## Supplement 1. Association of Elevated Versus Nonelevated Troponin T or Troponin I in Terms of Risk Stratification Among Patients Receiving Dialysis: Strength of Evidence Domains

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Troponin Assay</th>
<th>No. Studies (N)</th>
<th>Risk of Bias Limitations</th>
<th>Directness</th>
<th>Consistency</th>
<th>Precision</th>
<th>Strength of Association</th>
<th>Strength of evidence</th>
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</thead>
<tbody>
<tr>
<td>All-cause mortality</td>
<td>Troponin T</td>
<td>43 observational studies overall; 11 in meta-analysis for HR adjusting for at least age and CAD; 5 adjusting for at least age; 24 in unadjusted OR meta-analysis</td>
<td>Medium (23 fair quality and 20 good quality studies)</td>
<td>Direct</td>
<td>Consistent*</td>
<td>Precise</td>
<td>Adjusted HR 3.00; unadjusted OR 4.69</td>
<td>Moderate</td>
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<tr>
<td>All-cause mortality</td>
<td>Troponin I</td>
<td>30 observational studies overall; 7 in meta-analysis adjusting for at least age and CAD included in HR meta-analysis; 2 adjusting for at least age; 19 in unadjusted meta-analysis for OR</td>
<td>Medium (13 good, 16 fair, and 1 poor quality studies)</td>
<td>Direct</td>
<td>Consistent*</td>
<td>Precise</td>
<td>Adjusted HR 2.70; unadjusted OR 2.55</td>
<td>Moderate</td>
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<tr>
<td>All-cause mortality</td>
<td>hs Troponin T</td>
<td>1 observational study</td>
<td>Medium (1 fair quality studies; 1 reported adjusted results)</td>
<td>Direct</td>
<td>NA</td>
<td>Precise</td>
<td>One study reported HR 1.4;</td>
<td>Low</td>
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<tr>
<td>All-cause mortality</td>
<td>hs Troponin I</td>
<td>1 observational study</td>
<td>Medium (1 fair study no studies included adjustments)</td>
<td>No</td>
<td>NA</td>
<td>Imprecise</td>
<td>Per 10 ng/L increase, no association found.</td>
<td>Low</td>
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<tr>
<td>Cardiovascular-specific mortality</td>
<td>Troponin T</td>
<td>20 observational studies overall; 5 in meta-analysis for HR adjusting for at least age and CAD; 1 adjusting for age 9 in meta-analysis for OR</td>
<td>Medium (9 fair, 10 good and 1 poor quality studies)</td>
<td>Direct</td>
<td>Consistent*</td>
<td>Precise</td>
<td>Adjusted HR 3.31; unadjusted OR 4.26</td>
<td>Moderate</td>
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<tr>
<td>Cardiovascular-specific mortality</td>
<td>Troponin I</td>
<td>13 observational studies overall; 3 in meta-analysis for HR adjusting for at least age and CAD; 9 in meta-analysis for unadjusted OR</td>
<td>Medium (8 fair and 5 good quality studies)</td>
<td>Direct</td>
<td>Consistent</td>
<td>Precise</td>
<td>Adjusted HR 4.20; unadjusted OR 5.18</td>
<td>Moderate</td>
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<tr>
<td>MACE</td>
<td>Troponin Type</td>
<td>Study Details</td>
<td>Quality</td>
<td>Direct</td>
<td>Consistent</td>
<td>Precise</td>
<td>Adjusted HR</td>
<td>Quality</td>
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<tr>
<td>MACE</td>
<td>Troponin T</td>
<td>12 observational studies overall; 1 adjusting for at least age and CAD; 1 adjusting for at least age; 9 in meta-analysis for unadjusted OR</td>
<td>Medium (6 fair and 6 good quality studies)</td>
<td>Direct</td>
<td>Consistent</td>
<td>Precise</td>
<td>Adjusted HR 1.90; unadjusted OR 5.96</td>
<td>Moderate</td>
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<tr>
<td>MACE</td>
<td>Troponin I</td>
<td>12 observational studies overall; 9 in meta-analysis for unadjusted OR</td>
<td>High (6 fair, good, and 1 poor quality studies; only 1 study conducted adjusted analysis)</td>
<td>Direct</td>
<td>Consistent</td>
<td>Precise</td>
<td>Unadjusted OR 6.29;</td>
<td>Low</td>
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<tr>
<td>MACE</td>
<td>hs Troponin I</td>
<td>1 study</td>
<td>Medium1 (1 fair quality study; 1 reported adjusted analysis)</td>
<td>Direct</td>
<td>NA</td>
<td>Imprecise</td>
<td>6 cases [24%] versus 0, P = 0.022</td>
<td>Insufficient</td>
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