eGFR, (ml/min/1.73m^2)	Allopurinol dose (mg/day)* (n= 88)	Serum Urate (mmol/L)* (n=73)
≥60	473 (201)	0.36 (0.12)
30 to <60	398 (133)	0.30 (0.08)
<30	230 (39)	0.34 (0.14)

SUPPLEMENTARY TABLE S1 Allopurinol dose and serum urate in different eGFR groups
eGFR =estimated glomerular filtration rate, *mean (SD)

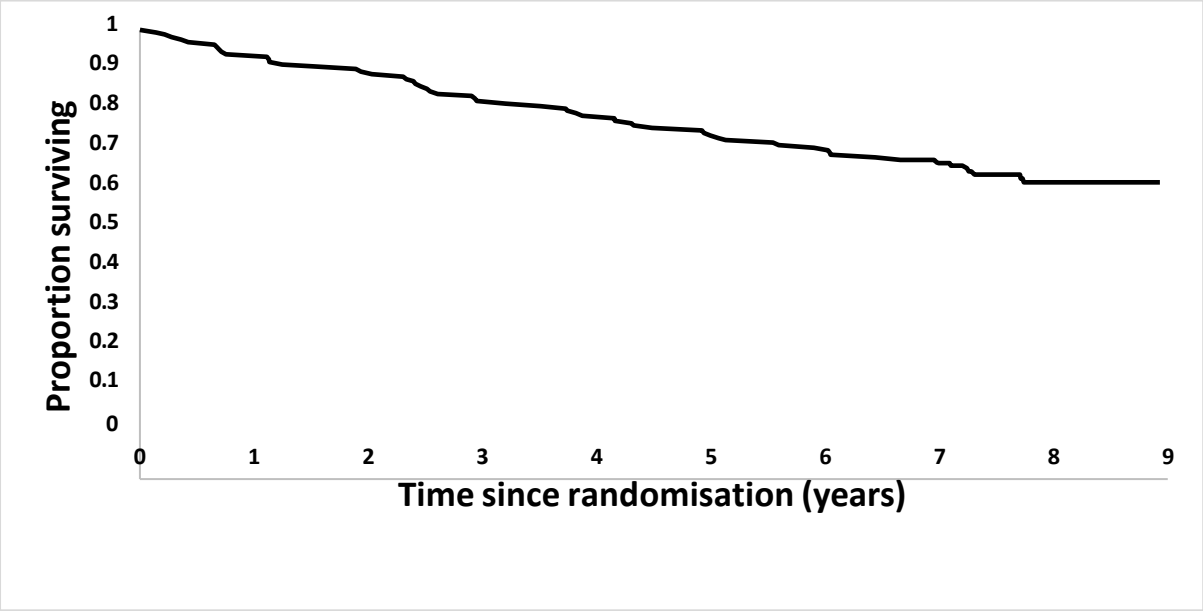
		Change in allopurinol dose from last study visit to follow-up study (mg/day)			
eGFR, (ml/min/1.73m^2)	Number of participants	Mean	Median	Standard Deviation	p-value*
≥60	44	-7.95	0	194	0.29
30-60	35	-61.4	0	154	
≤ 30	6	-100	-50	126	

SUPPLEMENTARY TABLE S2 eGFR groups at follow-up versus change in allopurinol dose
eGFR =estimated glomerular filtration rate, *Kruskal-Wallis

	Serum urate (mmol/L)	Creatinine (umol/L)	Flare (in the preceding 12 months)
Creatinine (umol/L)	r = -0.10 p = 0.35		
Flare (in the preceding 12 months)	r = 0.35 p = 0.004**	r = 0.07 p = 0.56	
Allopurinol dose (mg/day)	r = -0.32 p = 0.003**	r = -0.26 p = 0.009**	r = -0.12 p = 0.26

SUPPLEMENTARY TABLE S3 Correlation between serum urate, creatinine, flares and allopurinol
Spearman's rho, **correlation is significant at the 0.01 level (2-tailed)

Stamp et al. J Rheumatol 2022. doi:10.3899/jrheum.220270



SUPPLEMETARY FIGURE S1 Kaplan-Meier estimates of participant survival following randomisation