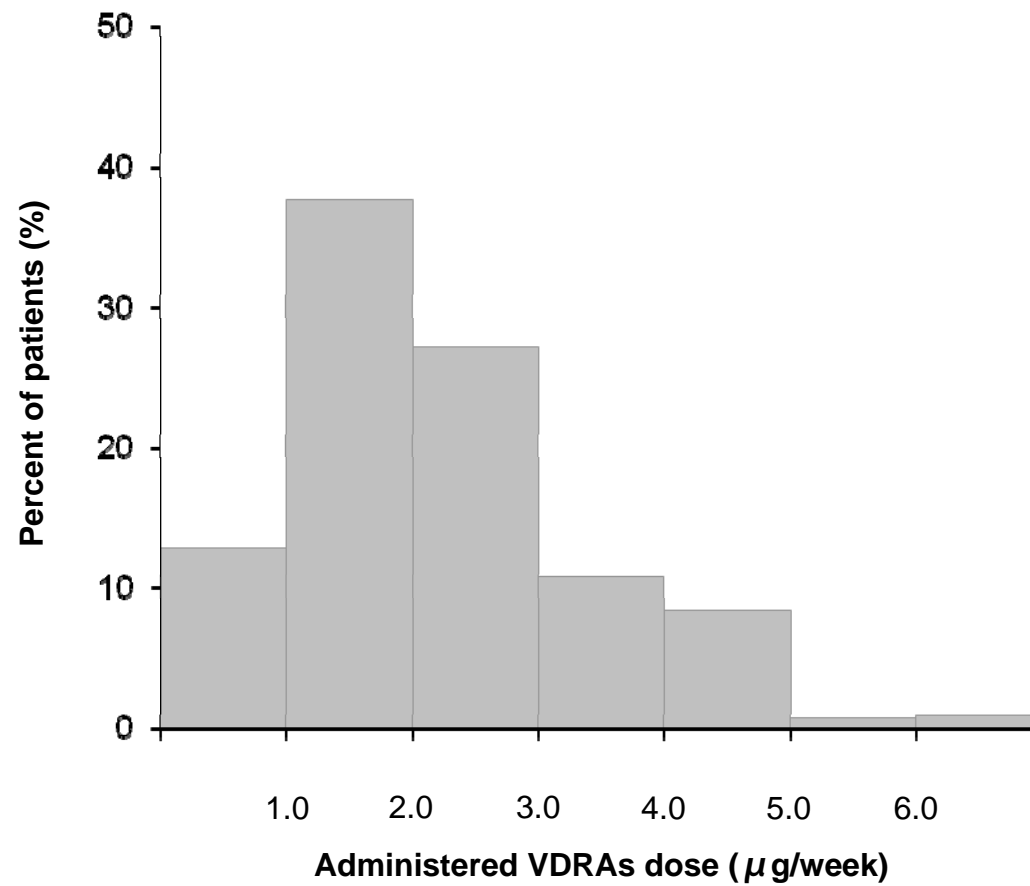
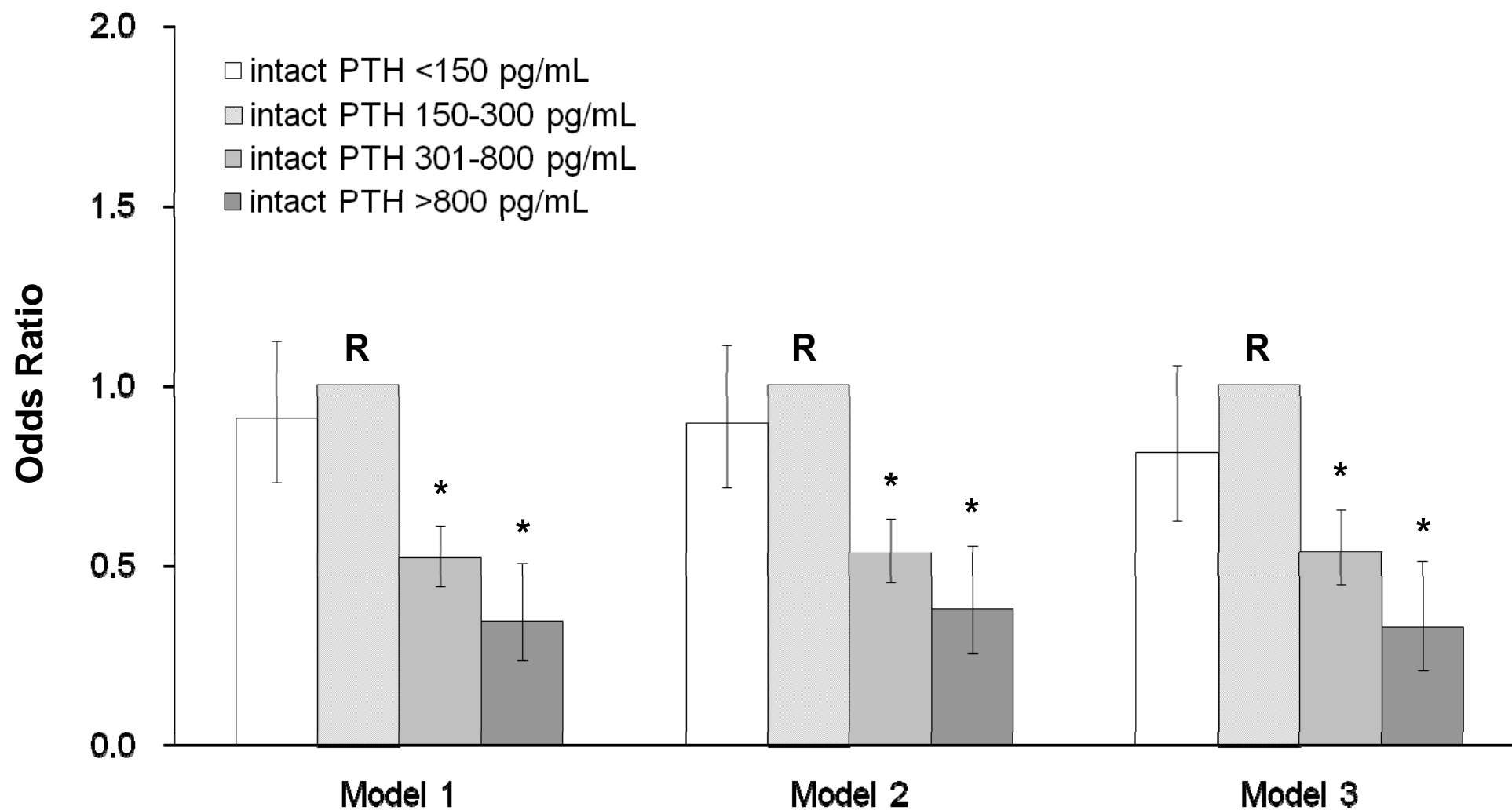


