Supplementary Table 1. Kidney outcome trials among people with or without type 2 diabetes mellitus

Trial	Intervention; median follow-up (T2DM)	Primary kidney end-points	eGFR, mean±SD, mL/min/1.73 m²	Urinary ACR, median (IQR), mg/g	HR (95% CI)
SONAR (n=2,648) [48]	Atrasentan; 2.2 years (100%)	ESKD, doubling of serum creatinine or death from kidney failure	44.0±13·7	797 (462–1,480)	0.65 (0.49–0.88)
CREDENCE (n=4,401) [49]	Canagliflozin; 2.6 years (100%)	ESKD, a doubling of serum creatinine or death from kidney or cardiovascular causes	56.3±18.2	923 (459–1,794)	0.70 (0.59–0.82)
DAPA-CKD (n=4,304) [50]	Dapagliflozin; 2.4 years (67%)	ESKD, death from kidney or cardiovascular causes or eGFR decline >50%	43.2±12.3	965 (472–1,903)	0.56 (0.45–0.68)
EMPA-KIDNEY (n=6,609) [51]	Empagliflozin; 2.0 years (46%)	ESKD, death from kidney or cardiovascular causes or sustained eGFR decline >40% or sustained eGFR decline to <10 mL/min/1.73 m²	37.4±14.5	331 (46–1,061)	0.72 (0.64–0.82)
FIDELIO-DKD (n=5,734) [52]	Finerenone; 2.6 years (100%)	ESKD, death from kidney causes or sustained eGFR decline ≥40% from baseline	CVD subgroup: 44.1±12.2 Non-CVD subgroup: 44.6±12.8	CVD subgroup: 820 (443–1,578) Non-CVD subgroup: 842 (438–842)	CVD subgroup: 0.86 (0.75–0.99) Non-CVD subgroup: 0.94 (0.81–1.10)

T2DM, type 2 diabetes mellitus; SD, standard deviation; eGFR, estimated glomerular filtration rate; ACR, albumin-creatinine ratio; IQR, interquartile range; HR, hazard ratio; CI, confidence interval; SONAR, atrasentan and renal events in patients with type 2 diabetes and chronic kidney disease; ESKD, end-stage kidney disease; CREDENCE, Canagliflozin and Renal Outcomes in Type 2 Diabetes and Nephropathy; DAPA-CKD, Dapagliflozin and Prevention of Adverse Outcomes chronic Kidney Disease; EMPA-KIDNEY, Study of Heart and Kidney Protection with Empagliflozin; FIDELIO-DKD, Finerenone in Reducing Kidney Failure and Disease Progression in Diabetic Kidney Disease; CVD, cardiovascular disease.