Table 3: Partial explained variation of predictors in the development cohort.

Note, that partial explained variation estimates of individual predictors in a model do not always sum up to the explained variation of the full model because of correlation among predictors. d-UACR$_{tp}$ is the main determinant of the outcome state alive with incidence or progression of chronic kidney disease (CKD), whereas age and eGFR CKD-EPI are the main determinants of death in this population of early CKD stages.

	Alive with CKD	**Death**
Laboratory model		
Renal predictors	*7.96%*	*3.99%*
d-UACR$_{tp}$	7.23%	0.20%
eGFR CKD-EPI	0.50%	1.60%
Albuminuria stage	0.38%	1.35%
Demographic predictors	*0.25%*	*3.09%*
Age	0.23%	2.94%
Gender	0.02%	0.18%
Clinical model		
Renal predictors	*5.58%*	*2.53%*
d-UACR$_{tp}$	4.99%	0.14%
eGFR CKD-EPI	0.36%	1.11%
Albuminuria stage	0.38%	0.87%
Clinical predictors	*1.06%*	*2.42%*
Peripheral artery disease	0.12%	1.07%
Glucose	0.29%	0.33%
Fasting LDL	0.11%	0.33%
Number of antihypertensive drugs	0.33%	0.02%
Stroke/TIA	0.04%	0.42%
Waist circumference	0.08%	0.14%
MACE	0.1%	0.20%
Duration of diabetes	0.05%	0.03%
Laser therapy for diabetic retinopathy	0.01%	0.01%
Demographic predictors	*0.49%*	*2.60%*
Age	0.15%	2.37%
Race	0.32%	0.08%
Gender	0.01%	0.13%

Abbreviations: CKD, (incidence or progression of) chronic kidney disease; eGFR CKD-EPI, estimated glomerular filtration rate using the Chronic Kidney Disease Epidemiology Collaboration equation; LDL, Low-Density Lipoprotein; MACE, major atherosclerotic cardiac events; TIA, transient ischemic attack; d-UACR$_{tp}$, 'd-UACR to progression' defined as the difference between the participant-specific cutpoint of developing a new micro- or macro-albuminuria and UACR at baseline on the log-scale.