

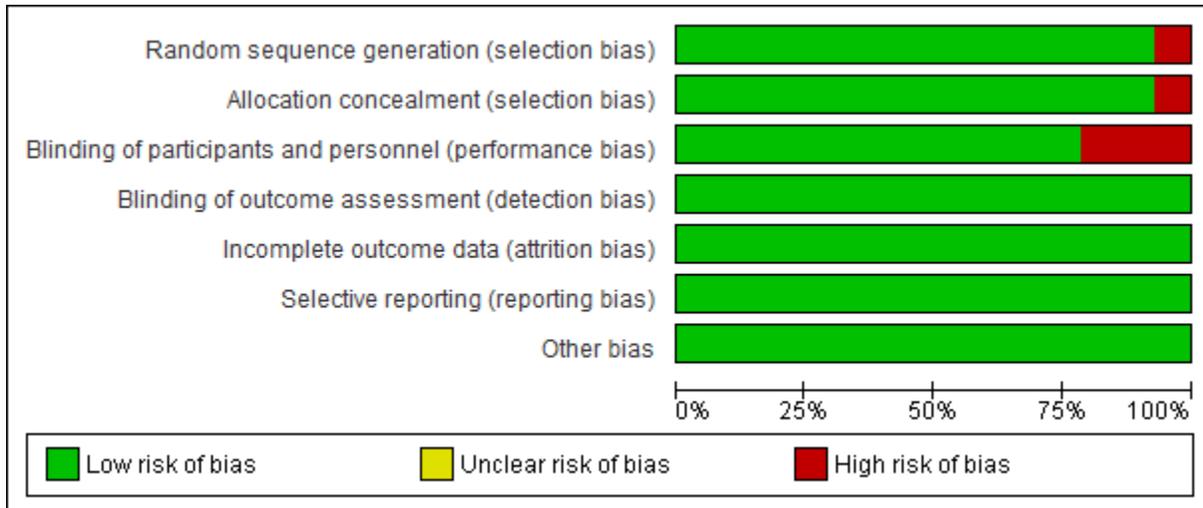
**Supplementary Table 1- Search terms used for systematically reviewing the articles**

<b>MEDLINE</b>	<b>EMBASE</b>	<b>Cochrane</b>
<p>#1 "Acute Kidney Injury"</p> <p>#2 "Renal Insufficiency, Chronic"[Mesh]</p> <p>#3 "Kidney Diseases"[Mesh]</p> <p>#4 "Diabetic nephropathies"[Mesh]</p> <p>#5 "Mortality"[Mesh])</p> <p>#6 OR/2-5</p> <p>#7 "Randomized Controlled Trial" [Publication Type]</p> <p>#8 "Randomized Controlled Trials as Topic"[Mesh])</p> <p>#9 OR/ 7-8</p> <p>#10 1 AND 6 AND 9</p>	<p>#1 acute kidney failure/co, dm, dt, pc, si, su, th [Complication, Disease Management, Drug Therapy, Prevention, Side Effect, Surgery, Therapy]</p> <p>#2 chronic kidney disease/co, di, dm, dt, pc, si, su, th [Complication, Diagnosis, Disease Management, Drug Therapy, Prevention, Side Effect, Surgery, Therapy]</p> <p>#3 exp controlled clinical trial/ or "randomized clinical trial".mp.</p> <p>#4 exp mortality/</p> <p>#5 2 or 4</p> <p>#6 1 and 3 and 5</p>	<p>#1 Acute kidney injury</p> <p>#2 Chronic kidney disease</p> <p>#3 Mortality</p> <p>#4 2 OR 3</p> <p>#5 randomized clinical trial</p> <p>#6 1 AND 4 AND 5</p>

### **Legend Supplementary Figures 1a and b**

Log risk ratios for the development of chronic kidney disease (CKD) and acute kidney injury (AKI) were calculated by taking the natural logarithm of the risk ratios provided in Figure 2 A and B for trials that increased risk for AKI, and Figure 3 A and B for trials that decreased risk for AKI. Per trial, the log risk ratios are plotted with AKI as outcome on the X-axis and CKD as outcome on the Y-axis and labeled with the trial's name. The ellipses constructed around these point estimates have a radius on the X-axis and Y-axis equal to the trials' standard error of the log risk ratio for AKI and CKD respectively. We subsequently fitted an alternative model for bivariate random-effects meta-analysis to simultaneously summarize the log risk ratio for both outcomes. The alternative bivariate random-effects model includes an overall correlation parameter, omitting the need for knowledge of within-study correlations of the effects of each intervention. The slope of the line in each plot represents the correlation between the log risk ratio of CKD and the log risk ratio of AKI as estimated by this alternative model.

