**SUPPLEMENTARY TABLE AND FIGURES**

**Table S1: Impact of population-based annual microalbuminuria screening on the number of ESRD cases per lakh population and the associated treatment cost over the next ten years**

|  |  |  |  |
| --- | --- | --- | --- |
| **No. of Years** | **Number of ESRD cases** | **Treatment cost saved in screening scenario I vs no screening (₹ Lakh)** | **Treatment cost saved in screening scenario II vs** **no screening (₹ Lakh)** |
| **No screening scenario** | **Screening scenario I** | **Screening scenario II** |
| 1 | 1142 | 1142 | 1142 | 0 | 0 |
| 2 | 1083 | 1083 | 1083 | 0 | 0 |
| 3 | 897 | 894 | 894 | 18.2 | 19.9 |
| 4 | 658 | 649 | 648 | 64.8 | 70.5 |
| 5 | 465 | 447 | 446 | 121.0 | 131.4 |
| 6 | 328 | 303 | 301 | 170.0 | 184.3 |
| 7 | 236 | 207 | 204 | 203.8 | 220.6 |
| 8 | 175 | 143 | 141 | 220.3 | 238.0 |
| 9 | 135 | 102 | 100 | 221.7 | 239.0 |
| 10 | 107 | 76 | 74 | 212.5 | 228.6 |
| **Total** | ***5226*** | ***5046*** | ***5033*** | ***1232.3*** | ***1332.3*** |



*Target population for screening: Patients with ≥126 mg/dl random glucose value and / or anti-diabetic medication with blood pressure ≤120 mmHg / ≤80 mmHg. The patients with ACR ≥30 mg/g and normal renal function were treated with ACEI /ARB. Patients with eGFR between 89 and 15 ml/min/1.73m2 were treated with conservative medical management whereas patients with <15 ml/min/1.73m2 eGFR were managed with hemodialysis or peritoneal dialysis.*

**Fig. S1** Case identification and screening strategies of scenario I and scenario II

**Fig. S2a** One-way sensitivity analysis for screening scenario I

**Fig. S2b** One-way sensitivity analysis for screening scenario II

**Fig. S3** Probabilistic sensitivity analysis of population-based microalbuminuria for screening scenarios I & II

|  |
| --- |
| **(i)** |
|

|  |  |
| --- | --- |
| **(ii)** | **(iii)** |

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**Fig. S4 (i)** Cost-effectiveness plane represents the effectiveness of scenarios I and II at different frequencies of microalbuminuria screening. ICER/QALY gained and reduction of ESRD cases at different frequencies of microalbuminuria screening under scenario I **(ii)** and scenario II **(iii)**.