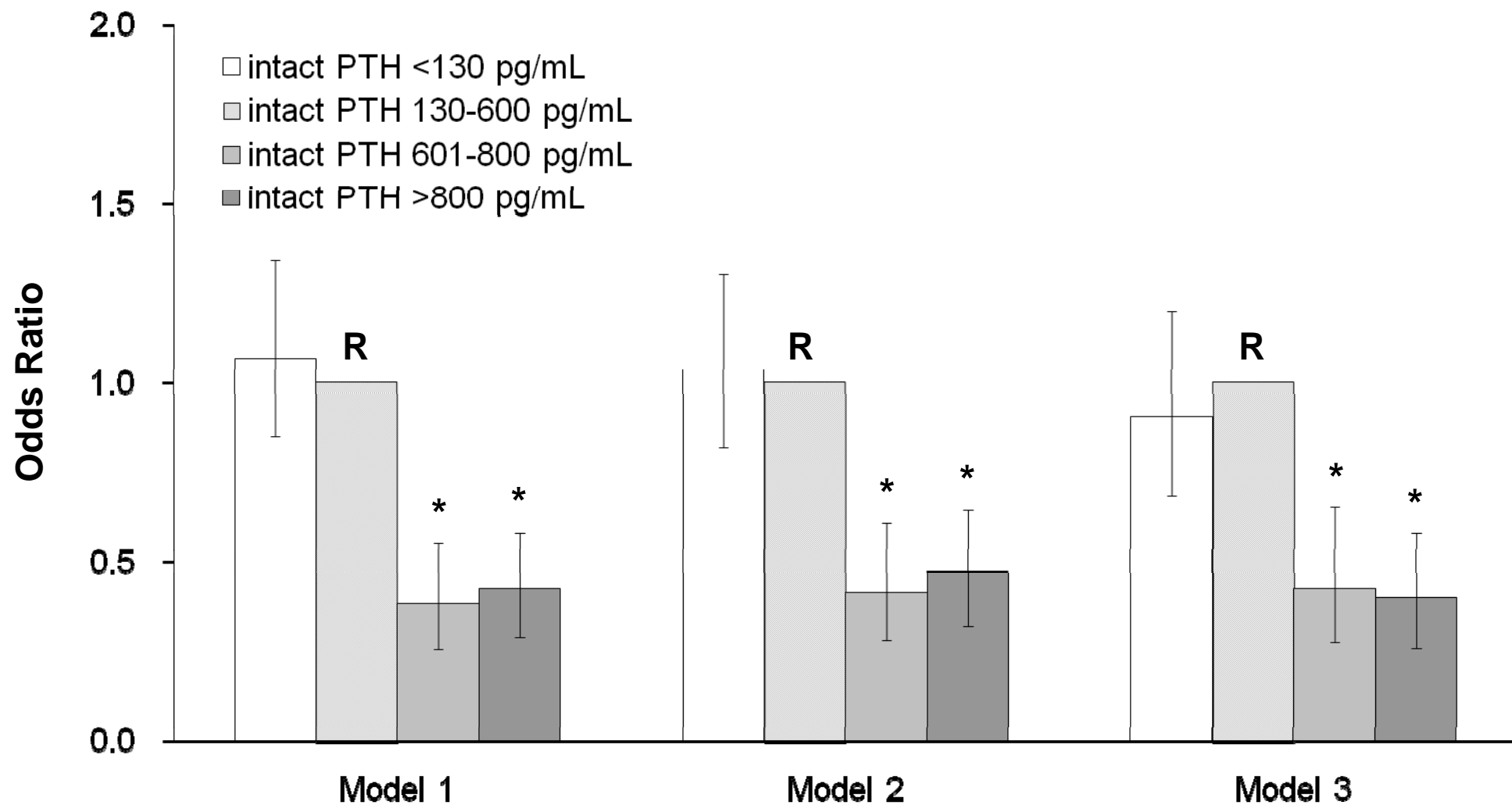
Supplementary Figure 1. Correlation between BAP and total ALP levels.



