

**Table 3. Summary of Findings – SGLT2-remmers**

Population: Patients with reduced kidney function (eGFR <60 ml/min/1.73m<sup>2</sup>) undergoing radiological examinations or interventions with intravascular iodine-containing contrast media.

Intervention: SGLT2-inhibitors (such as Canagliflozin, dapagliflozin, empagliflozin, ertugliflozin)

Comparator: No SGLT2-inhibitors

Outcome Timeframe	Study results and measurements	Absolute effect estimates		Certainty of the evidence (Quality of evidence)	Conclusions
		No SGLT2-inhibitors	SGLT2-inhibitors (such as Canagliflozin, dapagliflozin, empagliflozin, ertugliflozin)		
CI-AKI (critical)	Relative risk: 0.45 (CI 95% 0.20 – 0.98)  Based on data from 508 participants in 3 studies	<b>246</b>  per 1000	<b>111</b>  per 1000  Difference: <b>135 fewer per 1000</b>  (CI 95% 197 fewer – 5 fewer)	<b>Very low</b>  Due to serious imprecision <sup>1</sup>	The evidence is very uncertain about the effect of SGLT2-inhibitors on CI-AKI when compared with no SGLT2-inhibitors in patients with reduced kidney function (eGFR <60 ml/min/1.73m <sup>2</sup> ) undergoing radiological examinations or interventions with intravascular iodine-containing contrast media.
Start renal replacement therapy (important)	Based on data from 1 study	None of the patients had to start renal replacement therapy in the first 6 months after contrast administration in both SGLT2-users and non-SGLT2-users.		<b>Very low</b>  Due to very serious imprecision <sup>2</sup>	The evidence is very uncertain about the effect of SGLT2-inhibitors on start of renal replacement therapy when compared with no SGLT2-inhibitors in patients with reduced kidney function (eGFR <60 ml/min/1.73m <sup>2</sup> ) undergoing radiological examinations or interventions with intravascular iodine-containing contrast media.
Accelerated decrease in kidney function (important)	Based on data from 1 study	HR for risk of MAKEs for group: – moderate risk of CV event: 0.68 (0.52-0.88) – high risk of CV event: 0.90 (95%CI 0.61 to 1.34)		<b>Very low</b>  Due to serious imprecision <sup>3</sup>	The evidence is very uncertain about the effect of SGLT2-inhibitors on accelerated decrease in kidney function when compared with no SGLT2-inhibitors in patients with reduced kidney function (eGFR <60 ml/min/1.73m <sup>2</sup> ) undergoing radiological examinations or interventions with intravascular iodine-containing contrast media.

1. ***Imprecision: serious.*** Due to overlap of the lower limit of the 95% confidence interval with the minimal clinically important difference
2. ***Imprecision: very serious.*** Due to no events occurred and the optimal information size was not achieved
3. ***Imprecision: serious.*** Due to the optimal information size which was not achieved