | 2.02 (1.10-3.70), $\mathrm{p}=0.02$ |
| Model 5 | 2.21 (1.19-4.08), $\mathrm{p}=0.012$ | 1.63 (0.91-2.90), $\mathrm{p}=0.099$ | 2.00 (1.09-3.67), $\mathrm{p}=0.02$ |

* We used interval censored regression models to calculate hazard ratios in Panels A and C. We used Cox proportional hazards models to calculate hazard ratios in Panel B.
In each panel, Model 1 includes adjustment for age, gender, race/ethnicity, region of residence and randomization assignment.
Model 2 includes variables in model 1 and education, smoking status, body mass index, diabetes, total cholesterol, history of MI or stroke, history of coronary revascularization, history of atrial fibrillation, history of other atherosclerotic cardiovascular disease, major ST depression or T wave inversion, left ventricular hypertrophy, low HDL cholesterol, aspirin use, statin use, use of blood pressure medications prior to study randomization.
Model 3 includes variables in model 2 and variables measured during the VVV of BP assessment period (i.e., month 6 through 28 of follow-up) mean SBP, mean pulse pressure, and medication adherence
Model 4 includes the variables in model 3 plus the number of visits $(5,6$, or 7 ) used to calculate VVV randomization group, non-randomized antihypertensive medication classes taken, and changes in antihypertensive medication classes during months 6-28.
Model 5 includes all the variables in model 4 and baseline eGFR

SUPPLEMENTAL TABLE 5: Association of quintile of Standard Deviation of Diastolic Blood Pressure with 50\% decline in eGFR or ESRD through month 72 post randomization $(\mathrm{n}=21,245)$ (Using interval censored regression models in Panel A and C, and Cox proportional hazards models in Panel B)

| A. ESRD through month 72 or $50 \%$ decrease in eGFR between month 24 and month 48 or month 72 or both (n=297) |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Quintiles | $\begin{gathered} \mathrm{Q} 1 \\ (<4.19 \mathrm{~mm} \mathrm{Hg}) \end{gathered}$ | $\begin{gathered} \hline \text { Q2 } \\ (4.19-5.40 \mathrm{~mm} \mathrm{Hg}) \\ \hline \end{gathered}$ | $\begin{gathered} \text { Q3 } \\ (5.41-6.71 \mathrm{~mm} \mathrm{Hg}) \end{gathered}$ | $\begin{gathered} \hline \text { Q4 } \\ (6.72-8.37 \mathrm{~mm} \mathrm{Hg}) \\ \hline \end{gathered}$ | $\begin{gathered} \text { Q5 } \\ (>8.37 \mathrm{~mm} \mathrm{Hg}) \\ \hline \end{gathered}$ | p-trend |
| Participants, n | 4237 | 4258 | 4252 | 4242 | 4256 | NA |
| Cases, n (\%) | 33 (0.8\%) | 48 (1.1\%) | 64 (1.5\%) | 60 (1.4\%) | 92 (2.2\%) | $<0.001$ |
| Hazard ratio (95\% CI) |  |  |  |  |  |  |
| Model 1 | 1.00 (ref) | 1.43 (0.92-2.23) | 1.90 (1.25-2.89) | 1.75 (1.14-2.68) | 2.60 (1.74-3.88) | $<0.001$ |
| Model 2 | 1.00 (ref) | 1.40 (0.88-2.24) | 1.85 (1.19-2.87) | 1.57 (1.00-2.48) | 2.47 (1.61-3.78) | <0.001 |
| Model 3 | 1.00 (ref) | 1.33 (0.83-2.12) | 1.67 (1.07-2.60) | 1.31 (0.83-2.07) | 1.74 (1.12-2.68) | 0.03 |
| Model 4 | 1.00 (ref) | 1.29 (0.81-2.06) | 1.59 (1.02-2.47) | 1.21 (0.77-1.92) | 1.59 (1.03-2.47) | 0.09 |
| Model 5 | 1.00 (ref) | 1.31 (0.82-2.09) | 1.53 (0.98-2.39) | 1.17 (0.74-1.86) | 1.48 (0.95-2.30) | 0.21 |
| B. End Stage Renal Disease through month 72 (n=161) |  |  |  |  |  |  |
| Cases, n (\%) | 14 | 24 | 37 | 29 | 57 | $<0.001$ |
| Hazard ratio (95\% CI) |  |  |  |  |  |  |
| Model 1 | 1.00 (ref) | 1.67 (0.87-3.24) | 2.58 (1.39-4.78) | 1.98 (1.05-3.76) | 3.70 (2.05-6.67) | <0.001 |
| Model 2 | 1.00 (ref) | 1.73 (0.85-3.52) | 2.70 (1.40-5.23) | 1.68 (0.82-3.42) | 3.70 (1.95-7.04) | $<0.001$ |
| Model 3 | 1.00 (ref) | 1.65 (0.81-3.36) | 2.42 (1.25-4.68) | 1.40 (0.68-2.86) | 2.49 (1.30-4.79) | 0.029 |
| Model 4 | 1.00 (ref) | 1.61 (0.79-3.29) | 2.22 (1.15-4.32) | 1.26 (0.61-2.59) | 2.20 (1.14-4.24) | 0.06 |
| Model 5 | 1.00 (ref) | 1.77 (0.86-3.64) | 2.14 (1.09-4.21) | 1.18 (0.56-2.45) | 1.87 (0.96-3.63) | 0.30 |


