Supplementary Table 2. Heterogeneity analysis of meta-analyses (outcome included meta-regression) for FST as an RRT prediction tool.

Variables	Subgroups	Number of studies	Sensitivity (95% CI)	P1	Specificity (95% CI)	P2	LRTChi2	P	I^2	I^2lo	I^2hi
AKI criteria	KDIGO	9	0.75 (0.65 - 0.85)	0.11	0.79 (0.70 - 0.87)	0.27	0.40	0.82	0	0	100
	AKIN	5	0.78 (0.65 - 0.91)		0.74 (0.61 - 0.88)						
FST protocol	Standard* FST protocol	8	0.79 (0.70 - 0.88)	0.45	0.76 (0.66 - 0.87)	0.06	0.87	0.65	0	0	100
	Others	6	0.71 (0.58 - 0.85)		0.78 (0.68 - 0.89)						
AKI stage	Stage 1-2	7	0.76 (0.64 - 0.88)	0.17	0.81 (0.71 - 0.90)	0.30	0.90	0.64	0	0	100
	Others	7	0.76 (0.65 - 0.87)		0.74 (0.63 - 0.85)						
SA-AKI	Yes	3	0.72 (0.54 - 0.90)	0.17	0.69 (0.51 - 0.87)	0.06	1.81	0.40	0	0	100
	No	11	0.77 (0.68 - 0.86)		0.79 (0.72 - 0.87)						
Design	prospective	10	0.78 (0.70 - 0.87)	0.65	0.75 (0.66 – 0.84)	0.03	1.30	0.52	0	0	100
	retrospective	4	0.69 (0.53 – 0.86)		0.81 (0.70 – 0.92)						

AKI, acute kidney injury; AKIN, acute kidney injury network; FST, furosemide stress test; KDIGO, kidney disease global outcomes; RRT, renal replacement therapy; SA-AKI, sepsis associated acute kidney injury.

*Standard FST protocol: dose 1 mg/kg for furosemide naive or 1.5 mg/kg for furosemide non-naive patients.