

Retired	14	87.50%	12	75.00%	0.283	9	56.25%	7	43.75%	0.464
Occupation unknown	1	6.25%	1	6.25%		1	6.25%	1	6.25%	
Metabolic Parameters										
Creatinine (μmol/L)	171	[155.5;245]	179.5	[87.5;246.5]	0.60	114	[83;161.5]	119.5	[95;150.5]	0.69
eGFR (mL/min/1.73m ²)	29	[18.5;39.5]	31.5	[19.5;60]	0.37	58	[34;77]	51.5	[40.5;66]	0.60
Systolic BP (mmHg)	133.1	17.3	136.9	19.4	0.56	131.8	15.8	132.9	9.6	0.81
Diastolic BP (mmHg)	73.07	8.61	75.9	8.75	0.37	77.13	13.5	79.63	8.12	0.53
Cholesterol (mmol/L)	3.75	[3.45;6.55]	5.05	[4;5.9]	0.28	4.2	[3.65;4.6]	4.4	[3.6;5.35]	0.61
Satisfaction (0-10)	10	[9;10]	10	[9;10]	0.25	10	[9;10]	10	[10;10]	0.32
BMI (kg/m ²)	29.22	[24.12;37.70]	28.11	[26.2;31.51]	0.85	28.77	[24.57;31.35]	28.03	[24.66;29.97]	0.68

Data presented as N (%) or Mean (standard deviation) or Median (interquartile range).

CKD = chronic kidney disease; KTRs = kidney transplant recipients; ACEi = Angiotensin converting enzyme inhibitor; ARB = Angiotensin receptor blocker; CCB = calcium channel blocker; eGFR = estimated glomerular filtration rate. a – 1 absent data in telemedicine CKD group; b – 1 absent data in telemedicine KTR group; c – 1 absent data in control CKD group. y - CKD Control vs CKD Telemedicine; z – KTR control vs TKR Telemedicine.

Supplementary Table 2 – Percentage change in secondary outcomes compared with baseline

	All				P value ^x	CKD				p-value ^y	KTRs				
	Control (n=27)		Telemedicine (n=27)			Control (n=14)		Telemedicine (n=11)			Control (n=13)		Telemedicine (n=16)		p-value ^z
	%		%		%		%		%		%		%		
Creatinine															
12 months	4.82	(-5.95-13.51)	5.02	(-8.19-10.97)	0.57	11.48	(-5.95-23.70)	5.02	(-8.19-10.97)	0.32	2.94	(-4.53-4.82)	4.53	(-8.57-11.36)	0.66
24 months	8.00	(-5.52-30.39)	-1.11	(-10.27-16.85)	0.40	17.57	(-5.52-33.42)	7.79	(-5.86-50.53)	0.91	4.53	(-3.61-12.30)	-2.28	(-10.78-11.39)	0.33
eGFR															
12 months	-5.77	(-15.94-4.35)	1.06	(-10.71-16.13)	0.12	-11.93	(-22.22--2.44)	1.06	(-6.67-17.65)	0.071	-2.94	(-11.86-4.35)	-0.88	(-12.71-14.80)	0.78
24 months	-9.17	(-22.22-6.67)	1.00	(-17.65-13.10)	0.23	-19.83	(-30.77-6.67)	-3.33	(-36.84-10.00)	0.70	-8.70	(-11.11-3.33)	3.09	(-12.41-14.24)	0.33
Systolic Blood Pressure															
12 months	1.00	(-8.21-10.83) ^a	0.00	(-3.60-8.20) ^b	0.81	-3.91	(-8.21-10.61) ^a	3.29	(-4.29-17.78) ^a	0.42	5.30	(-0.78-10.95)	-1.36	(-3.60-5.38) ^a	0.41
24 months	0.74	(-8.59-9.93)	3.05	(-5.92-12.31)	0.51	0.74	(-10.83-14.89)	3.38	(-5.92-17.04)	0.44	0.00	(-5.84-7.20)	2.97	(-6.01-9.46)	0.79
Diastolic Blood Pressure															
12 months	1.76	(-8.11-9.21) ^a	-2.44	(-9.76-7.41) ^b	0.24	1.19	(-6.15-9.21) ^a	3.23	(-7.81-11.36) ^a	0.85	5.13	(-9.88-6.33)	-3.95	(-12.36-3.66) ^a	0.19
24 months	-1.19	(-6.74-9.09)	-1.39	(-7.23-7.32)	0.60	0.64	(-6.74-9.09)	-5.48	(-13.04-2.90)	0.27	-1.54	(-6.74-9.09)	0.56	(-4.02-7.59)	0.86
Satisfaction															
12 months	0.00	(0.00-0.00) ^c	0.00	(0.00-0.00) ^d	0.75	0.00	(0.00-11.11) ^h	0.00	(0.00-0.00) ^g	0.47	0.00	(0.00-0.00) ^b	0.00	(0.00-0.00) ⁱ	0.56
24 months	0.00	(0.00-0.00) ^e	0.00	(0.00-0.00) ^d	0.17	0.00	(0.00-11.11) ^h	0.00	(0.00-0.00) ^g	0.43	0.00	(0.00-0.00) ⁱ	0.00	(0.00-0.00) ⁱ	0.22
BMI															
12 months	0.00	(-2.64-2.31) ^a	0.34	(-2.57-3.85) ^f	0.76	0.26	(-0.83-1.85) ^a	-0.74	(-5.16-2.28) ^a	0.54	-0.29	(-2.90-2.41)	1.39	(-2.08-3.91) ^b	0.36
24 months	-0.66	(-4.18-2.00)	-0.57	(-2.15-4.23)	0.40	-1.63	(-3.14-2.00)	-0.97	(-4.48-3.90)	0.74	0.40	(-4.18-1.79)	0.88	(-1.84-4.41)	0.46
Cholesterol															
12 months	-1.56	(-11.43-13.51)	2.41	(-7.48-14.33) ^f	0.45	-4.53	(-11.90-13.51)	2.44	(-6.45-16.67)	0.27	2.38	(-5.71-12.20)	2.38	(-8.51-13.04) ^f	0.88
24 months	-4.76	(-13.95-11.90)	4.88	(-9.43-23.91) ^g	0.13	-3.77	(-12.90-3.03)	5.56	(-8.93-12.82) ^a	0.29	-5.00	(-13.95-13.51)	4.76	(-9.43-23.91) ^f	0.24

