

**Body-mass index (BMI):** the weight of an individual divided by their height squared, measured in kg/m<sup>2</sup>.

**Chronic kidney disease (CKD):** a long-term condition characterised by an impaired kidney function. The diagnosis is usually based on estimating or measuring patient's glomerular filtration rate (GFR) at least twice 90 days apart, with CKD defined as (e)GFR <90 ml/min/1.73m<sup>2</sup>.

**CKD stage 3B:** mild-to-moderate chronic kidney disease, defined as eGFR 30-45 ml/min/1.73m<sup>2</sup>.

**CKD stage 4:** Moderate chronic kidney disease, defined as eGFR 15-29 ml/min/1.73m<sup>2</sup>.

**CKD stage 5:** Advanced chronic kidney disease, defined as eGFR <15 ml/min/1.73m<sup>2</sup>; not on renal replacement therapy.

**Compliance:** the degree to which a patient takes their medication, expressed as a percentage of the time for which the patient is compliant.

**Cost-effectiveness acceptability curve (CEAC):** a summary of the uncertainty around a cost-effectiveness estimate. It is derived from probabilistic analysis and presents the probability of the intervention being cost-effective across a range of threshold values of cost-effectiveness (also known as maximum willingness to pay for a unit of benefit, decision-maker's willingness to pay).

**Cost-effectiveness analysis:** an economic analysis that calculates the additional/incremental costs required to realize a unit of additional benefits when comparing two interventions.

**Deterministic analysis:** results derived using the mean estimates of contributing parameters and reporting only mean estimates of results without allowing for parameter uncertainty.

**Incremental cost-effectiveness ratio (ICER):** a statistic produced by the cost-effectiveness analysis, equal to the ratio of the cost difference between two interventions and their effect difference.

**Life-year (LY):** a normal (calendar) year.

**Renal replacement therapy (RRT):** therapy used in severe chronic kidney disease, defined as undergoing long-term dialysis or being in receipt of a kidney transplant.

**Major atherosclerotic event (MAE):** non-fatal myocardial infarction or coronary death, non-haemorrhagic stroke, or arterial revascularisation procedure excluding dialysis access procedures.

**Major vascular event (MVE):** non-fatal myocardial infarction or any cardiac death, any stroke, or any arterial revascularisation procedure excluding dialysis access procedures.

**Probabilistic analysis:** analysis that takes into account uncertainty in contributing parameters

**Quality-adjusted life-year (QALY):** a measure of health, which combine survival (ie, life-years) and health-related quality of life. For example, 1 QALY is equivalent to one year in full health.

**The Study of Heart and Renal Protection (SHARP):** a 9,270-large multinational randomised controlled trial, which compared the use of simvastatin plus ezetimibe with placebo in participants with moderate-to-severe chronic kidney disease but no major coronary disease at recruitment.

**Treatment effect:** treatment effects in the model are presented with hazard ratios typically estimated in proportional hazards survival models.

**Vascular death (VD):** death from coronary heart disease or other cardiac disease, or from any type of stroke or other vascular causes.