Supplementary Material

Table 1 : Logistic regression models for the prediction of CKD progression by uL-FABP and uPCR over the 2 years of follow-up

Outcome: CKD progression, Predictor: uL-FABP				
	Unadjusted		**+ Age, Sex**	
	OR (95% CI)	**Sig**	**OR (95% CI)**	**Sig**
uL-FABP	1.01 (1.00; 1.01)	0.015*	1.01 (1.00; 1.01)	0.016*
Outcome: CKD progression, Predictor: uPCR				
	Unadjusted		**+Age, Sex**	
	OR (95% CI)	**Sig**	**OR (95% CI)**	**Sig**
uPCR	1.00 (1.00; 1.01)	<0.001*	1.00 (1.00; 1.01)	<0.001*

Results are presented as Odds Ratios (OR) and Co-efficient with 95% Confidence Intervals (CI). * denotes statistical significance (sig) at the level of p<0.05. uL-FABP= urinary liver type fatty-acid binding protein, uPCR= urinary protein to creatinine ratio.

Table 2. Subgroup analysis of demographic and biochemical characteristics of participants' with no proteinuria (uPCR<50) and high uL-FABP levels (>8 mcg/gCr) that showed progression at year 1 of follow-up

Demographics		**CKD progression**	**No CKD progression**	**p-value**
N		12	23	
CKD stage	1-2	-	4.3%	0.360
	3A	-	13.0%	
	3B	16.7%	17.4%	
	4	75.0%	43.5%	
	5	8.3%	21.7%	
Age		67 (SD 16)	68 (SD 13)	0.906
Sex: Male		41.7%	56.5%	0.404
Ethnicity	**White**	75.0%	78.3%	0.218
	Black	-	-	
	Asian	-	13.0%	
	Chinese	-	-	
	Other	25.0%	8.7%	
	Unspecified	-	-	
Primary CKD Pathology	**APKD**	33.3%	13.0%	0.535
	Diabetic Nephropathy	8.3%	26.1%	
	Glomerulonepgritis	-	-	
	Acute/Chronic TIN	-	13.0%	
	Obstructive/Stones/Reflux	-	-	
	Renovascular/HTN/ Ischaemic	16.7%	13.0%	
	Vasculitis/SLE	8.3%	8.7%	
	Myeloma	8.3%	-	
	Hereditary Nephropathy	-	4.3%	
	Other	8.3%	8.7%	
	Uncertain Aetiology	16.7%	13.0%	
Cardiovascular Disease		33.3%	26.1%	0.652
Diabetes Mellitus		25.0%	43.5%	0.283
Davies' Comorbidity Score		1.0 (0.25; 1.0)	1.5 (1; 2)	0.403
Baseline Serum Creatinine (umol/L)		213 (SD 35)	230 (SD 97)	0.456
Baseline MDRD eGFR (ml/min/1.73m²)		23 (21; 27)	21 (15; 39)	0.889
uPCR mg/gCr		32.1 (SD 10.9)	25.5 (SD 14.2)	0.169
uL-FABP ELISA (mcg/gCr)		17.0 (13.0; 27.2)	15.5 (12.1; 24.5)	0.651
1 Year Serum Creatinine (umol/L)		280 (SD 80)	215 (SD 100)	0.061
1 Year MDRD eGFR (ml/min/1.73m²)		19 (SD 8)	29 (SD 15)	0.026*
Increase in Creatinine (%)		23.1 (13.6; 36.4)	-6.8 (-17.2; 1.7)	<0.001*
Decrease in eGFR (ml/min/1.73m²)		6 (3; 6)	-1 (-5; 1)	<0.001*

CKD progression was defined as decline in the MDRD eGFR by 5ml/min or more, increase in serum creatinine by 10% or more and renal death (initiation of renal replacement therapy). Group comparison was performed using Chi-square for categorical variables and Kruskal Wallis test for continues variables. Post-hoc analysis for categorical variables was performed through observation of standardised residuals. * indicates statistical significance at p=0.05. APKD= adult polycystic kidney disease, CKD= chronic kidney disease, eGFR= estimate glomerular filtration rate, gCR= gram of creatinine, HTN= hypertensive nephropathy, L= litre, m= metre, mcg= microgram, MDRD= Modification of Diet in Renal Disease, mg= milligram, ml= millilitre, mmol= millimol, SLE= systemic lupus erythematosus, TIN= tubulointerstitial nephritis, uL-FABP= urinary liver type fatty-acid binding protein, uPCR= urinary protein to creatinine ratio