Percentage change in secondary outcomes normalised to baseline at 1 and 2 years. Data presented as N (%) or Mean (standard deviation) or Median (interquartile range). a – 1 absent data; b – 2 absent data; c – 7 absent data; d – 10 absent data; e – 11 absent data; f – 3 absent data; g – 4 absent data; h – 5 absent data; i – 6 absent data. x – control vs telemedicine (all subjects); y – CKD Control vs CKD Telemedicine; z – KTR Control vs KTR Telemedicine. Note that due to the small sample size in the subgroup analysis, changes in HbA1c were unable to be tested – however there was no significant difference between Control and Telemedicine groups at year 2 (data not shown).

Supplementary Material

STROBE Statement—Checklist of items that should be included in reports of *case-control studies*

	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	3
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	3,4
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	5,6
Objectives	3	State specific objectives, including any prespecified hypotheses	6
Methods			
Study design	4	Present key elements of study design early in the paper	6-9
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6
Participants	6	(a) Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls	6
		(b) For matched studies, give matching criteria and the number of controls per case	6
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	8
Bias	9	Describe any efforts to address potential sources of bias	6
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	9
		(b) Describe any methods used to examine subgroups and interactions	9
		(c) Explain how missing data were addressed	9
		(d) If applicable, explain how matching of cases and controls was addressed	6
		(e) Describe any sensitivity analyses	9
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	9,10
		(b) Give reasons for non-participation at each stage	9,10
		(c) Consider use of a flow diagram	Fig 1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Table 1
		(b) Indicate number of participants with missing data for each variable of	Table

		interest	1, sup t 1&2
Outcome data	15*	Report numbers in each exposure category, or summary measures of exposure	9,10
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	N/A
		(b) Report category boundaries when continuous variables were categorized	Table 1
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	10,11, Supp tbl 2
Discussion			
Key results	18	Summarise key results with reference to study objectives	11,12
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	13,14
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	14
Generalisability	21	Discuss the generalisability (external validity) of the study results	14
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	15

*Give information separately for cases and controls.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at <http://www.strobe-statement.org>.