

## **Supplemental Figure Legends**

### **Supplemental Figure 1. Effect of non-calcium-based phosphate binders on change in serum phosphate**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on serum phosphate (mg/dL) at last measurement

### **Supplemental Figure 2. Effect of non-calcium-based phosphate binders on change in urinary phosphate**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on urinary phosphate at last measurement

(Units for urinary phosphate: \* mg/day; # mmol/L; & mmol/day; % 24hr phosphate:creatinine mg/g; \$ spot urine phosphate:creatinine ratio mg/mg)

### **Supplemental Figure 3a. Effect of non-calcium phosphate binders on change in serum calcium**

Forest plot showing the effect of non-calcium phosphate binders compared to placebo on serum calcium (mg/dL) at last measurement

### **Supplemental Figure 3b. Effect of non-calcium-based phosphate binders on change in serum calcium**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on serum calcium (mg/dL) at last measurement

### **Supplemental Figure 4a. Effect of non-calcium phosphate binders on change in kidney function (estimated glomerular filtration rate)**

Forest plot showing the effect of non-calcium phosphate binders compared to placebo on eGFR (ml/min/1.73<sup>2</sup>) at last measurement

**Supplemental Figure 4b. Effect of non-calcium-based phosphate binders on change in kidney function (estimated glomerular filtration rate)**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on eGFR (ml/min/1.73<sup>2</sup>) at last measurement

**Supplemental Figure 5. Effect of non-calcium-based phosphate binders on change in parathyroid hormone (PTH)**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on PTH (pg/mL) at last measurement

**Supplemental Figure 6a. Effect of non-calcium-based phosphate binders on change in c-terminal fibroblast growth factor-23 (cFGF23)**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on cFGF23 (RU/mL) at last measurement

**Supplemental Figure 6b. Effect of non-calcium-based phosphate binders on change in intact fibroblast growth factor-23 (iFGF23)**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on iFGF23 (pg/mL) at last measurement

**Supplemental Figure 7. Effect of non-calcium-based phosphate binders on change in pulse wave velocity (PWV)**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on PWV (m/s) at last measurement

**Supplemental Figure 8. Effect of non-calcium-based phosphate binders on change in vascular calcification**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on vascular calcification scores at last measurement

**Supplemental Figure 9. Effect of non-calcium-based phosphate binders on mortality**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on mortality

**Supplemental Figure 10. Effect of non-calcium-based phosphate binders on cardiovascular events**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on cardiovascular events

**Supplemental Figure 11a. Effect of non-calcium-based phosphate binders on nausea**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo on nausea

**Supplemental Figure 11b. Effect of non-calcium-based phosphate binders on nausea**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on nausea

**Supplemental Figure 12. Effect of non-calcium-based phosphate binders on constipation**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on constipation

**Supplemental Figure 13a. Effect of non-calcium-based phosphate binders on diarrhea**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo on diarrhea

**Supplemental Figure 13b. Effect of non-calcium-based phosphate binders on diarrhea**

Forest plot showing the effect of non-calcium-based phosphate binders compared to placebo or no study treatment on diarrhea

**Supplemental Figure 14. Effect of non-calcium phosphate binders on cessation of study medication**

Forest plot showing the effect of non-calcium phosphate binders compared to placebo on cessation of study medication during the trial

## Supplemental Tables

### Supplemental Table 1: Search Strategy

1. (non calcium adj3 phosphate binder\*).mp.
2. (phosphate binder\* not calcium).mp.
3. 1 or 2
4. phosphate binder\*.mp.
5. 4 not 3
6. lanthanum carbonate.mp.
7. Lanthanum/
8. sevelamer hydrochloride.mp. or Sevelamer/
9. ((calcium adj2 magnesium) and binder\*).mp.
10. bixalomer.mp.
11. colestilan.mp.
12. (iron and binder\*).mp.
13. sucroferric oxyhydroxide.mp.
14. ferric citrate.mp.
15. ((aluminium or aluminum) and binder\*).mp.
16. nicotinamide.mp. or Niacinamide/
17. phosphate.mp.
18. 16 and 17
19. 1 or 2 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 18
20. 4 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 18
21. exp renal insufficiency, chronic/ or kidney failure, chronic/
22. chronic kidney disease.mp.
23. chronic renal failure.mp.
24. 21 or 22 or 23
25. renal replacement therapy/ or exp renal dialysis/ or hemodiafiltration/ or hemodialysis, home/ or peritoneal dialysis/ or kidney transplantation/
26. renal dialysis.mp.
27. Renal Dialysis/
28. renal transplant\*.mp.
29. renal allograft.mp.
30. exp Dialysis/ or dialysis.mp.
31. (hemodialysis or haemodialysis).mp.
32. 25 or 26 or 27 or 28 or 29 or 30 or 31
33. 20 and 24
34. 33 not 32

