

**Supplement to Early response in albuminuria and long-term kidney protection during treatment with an endothelin receptor antagonist– a pre-specified analysis from the SONAR trial**

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**Supplemental Table 2:** Baseline characteristics of participants with available eGFR data prior to enrollment in the SONAR trial

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**Supplemental Figure 1:** Effect of atrasentan compared to placebo on rate of eGFR decline during the double blind treatment period according to UACR response during the response enrichment period

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**Supplemental Appendix:** Full member list of the SONAR Investigators.

**Supplement to Early response in albuminuria and long-term kidney protection during treatment with an endothelin receptor antagonist– a pre-specified analysis from the SONAR trial**

**Supplement table 1:** Baseline characteristics according pre-defined UACR response strata

	UACR ≥ 60%		UACR 45 – 60%		UACR 30-45%		UACR 15- 30%		UACR 0 – 15%		UACR<0%	
	Atrasentan	Placebo	Atrasentan	Placebo	Atrasentan	Placebo	Atrasentan	Placebo	Atrasentan	Placebo	Atrasentan	Placebo
N patients (%)	297	294	484	484	544	545	241	238	142	144	126	129
Age, years*	65.5 (8.5)	65.6 (8.6)	64.9 (8.2)	64.2 (8.6)	64.5 (9.0)	64.7 (8.7)	64.0 (9.6)	65.0 (8.7)	63.3 (9.0)	62.8 (9.1)	63.8 (8.3)	62.0 (8.9)
Sex												
Male	214 (72.1)	206 (70.1)	365 (75.4)	351 (72.5)	415 (76.3)	414 (76.0)	181 (75.1)	175 (73.5)	107 (75.4)	112 (77.7)	94 (74.6)	88 (68.2)
Female	83 (27.9)	88 (29.9)	119 (24.6)	133 (27.5)	129 (23.7)	131 (24.0)	60 (24.9)	63 (26.5)	35 (24.6)	32 (22.2)	32 (25.4)	41 (31.8)
Body Weight, (kg)	83.8 (20)	84.8 (18)	83.8 (21)	84.7 (20)	85.8 (19)	84.5 (18)	88.5 (22)	86.2 (18)	86.0 (19)	85.8 (19)	87.3 (20)	87.1 (22)
Systolic BP, mmHg	136.9 (15)	137.8 (15)	136.8 (14)	136.0 (15)	135.9 (16)	135.5 (15)	135.8 (15)	135.2 (16)	135.7 (16)	135.3 (17)	138.4 (15)	136.1 (17)
Diastolic BP, mmhg	75.2 (10)	74.9 (10)	74.7 (10)	74.9 (10)	75.2 (10)	74.8 (10)	74.3 (11)	74.2 (10)	75.2 (10)	75.0 (10)	76.2 (10)	75.4 (9)
Hba1c, (mmol/mol)	7.5 (1.4)	7.7 (1.6)	7.6 (1.4)	7.5 (1.3)	7.6 (1.4)	7.6 (1.5)	7.5 (1.3)	7.7 (1.6)	7.6 (1.5)	7.8 (1.7)	7.7 (1.6)	7.5 (1.5)
S. creatinine, (μmol/L)*	150.3 (40)	152.8 (44)	147.8 (43)	145.5 (41)	151.0 (43)	152.2 (42)	159.7 (49)	156.3 (47)	149.9 (44)	159.9 (45)	140.7 (44)	141.6 (40)
eGFR, ml/min/1.73m <sup>2</sup> *	46.1 (14)	45.1 (15)	44.0 (14)	44.3 (14)	42.8 (13)	42.4 (13)	40.9 (15)	41.5 (14)	43.9 (15)	41.0 (13)	42.8 (12)	41.8 (12)
Serum Albumin, g/L*	40.0 (3.4)	39.7 (3.4)	39.5 (3.6)	39.1 (3.3)	38.9 (3.5)	39.2 (3.5)	38.7 (3.7)	38.6 (3.9)	38.4 (3.8)	38.3 (3.9)	39.0 (3.7)	38.4 (3.6)
Hemoglobin, g/L	129.9 (17)	127.3 (17)	129.8 (17)	128.3 (17)	129.9 (17)	130.0 (17)	130.5 (18)	130.3 (17)	129.8 (18)	126.5 (17)	128.8 (19)	126.1 (17)
BNP, pg/ml	53.0 [27, 91]	58.0 [29, 101]	49.5 [27, 89]	48.0 [25, 87]	47.0 [25, 82]	45.0 [25, 82]	48.0 [26, 84]	42.5 [23, 78]	49.0 [26, 82]	41.0 [25, 87]	45.5 [27, 73]	56.0 [27, 95]
UACR, mg/g*	662 [399, 1180]	652 [373, 1188]	820 [469, 1415]	781 [442, 1435]	877 [486, 1671]	887 [512, 1582]	955 [529, 1858]	926 [447, 1879]	1161 [520, 2284]	1048 [554, 2142]	808.0 [436, 1475]	756.5 [395, 1467]
Medication use‡												
Diuretics	247 (83.2)	253 (86.1)	408 (84.3)	409 (84.5)	453 (83.3)	450 (82.6)	204 (84.6)	192 (80.7)	117 (82.4)	117 (81.3)	106 (84.1)	109 (84.5)
Beta-blockers	144 (48.5)	127 (43.2)	216 (44.6)	203 (41.9)	206 (37.9)	222 (40.7)	98 (40.7)	91 (38.2)	53 (37.3)	68 (47.2)	57 (45.2)	46 (35.7)
Lipid lowering drugs	225 (75.8)	228 (77.6)	381 (78.7)	380 (78.5)	427 (78.5)	452 (82.9)	198 (82.2)	201 (84.5)	107 (75.4)	114 (79.2)	99 (78.6)	101 (78.3)