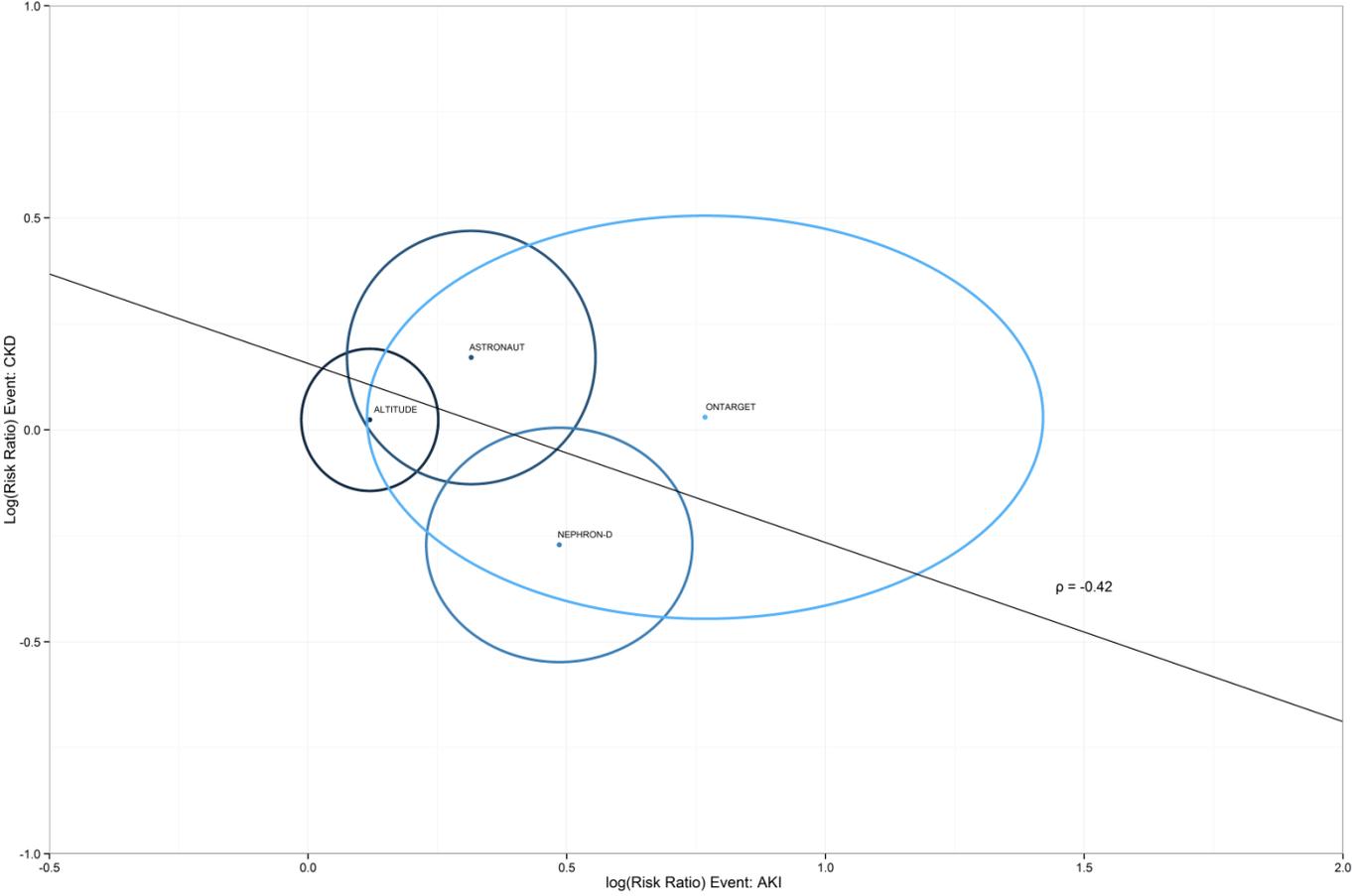
### Supplementary Figure 1- Risk of bias



Supplementary Figure 2- Risk of bias summary

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
ALTITUDE	+	+	+	+	+	+	+
ASTRONAUT	+	+	+	+	+	+	+
CORONARY	+	+	-	+	+	+	+
EMPHASIS-HF	+	+	+	+	+	+	+
Miner	+	+	+	+	+	+	+
NEPHRON-D	+	+	+	+	+	+	+
NU-HIT CRF	+	+	+	+	+	+	+
NU-HIT LVD	+	+	+	+	+	+	+
ONTARGET	+	+	+	+	+	+	+
POSEIDON	+	+	+	+	+	+	+
SEPSISPAM	+	+	-	+	+	+	+
TOPCAT	+	+	+	+	+	+	+
Val-Heft	+	+	+	+	+	+	+
Yunos	-	-	-	+	+	+	+

**Supplementary Figure 2a. Association between the log risk ratio for CKD and the log risk ratio for AKI in trials that Increased Risk for AKI**



**Supplementary Figure 2b. Association between the log risk ratio for CKD and the log risk ratio for AKI in trials that Decreased Risk for AKI**

