|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | OR | 2.50% | 97.50% | p |
| Intercept | 0.025 | -7.2 | -0.227 | 0.038 |
| age | 1.048 | 0.01 | 0.084 | 0.014 |
| male sex | 0.588 | -0.948 | -0.121 | 0.012 |
| BMI | 0.971 | -0.069 | 0.01 | 0.149 |
| NYHA class III or IV | 1.353 | 0.006 | 0.604 | 0.047 |
| STS | 0.933 | -0.161 | 0.02 | 0.13 |
| log ES | 0.997 | -0.025 | 0.019 | 0.785 |
| atrial fibrillation | 1.192 | -0.221 | 0.574 | 0.386 |
| COPD | 1.202 | -0.425 | 0.806 | 0.556 |
| previous stroke | 0.948 | -0.564 | 0.46 | 0.837 |
| CRP | 1.005 | -0.005 | 0.017 | 0.351 |
| creatinine | 1.004 | 0.001 | 0.008 | 0.036 |
| hsTNT | 0.998 | -0.01 | 0.006 | 0.58 |
| NT-proBNP | 1.000045 | 0.99998 | 1.00011 | 0.158 |

Supplementary table 1: Variables included in the propensity score with their ORs from coefficients of multiple logistic regression model with outcome renal improvement. Fitted values of this logistic model were used to calculate the propensity score for each patient.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | HR | 95% CI | se(coef) | p |
| RI | 6.761 | 1.328 | 34.426 | 0.831 | 0.021 |
| age | 1.031 | 1.002 | 1.062 | 0.015 | 0.037 |
| NYHA class III or IV | 1.464 | 0.964 | 2.222 | 0.213 | 0.074 |
| atrial fibrillation | 1.919 | 1.306 | 2.819 | 0.196 | 0.001 |
| COPD | 2.396 | 1.531 | 3.749 | 0.228 | <0.001 |
| hsTNT | 1.011 | 1.004 | 1.017 | 0.003 | 0.001 |
| NT-proBNP | 1.000 | 1.000 | 1.000 | 0.000 | 0.001 |
| RI\*NYHA (III or IV) | 0.558 | 0.318 | 0.979 | 0.287 | 0.042 |
| RI\*NT-proBNP | 1.000 | 1.000 | 1.000 | 0.000 | 0.002 |

Supplementary table 2: Multiple Cox model of two-year survival after TAVI