‡All patients had to be on a maximum tolerated dose of an ACE-inhibitor or ARB. Abbreviations: BP, blood pressure; BNP, B-type natriuretic peptide; eGFR, estimated glomerular filtration rate; UACR, urine protein: urine creatinine ratio. Numeric variables are presented as mean (SD) or median [25<sup>th</sup> to 75<sup>th</sup> Percentile] where appropriate. Categorical variables are presented as counts (%). \*p-value across UACR response strata <0.001; ‡p-value across UACR response strata 0.0284

**Supplement Table 2:** Baseline characteristics of participants with available eGFR data prior to enrollment in the SONAR trial

Characteristics	Participants with pre-intervention eGFR slope	SONAR (overall)
Number of patients	532	3668
Age, years	64.7 (8.5)	64.5 (8.8)
Gender		
Male	419 (78.8%)	2722 (74.2%)
Female	113 (21.2%)	946 (25.8%)
Race, n (%)		
White	317 (59.6%)	2110 (57.5%)
Black	10 (1.9%)	224 (6.1%)
Asian	191 (35.9%)	1198 (32.7%)
Other	14 (2.6%)	136 (3.7%)
Blood pressure		
Systolic, mm Hg	136.5 (14.9)	136.2 (15.2)
Diastolic, mm Hg	74.4 (10.1)	74.9 (9.9)
Serum creatinine, µmol/L	148.9 (41.6)	149.7 (43.2)
eGFR, mL/min/1.73 m <sup>2</sup>	43.7 (13.8)	43.3 (13.8)
Hemoglobin, g/L	131.0 (16.5)	129.3 (17.1)
HbA1c, %	7.5 (1.4)	7.6 (1.5)
Serum Albumin, g/L	39.7 (3.5)	39.1 (3.6)
UACR, mg/g	820 [475 - 1553]	829 [457 - 1556]
Medications		
Diuretics, n (%)	465 (87.4)	3055 (83.6)
Beta-blockers, n (%)	273 (51.3)	1531 (41.7)
Lipid-lowering, n (%)	460 (86.5)	2913 (79.4)

Data are n (%), mean (SD), or median [25<sup>th</sup> to 75<sup>th</sup> Percentile].

eGFR = estimated glomerular filtration rate; HbA1c = glycated hemoglobin; UACR = urinary albumin-to-creatinine ratio.

