Supplementary material

Batko K, Sączek A, Banaszkiewicz M, et al. Comprehensive assessment of cardiovascularkidney-metabolic (CKM) syndrome: Novel tools for assessment of cardiovascular risk and kidney outcomes in long-term kidney transplant patients. Pol Heart J. 2024.

Please note that the journal is not responsible for the scientific accuracy or functionality of any supplementary material submitted by the authors. Any queries (except missing content) should be directed to the corresponding author of the article.



Figure S1. Flowchart of patient recruitment for this study

The study inclusion criteria were: 1) Kidney graft survival for at least 24 months, and 2) No evidence for history of rejection episodes within the first 12 months post kidney transplantation, which was further referred to as acute rejection, regardless of underlying etiology, whether humoral, cellular or of unknown origin

The study exclusion criteria were: 1) Presence of active infection, whether acute signs or symptoms of infection upon first (study) visit or evidence of chronic infection (e.g., serology), 2) Positive history of hepatitis B or C, or HIV infection, 3) Post-parathyroidectomy status or neoplastic disease, which parallels our earlier studies for evaluation of novel whole blood and serum markers in the context of cardiovascular disease and kidney disorders

For a more detailed description of the control group, including biochemical parameters, see Woziwodzka K, Małyszko J, Koc-Żórawska E, et al. Transgelin-2 in multiple myeloma: a new marker of renal impairment? Molecules. 2021; 27(1): 79



Figure S2. Boxplot comparison of serum hsIL-6, chemerin and sirtuin-1 concentrations stratified by presence of coronary artery disease, prior MI and diabetic status in long-term kidney transplant recipients

Abbreviations: hsIL-6, high sensitivity interleukin-6; MI, myocardial infarction

Table S1. Descriptive statistics comparing mean and standard deviation (SD) for serum concentrations of the studied markers. *P*-value and mean difference are based on the Monte-Carlo permutation-based t test

Kidney	Reference	<i>P</i> -value	Mean difference
transplant	subjects		
cohort	(n = 32)		
(n = 102)			

Variable	Mean (SD)	Mean (SD)	After perm	After perm
hsIL-6	4.07 (2.87)	1.92 (1.63)	< 0.001	2.15 (0.56)
Chemerin	102 (35.2)	77.5 (19.0)	< 0.001	24.16 (6.76)
Sirtuin-1	10.6 (3.25)	5.08 (1.59)	< 0.001	5.53 (0.76)

Table S2. Analysis of variance and pairwise comparisons across cardiovascular kidney metabolic (CKM) stage based on t test with *P* value adjusted using Benjamin-Hochberg

Marker	CKM stage	Stage 0	Stage 1	Stage 2/3	Omnibus test
log(hsIL-6)	Stage 1	0.40	_	-	0.03ª
	Stage 2/3	0.12	0.56	_	0.04 ^b
	Stage 4	0.03	0.12	0.12	-
Sirtuin-1	Stage 1	0.88	_	_	0.27ª
	Stage 2/3	0.88	0.88	_	0.19 ^b
	Stage 4	0.76	0.76	0.29	-
log(Chemerin)	Stage 1	0.38	_	_	0.06ª
	Stage 2/3	0.05	0.37	_	0.04 ^b
	Stage 4	0.05	0.37	0.70	-

^aAnalysis of variance (ANOVA); ^bPermutation-based ANOVA

Table S3. Analysis of variance and pairwise comparisons across chronic kidney disease (CKD)

 stage based on t test with *P*-value adjusted using Benjamin–Hochberg

Marker	СКД	V–IV	IIIB	IIIA	II	Omnibus
	stage					test
log(hsIL-6)	IIIB	0.68	_	_	_	0.27ª
	IIIA	0.56	0.70	-	—	0.32 ^b
	II	0.41	0.41	0.56	_	
	Ι	0.41	0.41	0.41	0.56	
Sirtuin-1	IIIB	0.50	_	_	_	0.55ª
	IIIA	0.50	0.91	_	_	0.88 ^b
	II	0.50	0.91	0.91	_	
	Ι	0.50	0.50	0.50	0.50	
log(Chemerin)	IIIB	0.04	_	_	_	<0.001 ^a
	IIIA	< 0.001	0.04	-	_	<0.001 ^b

II	< 0.001	< 0.001	0.18	_	
Ι	< 0.001	< 0.01	0.29	0.92	

^aAnalysis of variance (ANOVA); ^bPermutation-based ANOVA