

# Supplementary data

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## Supplemental Material File S1

We conducted this cohort study using the national database between 2000 and 2011 from the National Health Insurance Research Database (NHIRD) of Taiwan. The National Health Insurance Program was launched by the National Health Insurance Administration (NHIA) in 1995 with over 99% of Taiwan residents (>23.03 million residents) participating in the government-run single-payer National Health Insurance (NHI) program. The NHIA releases deidentified patient information and claims data to the National Health Research Institute (NHRI) for the NHIRD building. The confidentiality and credibility of these data are strictly maintained in accordance with the NHIRD regulations, with documented high quality in previous studies.

The database in the NHIRD contains de-identified basic demographic information, disease diagnoses, prescriptions, procedures, and examinations for each enrollee in hospitalization or outpatient visit records before, during and after the index hospitalization. The diagnosis codes, in accordance with the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), is used throughout this study. Baseline comorbidities were defined using the ICD-9-CM. If a patient was defined to have one baseline comorbidity, such as COPD, they needed to have at least one of any the records of that (1)  $\geq 2$  outpatient visits for the same main diagnosis or (2) one specific hospitalization diagnosis record for the specific disease. The diagnoses made within a 1-year period before the index date were considered the underlying comorbidities of a patient.

**Table S1.** Comparison of incidence rate of ROSC in ESRD and non-ESRD patients with OHCA.

Variable	non-ROSC	ROSC	Total	P-value
	n	n		
Non-ESRD + OHCA (n = 1125)	923 (82.04%)	202 (17.96%)	1125	<0.001***
ESRD + OHCA (n = 2563)	1478 (57.67%)	1085 (42.33%)	2563	

\*\*\*P<0.001; ESRD: End-stage-renal-disease; ROSC: return of spontaneous circulation; OHCA: Out of hospital cardiac arrest.