Supplementary Figure 1. Association between proteinuria progression and statin intensity.
### Supplementary Table 1. Categorization of statin intensity [14]

| Low intensity (average LDL-C reduction < 30%) | Moderate intensity (30% to 49.9% reduction) | High intensity (≥ 50% reduction) |
|---------------------------------------------|--------------------------------------------|---------------------------------|
| Simvastatin 5–10 mg                          | Atorvastatin 10–20 mg                      | Atorvastatin 40–80 mg           |
| Pravastatin 10–20 mg                         | Rosuvastatin 5–10 mg                       | Rosuvastatin 20–40 mg           |
| Fluvastatin 20–40 mg                         | Simvastatin 20–40 mg                       |                                 |
| Pitavastatin 1 mg                            | Pravastatin 40–80 mg                       |                                 |
|                                             | Fluvastatin 80 mg                          |                                 |
|                                             | Pitavastatin 2–4 mg                         |                                 |

LDL-C, low-density lipoprotein cholesterol.
**Supplementary Table 2.** Association between chronic kidney disease progression and statin intensity (moderate to high vs. low groups)

|                   | Model 1          |       | Model 2          |       | Model 3          |       | Model 4          |       |
|-------------------|------------------|-------|------------------|-------|------------------|-------|------------------|-------|
|                   | HR (95% CI)      | P     | HR (95% CI)      | P     | HR (95% CI)      | P     | HR (95% CI)      | P     |
| Low               | 0.98 (0.76-1.25) | 0.85  | 1.02 (0.79-1.32) | 0.87  | 0.97 (0.75-1.26) | 0.82  | 0.98 (0.73-1.31) | 0.89  |
| Moderate to high  | Reference        |       |                  |       |                  |       |                  |       |

CI, confidence interval; HR, hazard ratio.

Model 1: unadjusted; Model 2: adjusted for age, sex, body mass index, and systolic blood pressure; Model 3: adjusted for Model 2 + smoking, income status, comorbidities (histories of hypertension, diabetes, and cardiovascular disease); Model 4: adjusted for Model 3 + laboratory factors (estimated glomerular filtration rate; proteinuria; lipid profiles including triglycerides, high-density lipoprotein cholesterol, and low-density lipoprotein cholesterol) and use of other lipid-lowering agents (ezetimibe or fibrate).