**OSM Figure 1:** Association between blood hemoglobin and EPO dose and predicted platelet count using unadjusted and case-mix adjusted analysis of linear regression models.

**Unadjusted model:** adjusted for entry calendar quarter (q1 through q20).

**Case-mix adjusted model:** adjusted for entry calendar quarter plus age, gender, and 10 pre-existing co-morbid states, categories of dialysis vintage, primary insurance, marital status, the standardized mortality ratio of the dialysis clinic during entry quarter, dialysis dose as indicated by Kt/V (single pool), presence or absence of a dialysis catheter, and residual renal function during the entry quarter and i.e. urinary urea clearance.

**OSM Figure 2:** Association between Kt/V and predicted platelet count using unadjusted and case-mix adjusted analysis of linear regression models.

**Unadjusted model:** adjusted for entry calendar quarter (q1 through q20)

**Case-mix adjusted model:** adjusted for entry calendar quarter plus age, gender, and 10 pre-existing co-morbid states, categories of dialysis vintage, primary insurance, marital status, the standardized mortality ratio of the dialysis clinic during entry quarter, dialysis dose as indicated by Kt/V (single pool), presence or absence of a dialysis catheter, and residual renal function during the entry quarter and i.e. urinary urea clearance.

**OSM Figure 3:** Association between serum albumin and predicted platelet count using unadjusted and case-mix adjusted analysis of linear regression models.
Unadjusted model: adjusted for entry calendar quarter (q1 through q20)

Case-mix adjusted model: adjusted for entry calendar quarter plus age, gender, and 10 pre-existing co-morbid states, categories of dialysis vintage, primary insurance, marital status, the standardized mortality ratio of the dialysis clinic during entry quarter, dialysis dose as indicated by Kt/V (single pool), presence or absence of a dialysis catheter, and residual renal function during the entry quarter and i.e. urinary urea clearance.

Case-mix and MICS adjusted model: adjusted for all of the covariates in the case-mix model as well as plus BMI, the average dose of erythropoietin stimulating agent (ESA), nPNA (nPCR) as an indicator of daily protein intake, serum albumin, serum TIBC, serum ferritin, serum creatinine, serum phosphorus, serum calcium, serum bicarbonate, peripheral white blood cell count (WBC), lymphocyte percentage and iron saturation ratio.

OSM Figure 4: Cubic splines of Cox regression based all-cause death (A, C, E) and cardiovascular death (B, D, F) hazard ratios of platelet count (restricted between 150-500 x10^3/µl) in 40,787 hemodialysis patients.

Footnote:
Unadjusted model: adjusted for entry calendar quarter (q1 through q20)

Case-mix adjusted model: adjusted for entry calendar quarter plus age, gender, and 10 pre-existing co-morbid states, categories of dialysis vintage, primary insurance, marital status, the standardized mortality ratio of the dialysis clinic during entry quarter, dialysis dose as indicated by Kt/V (single pool), presence or absence of a dialysis catheter, and residual renal function during the entry quarter and i.e. urinary urea clearance.