SUPPLEMENTARY FILE

Table S1. Hazard ratios: CKD in general to incident gout in Framingham original cohort.

HR (95% CI)	Overall	Men	Women
Unadjusted	1.47 (1.14, 1.90)*	1.76 (1.27, 2.45)*	1.32 (0.87, 1.98)
Age adjusted	1.47 (1.14, 1.90)*	1.77 (1.27, 2.45)*	1.31 (0.87, 1.98)
Age-sex adjusted	1.57 (1.21, 2.03)*		
Multivariable €	1.61 (1.17, 2.21)*	1.67 (1.11, 2.53)*	148 (0.90, 2.44)

Abbreviations: CI, confidence interval; CKD, chronic kidney disease; HR, hazard ratio.

* Significant results ($P < 0.05$).

€ Multivariable HRs were adjusted for age, sex, BMI, alcohol use, smoking, hypertension and diabetes.

Table S2. Odds ratios: CKD to gout. The cross-sectional study on visit 4, Framingham original cohort.

OR (95% CI)	Overall	Men	Women
Unadjusted	1.18 (0.85, 1.63)	1.67 (1.10, 2.54)*	0.83 (0.47, 1.46)
Age adjusted	1.17 (0.84, 1.63)	1.73 (1.13, 2.63)*	0.82 (0.47, 1.44)
SUA adjusted	1.24 (0.88, 1.76)	1.60 (1.01, 2.52)*	0.86 (0.49, 1.52)
Age-sex adjusted	1.26 (0.90, 1.76)		
Multivariable€ without SUA	1.24 (0.88, 1.75)	1.70 (1.09, 2.63)*	0.79 (0.44, 1.43)
Multivariable€ with SUA	1.27 (0.89, 1.82)	1.82 (1.13, 2.93)*	0.81 (0.44, 1.46)

Abbreviations: CI, confidence interval; CKD, chronic kidney disease; OR, odds ratio.

* Significant results ($P < 0.05$).

€ Multivariable ORs were adjusted for age, sex, BMI, SUA, alcohol use, smoking, hypertension, diabetes plus an option of with or without SUA as a covariate.
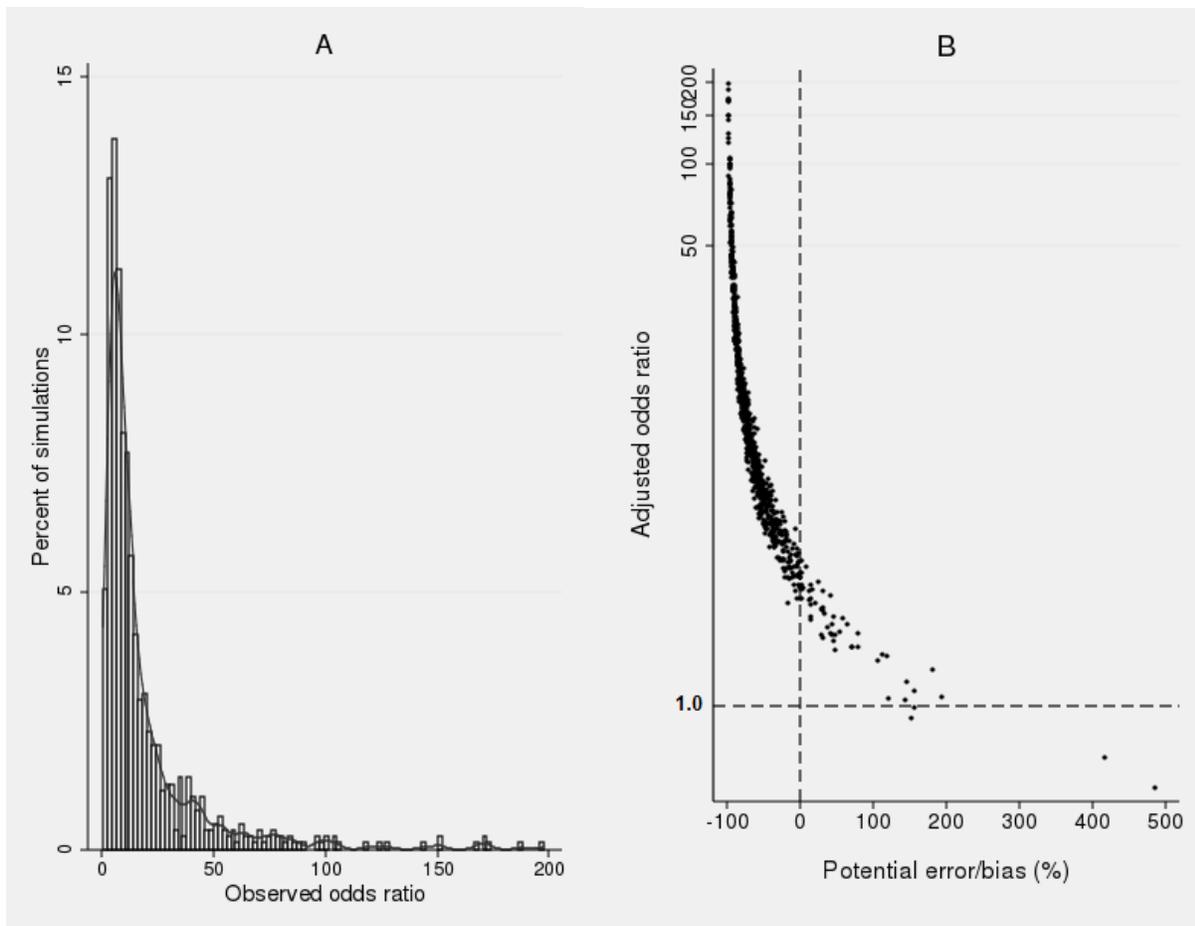
Figure S1. Probabilistic sensitivity analyses on the estimated association between CKD and gout. Results were obtained from 20,000 replications with assumptions of misclassifications ranging from 10% to 70%, relative risk of unmeasured confounders ranging from 0.3 to 4.2 and selection bias parameter from 0.6 to 3.0. Figure S1A shows the frequency distribution of bias and error adjusted odds ratios. The median bias-adjusted relative risk was 10.47 with 95% simulation ranging from 1.83 and 248.00. Figure S1B shows the changes in the magnitude adjusted odds ratio in response to changes in magnitude and direction of bias. Overall, this sensitivity analyses indicated

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that even after assuming extreme and unlikely degrees of misclassification and bias, the

relative risk estimate is about 1.8, suggesting that the true relative risk might be stronger.