

Table S1. Common Terminology Criteria for Adverse Events 5.0 for proteinuria, Associated Tests and Their Parameters.

| CTCAE grade | 1 | 2 | 3 | 4 |
|--------------------------------------|----------|-----------|-------|--------------------|
| 24-hour urine total protein (g) | < 1.0 | 1.0 – 3.5 | ≥ 3.5 | Nephrotic syndrome |
| Simple urine dipstick (range, mg/dL) | 30 | 100 | 300 | 1000 |
| | 1+ | 2+ | 3+ | 4+ |
| UACR dipstick (range, mg/gCr) * | 30 – 300 | ≥ 300 | | |
| | 1+ | 2+ | | |

Not included in CTCAE. CTCAE, Common Terminology Criteria for Adverse Events.

Table S2 Cost Analysis for UPCR 2.0 compared to Simple Urine Dipstick Based on Prevalence of Grade 2+ and More Proteinuria

| | | | |
|--|-------|-------|------|
| Prevalence (%) | 2.2 | 20 | 63 |
| Estimated cost reduction in NTUH setting (%) | 17.92 | 14.81 | 7.57 |
| UPCR/urine dipstick * | 1.42 | 1.35 | 1.20 |
| ICER for reducing unnecessary 24-h urine sampling (USD/person) | 0.37 | 0.43 | 0.67 |

Within the estimations, we assume that the costs for urine total protein and creatinine, regardless of a random urine sample or a 24-hour urine sample, are the same. And the cost for a UPCR is the sum of urine total protein and creatinine. *The ratio of the price for a UPCR test compared to a urine dipstick, when the total costs for the stepwise proteinuria assessment tests via urine dipstick and UPCR 2.0 are the same. ICER, incremental cost-effectiveness ratio.