| C. $\mathbf{5 0 \%}$ decrease in eGFR $50 \%$ decrease in eGFR between month 24 and month 48 or month 72 or both (n=173) |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Cases, n (\%) | 24 (0.6\%) | 29 (0.7\%) | 35 (0.8\%) | 41 (1.0\%) | 44 (1.0\%) | 0.005 |
| Hazard ratio (95\% CI) |  |  |  |  |  |  |
| Model 1 | 1.00 (ref) | 1.20 (0.70-2.06) | 1.43 (0.85-2.41) | 1.62 (0.97-2.68) | 1.67 (1.01-2.76) | 0.03 |
| Model 2 | 1.00 (ref) | 1.17 (0.66-2.07) | 1.36 (0.79-2.36) | 1.60 (0.95-2.72) | 1.64 (0.97-2.78) | 0.04 |
| Model 3 | 1.00 (ref) | 1.11 (0.63-1.95) | 1.25 (0.72-2.17) | 1.36 (0.80-2.31) | 1.23 (0.71-2.10) | 0.42 |
| Model 4 | 1.00 (ref) | 1.10 (0.62-1.94) | 1.22 (0.71-2.12) | 1.32 (0.77-2.25) | 1.20 (0.69-2.07) | 0.48 |
| Model 5 | 1.00 (ref) | 1.09 (0.62-1.93) | 1.22 (0.70-2.11) | 1.30 (0.76-2.23) | 1.18 (0.68-2.03) | 0.53 |

p-y - person years; SD - standard deviation
Model 1 includes adjustment for age, gender, race/ethnicity, region of residence and randomization assignment.
Model 2 includes variables in model 1 and education, smoking status, body mass index, diabetes, total cholesterol, history of MI or stroke, history of coronary revascularization, history of atrial fibrillation, history of other atherosclerotic cardiovascular disease, major ST depression or T wave
inversion, left ventricular hypertrophy, low HDL cholesterol, aspirin use, statin use, use of blood pressure medications prior to study randomization.
Model 3 includes variables in model 2 and variables measured during the VVV of BP assessment period (i.e., month 6 through 28 of follow-up), mean DBP, mean pulse pressure, and medication adherence.
Model 4 includes variables in model 3 and randomization group, non-randomized antihypertensive medication classes taken, the number of visits $(5,6$, or 7 ) used to calculate VVV and changes in antihypertensive medication classes during months 6-28.
Model 5 includes all the variables in model 4 and baseline eGFR.