**Supplement table 3:** Changes in risk markers of cardiovascular and kidney disease progression in predefined UACR response strata during the response enrichment period. Shown are mean (SD) except for B-type Natriuretic Peptide which is presented as percentage geometric mean change (95%CI).

	UACR ≥ 60%	UACR 45 – 60%	UACR 30-45%	UACR 15- 30%	UACR 0 – 15%	UACR<0%
Blood pressure						
Systolic	-6.6 (15)	-6.5 (14)	-5.5 (15)	-2.9 (15)	-1.7 (16)	-1.0 (16)
Diastolic	-5.2 (9)	-5.3 (9)	-4.8 (9)	-3.0 (9)	-2.7 (10)	-2.4 (9)
eGFR	-2.3 (7.4)	-1.7 (6.3)	-0.8 (6.2)	-0.3 (5.9)	-0.1 (5.4)	1.4 (7.4)
Body weight	0.4 (1.5)	0.5 (1.7)	0.6 (1.5)	0.6 (1.5)	0.7 (1.5)	0.6 (1.8)
B-type Natriuretic Peptide	1.1 (-4.3, 6.7)	6.0 (1.7, 10.5)	9.0 (5.0, 13.1)	8.8 (2.9, 15.0)	9.2 (1.9, 16.9)	11.9 (2.9, 21.7)

**Supplement table 4:** Effects of atrasentan compared to placebo on systolic blood pressure during double blind treatment in UACR response strata.

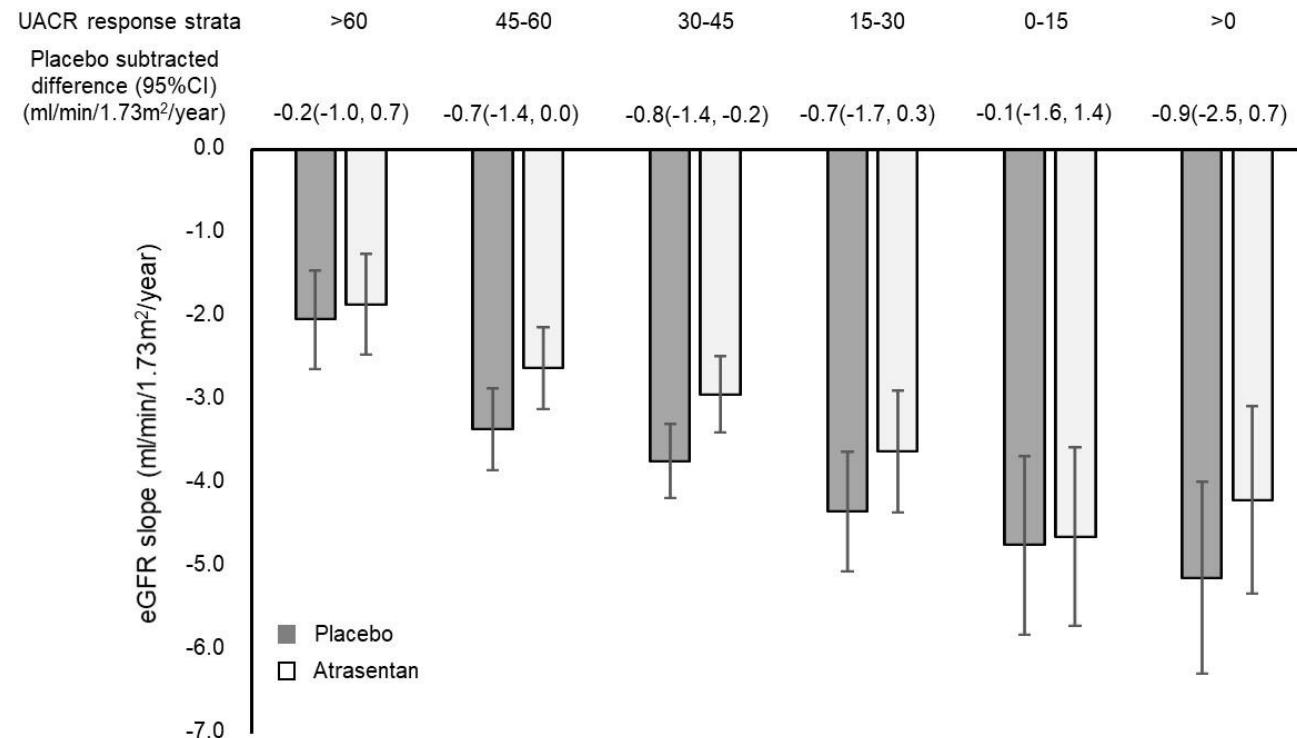
<b>UACR response stratum</b>	<b>Least square mean systolic blood pressure during double blind treatment (95%CI)</b>		
	<b>Atrasentan (N=1834)</b>	<b>Placebo (N=1834)</b>	<b>Difference Atrasentan vs Placebo</b>
≥ 60% reduction	135.6 (134.1, 137.0)	139.0, (137.6, 140.4)	-3.37 (-5.39, -1.34)
45 to 60% reduction	137.4 (136.3, 138.5)	138.6 (137.5, 139.7)	-1.15 (-2.69, 0.40)
30 to 45% reduction	137.3 (136.2, 138.4)	138.8 (137.8, 139.9)	-1.54 (-3.02, -0.05)
15 to 30% reduction	138.5 (137.0, 140.0)	138.4 (136.9, 139.9)	0.10 (-2.04, 2.25)
0 to 15% reduction	138.7 (136.7, 140.7)	139.8 (137.8, 142.8)	-1.11 (-3.96, 1.73)
≥0% increase	139.0 (136.7, 141.3)	138.2 (136.0, 140.5)	0.77 (-2.44, 3.98)

