

## Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Haskal ZJ, Trerotola S, Dolmatch B, et al. Stent graft versus balloon angioplasty for failing dialysis-access grafts. *N Engl J Med* 2010;362:494-503.

**Table 1 Online Appendix. Study Definitions**

<b>Treatment area</b>	The length of the venous anastomotic stenosis plus 5mm proximal or 5mm distal to this area.
<b>Access circuit</b>	The length of the vascular conduit beginning at the arterial anastomosis and extending to the superior vena cava-right atrial junction).
<b>Treatment area primary patency</b>	Continuing patency after the study index procedure without intervention in the area 5mm proximal to, within, or 5mm distal from the SG or the index balloon angioplasty treated area. Primary patency ended when <i>any</i> of the following occurred: a) re-intervention in the treatment area; b) thrombotic occlusion within the treatment area; c) surgical intervention that excluded the treatment area from the access circuit; d) abandonment of the AV access graft due to inability to treat the primary lesion.
<b>Access circuit primary patency</b>	Continuing patency of the access circuit after the index procedure until access thrombosis occurred or an intervention was performed to treat a stenosis anywhere within the access circuit. Access primary patency ended when <i>any</i> of the following occurred: a) there was an intervention for a treatment of stenosis anywhere within the access circuit, b) there was an occlusion anywhere within the access circuit, or c) there was a surgical intervention that excluded the index stenotic area from the access circuit.
<b>Access circuit assisted primary patency</b>	<p>Patency (open to blood flow) following the index study procedure until access thrombosis or a surgical intervention that excludes the treated lesion from the access circuit. Percutaneous treatment(s) of either restenosis of the previous treated lesion or a new arterial or venous outflow stenosis/occlusion, excluding access thrombosis, are compatible with assisted primary patency.</p> <p>Assisted primary patency ends when: 1) there was an occlusion anywhere within the access circuit, or 2) there was a surgical intervention that excludes the index stenotic area from the access circuit.</p>
<b>Access circuit cumulative patency (i.e., secondary patency)</b>	<p>Patency (open to blood flow) following the index study procedure until the access is surgically revised or abandoned because of inability to treat the original lesion. Multiple/repetitive treatments for occlusions that restore patency are compatible with cumulative patency.</p> <p>Cumulative patency ends when: 1) there was a surgical intervention that excludes the index stenotic area from the access circuit, or 2) the AV access venous anastomosis was surgically revised, or 3) the AV graft was abandoned due to an inability to treat the primary lesion.</p>
<b>Procedural Success</b>	“Procedural success” was defined as anatomic success and at least one indicator of hemodynamic or clinical success, as defined by the SIR reporting standards(18).
<b>Anatomic Success</b>	Anatomic success was determined during the index procedure and was defined as the achievement of a post procedure residual stenosis less than 30% measured at the narrowest point of the lumen, as indicated by angiography.
<b>Hemodynamic Success</b>	Hemodynamic success was the resolution of a pre-procedural indicator of a hemodynamically significant stenosis.
<b>Clinical Success</b>	Clinical success was the resumption of normal dialysis using the AVG for at least one session.