



**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 ( $\geq$ 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)	<i>P</i>	HR (95% CI)	<i>P</i>	HR (95% CI)	<i>P</i>	HR (95% CI)	<i>P</i>
Low	Reference							
Moderate to high	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

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).