## **Suppl 5.** grade ratings of certainty of outcome, by domain

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| --- | --- | --- | --- | --- | --- |
| Outcomes   | Summary estimate of effect   | N participants  | Nstudies  | Certainty in the evidence (v low, low, moderate, high) | Conclusion certainty |
| Downgrade for | Upgrade for |
| Risk of bias | Inconsistency | Directness | Imprecision | Publication bias | Effect size | Dose response | Confounding |
| CKD is associated with increased odds of receipt of CABG amongst people revascularised following ACS | 1.48 (1.33-1.65) | 4,423,959 | 13 | No change. Already marked down for RoB effects in indirectness. | No change | Mark down one. 4/13 studies refer to dialysis populations in STEAC. 5/13 define CKD as codes. | No change. | No change. No systematic difference in results b/ween small and larger studies. | Modest effect | N/a | N/a | Moderate |
| CKD is associated with increased odds of receipt of CABG amongst people revascularised following NSTE-ACS | 1.17 (1.11-1.22) | 1,709,625 | 6 | No change., No systematic bias. | No change. Less marked effect estimates explained by higher %CKD in population | No change. Exclusion of studies including UA did not impact effect estimate | Mark down one. Estimate<1.2 and >0.8 | No change. No systematic difference in results b/ween small and larger studies. | Weak effect | N/a | N/a | Moderate |
| CKD is associated with increased odds of receipt of CABG amongst people revascularised following STEMI | 1.53 (1.27-1.83) | 2,735,922 | 6 | No change. Major systematic bias is dialysis pop - marked down in indirectness | No change | Mark down one. 4/6 studies refer to dialysis v non-dialysis pop, however exclusion of such papers made little difference to effect estimate. | No change. | No change. No systematic difference in results b/ween small and larger studies. | Moderate effect | N/a | N/a | Moderate |
| CKD is associated with increased odds of receipt of CABG amongst people revascularised following ACS in people who do not receive dialysis | 1.43 (1.24-1.64) | 2,201,863 | 5 | No change. No systematic RoB in any domain. | Mark down one. Estimates range 1.02-1.83 without clear explanation. |  Mark down. 3/5 define CKD as CKD codes | No change. | No change. Apparent bias towards greater effect estimates in small studies but note Lin has marked estimates for non-dialysis CKD but not for dialysis-dep CKD. | Modest effect | N/a | N/a | Low |
| Dialysis-dependent CKD is associated with increased odds of receipt of CABG amongst people revascularised following ACS | 1.31 (1.05-1.63) | 2,201,863 | 5 | No change. No systematic RoB in any domain. | Mark down. 3 studies v near null, other two marked effect estimates | No change | No change. | No change. No systematic difference in results b/ween small and larger studies. | Modest effect | No change | N/a | Moderate |
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We downgraded a starting rating of “high certainty” by one level for serious concerns in each domain or by two levels for very serious concerns. Differences in opinion between the two raters were resolved by discussion, or, where this was not possible, by involvement of a third rater. Outcomes were deemed to be imprecise if the effect estimate was between 0.80 and 1.20, as less than 20% risk reduction was not thought to be of clinical significance by the author group. Ratings of magnitude of effect were also determined by study group consensus (Supplementary Table 4).