**Supplement table 5:** Number of patients (percentages) in whom thiazide, loop, and potassium sparing diuretic treatment was escalated during enrichment in each UACR response stratum.

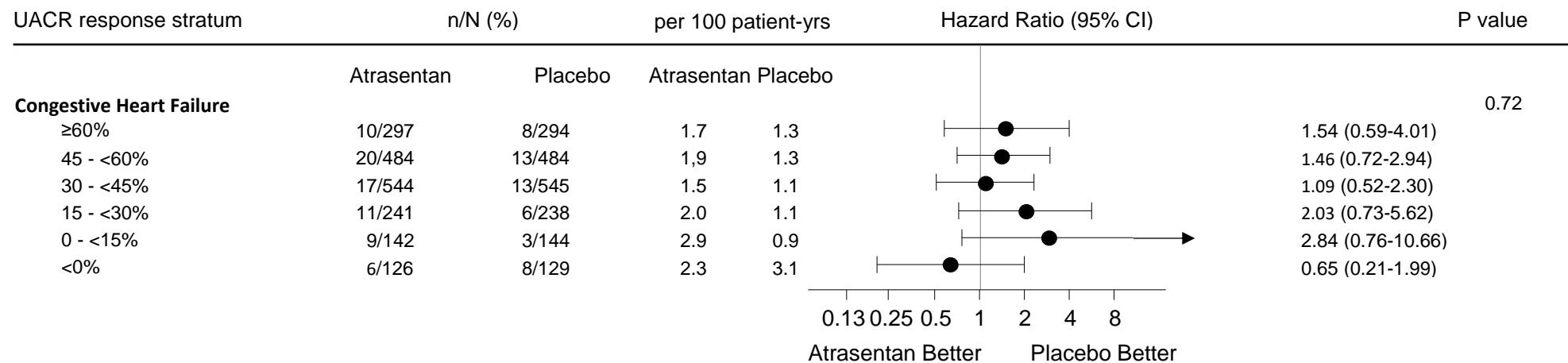
<b>UACR response stratum</b>	<b>Thiazide-diuretics</b>	<b>Loop-diuretics</b>	<b>Potassium-sparing diuretics</b>
≥ 60% reduction	36 (6.1)	130 (22.0)	0 (0.0)
45 to 60% reduction	64 (6.6)	177 (18.3)	2 (0.2)
30 to 45% reduction	58 (5.3)	157 (14.4)	2 (0.2)
15 to 30% reduction	22 (4.6)	89 (18.6)	0 (0.0)
0 to 15% reduction	13 (4.6)	47 (16.4)	0 (0.0)
≥0% increase	15 (5.9)	31 (12.2)	0 (0.0)