Supplemental Table 2: GRADE Summary of Evidence for non-calcium-based phosphate binders vs placebo

<b>Number of studies (and participants)</b>	<b>Limitations (Risk of Bias)</b>	<b>Indirectness of patients, intervention and comparator</b>	<b>Inconsistency</b>	<b>Imprecision</b>	<b>Other considerations</b>	<b>Quality of evidence</b>
<b><i>Serum phosphate (follow-up 3-24 months)</i></b>						
12 studies (1280 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Urinary phosphate excretion (follow-up 3-24 months)</i></b>						
8 studies (702 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Serum calcium (follow-up 3-24 months)</i></b>						
11 studies (1257 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕OOO Very low
<b><i>Serum PTH (follow-up 3-24 months)</i></b>						
10 trials (1080 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Serum intact FGF23 (follow-up 3-24 months)</i></b>						
8 trials (937 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Small study bias Industry funded trials	⊕OOO Very low
<b><i>Serum c-terminal FGF23 (follow-up 3-24 months)</i></b>						
6 trials (694 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕OOO Very low
<b><i>eGFR (follow-up 3-24 months)</i></b>						
9 trials (930 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Mortality (3-24 months)</i></b>						

13 trials (1479 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Cardiovascular events (3-24 months)</i></b>						
7 trials (873 participants)	Serious limitations	No serious indirectness	Serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Pulse wave velocity (10-24 months)</i></b>						
3 trials (333 participants)	Very serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Vascular Calcification (9-24 months)</i></b>						
3 trials (183 participants)	Very serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Cessation of medications (3-24 months)</i></b>						
10 trials (1086 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕○○ Low
<b><i>Nausea (3-24 months)</i></b>						
9 trials (1244 participants)	Serious limitations	No serious indirectness	No serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕⊕○ Moderate
<b><i>Diarrhea (3-12 months)</i></b>						
8 trials (962 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕○○ Low
<b><i>Constipation (3-12 months)</i></b>						
8 trials (900 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕○○ Low

**Abbreviations:** eGFR, estimated glomerular filtration rate; FGF23, fibroblast growth factor 23; PTH, parathyroid hormone

Supplemental Table 3: Summary of GRADE findings – Non-calcium-based phosphate binders compared to combined placebo or no study medication

Outcomes	Illustrative Comparative Outcomes		Relative effect (95% confidence interval)	Number of participants (studies)	Certainty of evidence (GRADE)	Comments
	Effect non-calcium-based phosphate binders	Risk with placebo or no study treatment*				
<i>Serum phosphate (mg/dL) (3-24 months)</i>	The measure of mean serum phosphate was 0.29 mg/dL lower than the placebo group	The mean serum phosphate was 4.23 mg/dL	-0.49 – -0.10	1596 (15)	⊕⊕OO Due to risk of bias and inconsistency	Considerable heterogeneity (I <sup>2</sup> = 85%)
<i>Urinary phosphate excretion (SMD) (3-24 months)</i>	The measure of mean urinary phosphate excretion was 0.61 standard units lower than with placebo	The mean urinary phosphate was 423.1 standard units	-0.84 – -0.38	964 (10)	⊕⊕OO Due to risk of bias and inconsistency	Different units of urinary phosphate excretion including ratios added to inconsistency of results
<i>Serum PTH (pg/dL) (3-24 months)</i>	The measure of mean serum PTH was unchanged in comparison to placebo	The mean serum PTH was 125.6 pg/dL	-15.47 – 10.55	1319 (14)	⊕⊕OO Due to risk of bias and inconsistency of results	Some inconsistency in results regarding effect on PTH
<i>Pulse wave velocity</i>	The PWV was unchanged	The mean PWV was 10.2 m/s	-0.46 – 1.05	507 (5)	⊕OOO Due to risk of bias,	3 studies only able to be analysed, with 2 sets of mean values being identical



