Characteristics at diagnosis and clinical outcomes
• The cohort included 923 patients (68% male and 96% adult) with a median age at diagnosis of 41.7 years (Table 1; Figure 1)
• Among patients with available data, the median urinary PCR at diagnosis was 37 mg/g (1.6 g) and median eGFR was 50 mL/min/1.73 m² (Table 1)
• Median duration of follow-up was 4.5 years, and 38% of patients progressed to KF/death during follow-up (Table 2)
• Mean eGFR slope was −3.6 mL/min/1.73 m²/year (Table 3)

 Elevated TA-PU was associated with KF/death
• Time to KF/death was significantly shorter with higher levels of TA-PU (Figure 1) (Table 2)
• Approximately 1 in 4 patients with TA-PU <100 mg/mmol (<0.88 g/day) had an almost 3-fold increase in risk of KF/death compared with TA-PU <100 mg/mmol (Table 2)
• The risk of KF/death was increased almost 5-fold at TA-PU 200–<300 mg/mmol (1.76–<2.64 g/g; approximately 2.0–<3.0 g/day) compared with TA-PU <100 mg/mmol (Table 2)

 Elevated TA-PU was associated with more rapid loss of eGFR
• Higher grades of TA-PU were associated with a higher rate of eGFR loss (p<0.0001) (Table 2)
• The rate of eGFR loss escalated from an eGFR slope of −0.35 mL/min/1.73 m²/year for TA-PU <100 mg/mmol to −12.41 mL/min/1.73 m²/year with TA-PU >300 mg/mmol (Table 2)