Some patients started both thiazide and loop-diuretics and therefore the total numbers exceed those in table 3 for a couple of subgroups. Thiazide diuretics initiated during enrichment include hydrochlorothiazide, chlorthalidone, indapamide, metolazone; Loop diuretics include furosemide and torazemide; Potassium sparing diuretic is spironolactone

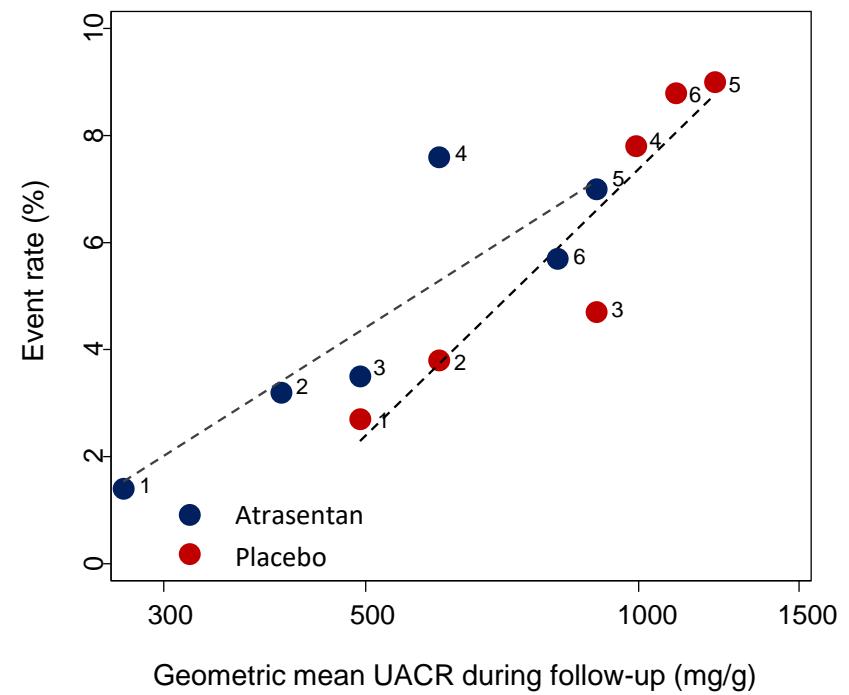
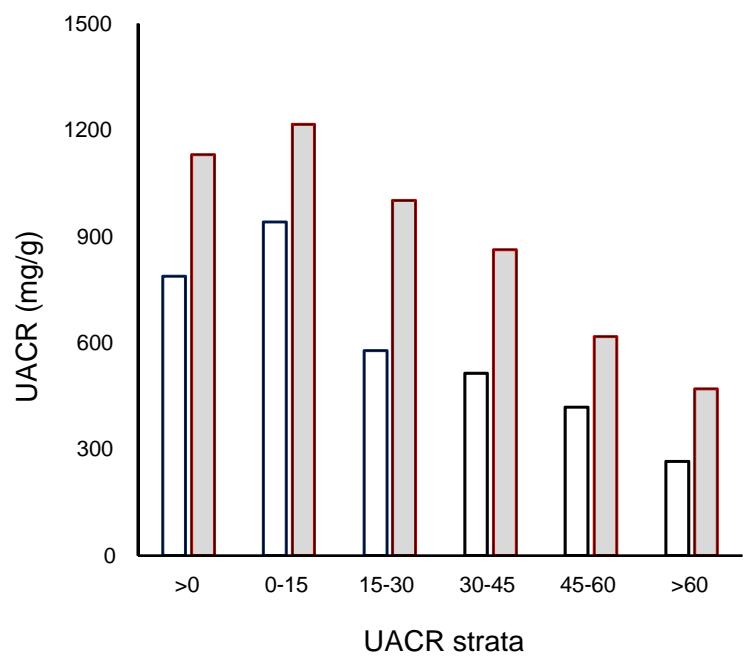
**Supplement figure 1:** Effect of atrasentan compared to placebo on rate of eGFR decline during the double blind treatment period according to UACR response during the response enrichment period