<i>(m/s)</i> <i>(10-24 months)</i>					imprecision and inconsistency	(likely due to transformation of median to mean for analysis)
<b>Vascular calcification</b> <i>(Standard units)</i> <i>(9-24 months)</i>	There was a small degree of effect on vascular calcification (Hedge's $g=0.29$ )	High background risk of vascular calcification in CKD depending on stage	0.02 – 0.56	320 (5)	⊕○○○ Due to risk of bias, imprecision and inconsistency	Statistically significant ( $p<0.01$ ) Not likely to be of clinical significance. 3 studies only able to be analysed.
<b>Mortality</b> <i>(log OR)</i> <i>(3-24 months)</i>	There was no significant difference in mortality rate between the two groups (log OR -0.22)	Risk with placebo 2/100 person years	-1.41 – 0.97	1942 (17)	⊕○○○ Due to risk of bias, imprecision and inconsistency	Large confidence intervals leading to imprecision. Studies often not powered or had long enough follow-up geared to considerations of mortality
<b>Cardiovascular events</b> <i>(log OR)</i> <i>(3-24 months)</i>	There was no difference in the risk of cardiovascular events between non-calcium binders and no study treatment (log OR 0.15)	Not estimable	-0.58 – 0.88	1072 (8)	⊕○○○ Due to risk of bias, imprecision and inconsistency	Few events and not powered for follow-up

\* Calculations for overall weighted means for serum and urinary phosphate, PTH and PWV – sum of weighted placebo means across studies for each variable.

Supplemental Table 4: GRADE Summary of Evidence for non-calcium phosphate binders vs placebo or no study treatment

<b>Number of studies (and participants)</b>	<b>Limitations (Risk of Bias)</b>	<b>Indirectness of patients, intervention and comparator</b>	<b>Inconsistency</b>	<b>Imprecision</b>	<b>Other considerations</b>	<b>Quality of evidence</b>
<b><i>Serum phosphate (follow-up 3-24 months)</i></b>						
15 studies (1596 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Urinary phosphate excretion (follow-up 3-24 months)</i></b>						
10 studies (964 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Serum calcium (follow-up 3-24 months)</i></b>						
13 studies (1519 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕OOO Very low
<b><i>Serum PTH (follow-up 3-24 months)</i></b>						
14 trials (1319 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Serum intact FGF23 (follow-up 3-24 months)</i></b>						
12 trials (1224 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Small study bias Industry funded trials	⊕OOO Very low
<b><i>Serum c-terminal FGF23 (follow-up 3-24 months)</i></b>						
7 trials (854 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕OOO Very low
<b><i>eGFR (follow-up 3-24 months)</i></b>						
12 trials (1191 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Mortality (3-24 months)</i></b>						

17 trials (1942 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Cardiovascular events (3-24 months)</i></b>						
8 trials (1072 participants)	Serious limitations	No serious indirectness	Serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Pulse wave velocity (10-24months)</i></b>						
5 trials (507 participants)	Very serious limitations	No serious indirectness	Serious inconsistency	Serious imprecision	Industry funded trials	⊕⊕○○ Very low
<b><i>Vascular calcification (9-24 months)</i></b>						
5 trials (320 participants)	Very serious limitations	No serious indirectness	Serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Cessation of medications (3-24 months)</i></b>						
10 trials (1086 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Nausea (3-24 months)</i></b>						
10 trials (1350 participants)	Serious limitations	No serious indirectness	No serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕⊕○ Moderate
<b><i>Diarrhea (3-12 months)</i></b>						
8 trials (962 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕○○ Low
<b><i>Constipation (3-12 months)</i></b>						
9 trials (1006 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕○○ Low

**Abbreviations:** eGFR, estimated glomerular filtration rate; FGF23, fibroblast growth factor 23; PTH, parathyroid hormone