Supplementary Figure 2. Distribution of administered intravenous VDRAs dose.



Supplementary Figure 3. Odds ratios for achieving the target ranges for serum calcium and phosphorus according to the KDOQI PTH category.



Supplementary Figure 4. Odds ratios for achieving the target ranges for serum calcium and phosphorus according to the KDIGO PTH category.

Supplementary Figure 1. Correlation between BAP and total ALP levels (n = 304). Patients who had chronic hepatitis or cirrhosis (n = 94) were excluded from the analysis.

Supplementary Figure 2. Distribution of administered intravenous VDRA dose. Vitamin D doses were calcitriol dose equivalents. 1.5 µg of calcitriol = 10 µg of maxacalcitol.

Supplementary Figure 3. Odds ratios for achieving the target ranges for serum calcium and phosphorus according to the KDOQI PTH category. Model 1: unadjusted; Model 2: adjusted for age, sex, dialysis vintage, and cause of ESRD; Model 3: adjusted for covariates in Model 2 plus BMI, dialysis adequacy (Kt/V), history of cardiovascular disease, creatinine, hemoglobin, albumin, total cholesterol, and VDRA use. Asterisks indicate P <0.05. R denotes reference.

Supplementary Figure 4. Odds ratios for achieving the target ranges for serum calcium and phosphorus according to the KDIGO PTH category. Model 1: unadjusted; Model 2: adjusted for age, sex, dialysis vintage, and cause of ESRD; Model 3: adjusted for covariates in Model 2 plus BMI, dialysis adequacy (Kt/V), history of cardiovascular disease, creatinine, hemoglobin, albumin, total cholesterol, and VDRA use. Asterisks indicate P <0.05. R denotes reference.