**Supplement figure 2:** Effect of atrasentan compared to placebo on hospitalizations for heart failure during the double blind treatment period according to UACR response during the response enrichment period



**Supplement Figure 3:** Association between the geometric mean UACR level achieved during double blind treatment and event rate for the primary kidney outcome according to the UACR response recorded during the response enrichment period. The association is displayed for participants who were randomized to continue atrasentan (blue dots;  $R^2=0.76$ ;  $p=0.024$ ) and randomized to transition to placebo (red dots;  $R^2=0.88$ ;  $p=0.006$ ). Numbers in the figure indicate the UACR response strata: 1,  $\leq -60\%$ ; 2,  $-60\% \text{ to } \leq -45\%$ ; 3,  $-45\% \text{ to } \leq -30\%$ ; 4,  $-30\% \text{ to } \leq -15\%$ ; 5,  $-15\% \text{ to } \leq 0\%$ ; 6,  $>0\%$



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Japan	Fujii Clinic, Ube	Shinya Fujii
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United States of America	MetroHealth Medical Center, Cleveland	Edward Horwitz
United States of America	Desert Medical Group, Inc., Palm Springs	Michael Jardula
United States of America	Sansum Clinic, Santa Barbara	John Elder
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United States of America	Model Clinical Research, Baltimore	James Mersey
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United States of America	North America Research Institute, Azusa	AAmir Jamal
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United States of America	Brookview Hills Research Associates, Winston-Salem	Gregory Greenwood
United States of America	East-West Medical Research Institute, Honolulu	David Fitz-Patrick
United States of America	Academic Medical Research Institute, Los Angeles	Mohamed El-Shahawy
United States of America	Albany Medical College, Albany	Robert Busch
United States of America	California Institute Renal Research, Chula Vista	Diogo Belo
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United States of America	McGuire VA Medical Center, Richmond	Franklin Zieve
United States of America	Renal Research Institute, Dallas	Harold Szerlip
United States of America	Mountain Kidney Research, Asheville	John Manley
United States of America	VA Loma Linda, Loma Linda	Ronald Fernando
United States of America	W.G. (Bill) Hefner VA Medical Center, Salisbury	Andrew Annand
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United States of America	University of California Los Angeles, Los Angeles	Anjay Rastogi
United States of America	Eastern Nephrology Associates, Greenville	Newman Shahid
United States of America	ZASA Clinical Research, Boynton Beach	Debra Weinstein
United States of America	VA Saint Louis Health Care, St. Louis	Geetha Maddukuri
United States of America	Alabama Medical Group, PC, Mobile	Judson Menefee
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United States of America	JM Research, Houston	Jose Flores
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United States of America	VA NY Harbor Healthcare System, New York	David Goldfarb
United States of America	VA Long Beach Healthcare System, Long Beach	Ellis Levin
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United States of America	Harry S. Truman Memorial Veterans Hospital, Columbia	Adam Waley-Connell
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United States of America	Pentucket Medical Associates, Newburyport	Joshua Tarkan
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