Supplemental Table 5: Summary of GRADE findings – Non-calcium phosphate-lowering therapy compared to placebo

Outcomes	Illustrative Comparative Outcomes		Relative effect (95% confidence interval)	Number of participants (studies)	Quality of evidence (GRADE)	Comments
	<b>Effect of non-calcium phosphate-lowering therapy</b>	<b>Risk with placebo*</b>				
<i>Serum phosphate (mg/dL)</i> (3-24 months)	The measure of mean serum phosphate was 0.3 mg/dL lower than the placebo group	The mean serum phosphate was 4.28 mg/dL	-0.55 – -0.14	1330 (12)	⊕⊕⊕⊕ Due to risk of bias and inconsistency	Considerable heterogeneity (I <sup>2</sup> = 85%)
<i>Urinary phosphate excretion (SMD)</i> (3-24 months)	The measure of mean urinary phosphate excretion was 0.55 standard units lower.	The mean urinary phosphate was 432.5 standard units	-0.83 – -0.27	753 (8)	⊕⊕⊕⊕ Due to risk of bias and inconsistency	Different units of urinary phosphate excretion including ratios added to inconsistency of results (I <sup>2</sup> =68.3%)
<i>Serum PTH (pg/dL)</i> (3-24 months)	The measure of mean serum PTH was unchanged	The mean serum PTH was 130.5 pg/dL	-20.21 – 7.16	1131 (11)	⊕⊕⊕⊕ Due to risk of bias and inconsistency of results	Some inconsistency in results regarding effect on PTH (I <sup>2</sup> =69% with large confidence intervals)
<i>Vascular calcification</i>	There was a suggestion of a moderate	High background risk of	0.17 – 0.77	320 (3)	⊕⊕⊕⊕ Due to risk of bias,	Two studies only with a small number of participants

<i>(Standard units)</i> <i>(9-24 months)</i>	increase in vascular calcification with phosphate-lowering medication (Hedge's $g=0.47$ )	vascular calcification in CKD depending on stage			imprecision and inconsistency	
<i>Pulse wave velocity</i> <i>(m/s)</i> <i>(10-24 months)</i>	There was no difference in pulse wave velocity with phosphate lowering medication	The mean PWV in the placebo group was 10.4m/s	-0.46 – 1.05	333 (3)	⊕○○○ Due to some risk of bias, imprecision and inconsistency	Three studies only
<i>Mortality</i> <i>(log OR)</i> <i>(3-24 months)</i>	There was no significant difference in mortality risk between the two groups (log OR -0.56)	Risk with placebo 2/100 person years	-1.99 – 0.87	1530 (8)	⊕○○○ Due to risk of bias, imprecision and inconsistency	Large confidence intervals leading to imprecision. Studies often not powered or had long enough follow-up geared to considerations of mortality
<i>Cardiovascular events</i> <i>(3-24 months)</i>	There was no significant difference in the cardiovascular event risk between the two groups	Not estimable		873 (7)	⊕○○○ Due to risk of bias, imprecision and inconsistency	

\* Calculations for overall weighted means for serum and urinary phosphate, PTH and PWV – sum of weighted placebo means across studies for each variable

Supplemental Table 6: GRADE Summary of Evidence for non-calcium phosphate-lowering therapy vs placebo

<b>Number of studies (and participants)</b>	<b>Limitations (Risk of Bias)</b>	<b>Indirectness of patients, intervention and comparator</b>	<b>Inconsistency</b>	<b>Imprecision</b>	<b>Other considerations</b>	<b>Quality of evidence</b>
<b><i>Serum phosphate (follow-up 3-24 months)</i></b>						
12 studies (1330 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Urinary phosphate excretion (follow-up 3-24 months)</i></b>						
8 studies (753 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Serum calcium (follow-up 3-24 months)</i></b>						
11 studies (1308 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕OOO Very low
<b><i>Serum PTH (follow-up 3-24 months)</i></b>						
11 trials (1131 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Serum intact FGF23 (follow-up 3-24 months)</i></b>						
9 trials (988 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Small study bias Industry funded trials	⊕OOO Very low
<b><i>Serum c-terminal FGF23 (follow-up 3-24 months)</i></b>						
6 trials (694 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕OOO Very low
<b><i>eGFR (follow-up 3-24 months)</i></b>						
9 trials (981 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕OO Low
<b><i>Mortality (3-24 months)</i></b>						

13 trials (1530 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Cardiovascular events (3-24 months)</i></b>						
7 trials (873 participants)	Serious limitations	No serious indirectness	Serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Pulse wave velocity (10-24 months)</i></b>						
3 trials (333 participants)	Very serious limitations	No serious indirectness	Serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Vascular calcification (9-24 months)</i></b>						
3 trials (320 participants)	Very serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Cessation of medications (3-24 months)</i></b>						
10 trials (1086 participants)	Serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕○○ Low
<b><i>Nausea (3-24 months)</i></b>						
9 trials (1295 participants)	Serious limitations	No serious indirectness	No serious inconsistency	No serious imprecision	Industry funded trials	⊕⊕⊕○ Moderate
<b><i>Diarrhea</i></b>						
8 trials (936 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Constipation</i></b>						
8 trials (900 participants)	Serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕○○○ Very low

**Abbreviations:** eGFR, estimated glomerular filtration rate; FGF23, fibroblast growth factor 23; PTH, parathyroid hormone

Supplemental Table 7: Summary of GRADE findings – Non-calcium-based phosphate binders compared to calcium-based phosphate binders<sup>#</sup>

Outcomes	Illustrative Comparative Outcomes		Relative effect (95% confidence interval)	Number of participants (studies <sup>&amp;</sup> )	Certainty of evidence (GRADE)	Comments
	Effect of non-calcium-based phosphate binders	Risk with calcium-based phosphate binders*				
<i>Serum phosphate (mg/dL) (4-36 months)</i>	The measure of mean serum phosphate was not lower with non-calcium phosphate binders	The mean serum phosphate was 4.47 mg/dL	-0.35 – 0.22	436 (5)	⊕○○○ Due to high risk of bias and very serious inconsistency	Considerable heterogeneity (I <sup>2</sup> =79%)
<i>Urinary phosphate excretion (SMD) (4-24 months)</i>	The measure of mean urinary phosphate excretion was not lower with non-calcium phosphate binders	The mean urinary phosphate was 380.8 standard units	-3.17 – -1.00	152 (3)	⊕○○○ Due to high risk of bias and very serious inconsistency	Different units of urinary phosphate excretion including ratios added to inconsistency of results. Considerable heterogeneity (I <sup>2</sup> = 97%)
<i>Serum calcium (mg/dL) (4-36 months)</i>	The measure of mean serum calcium was not higher with non-calcium phosphate binders	The mean serum calcium was 9.42 mg/dL	-0.70 – 0.15	436 (5)	⊕○○○ Due to high risk of bias and very serious inconsistency	Very serious inconsistency in results regarding effect on non-calcium-based phosphate binders on serum calcium. Considerable heterogeneity (I <sup>2</sup> = 96%)



<b><i>Serum PTH</i></b> <b><i>(pg/dL)</i></b> <b><i>(4-36 months)</i></b>	The measure of mean serum PTH was unchanged	The mean serum PTH was 212.2 pg/dL	-17.58 – 10.97	1131 (5)	⊕○○○ Due to high risk of bias and inconsistency of results	Some inconsistency in results regarding effect on PTH
<b><i>Mortality</i></b> <b><i>(log OR)</i></b> <b><i>(4-36 months)</i></b>	There was no significant difference in mortality rate between non-calcium binders and calcium binders (log OR -0.70)	Risk with placebo 2/100 person years	-1.45 – 0.05	421 (4)	⊕○○○ Due to high risk of bias, imprecision and inconsistency	Large confidence intervals, with only one large trial leading to any events being recorded
<b><i>Vascular calcification</i></b> <b><i>(Standard units)</i></b> <b><i>(9-24 months)</i></b>	There was no apparent difference in vascular calcification with non-calcium or calcium phosphate binders (0.05)	High background risk of vascular calcification in CKD depending on stage	-0.43 – 0.53	120 (2)	⊕○○○ Due to risk of bias, imprecision and inconsistency	Two studies only with a small number of participants

# The majority for studies had risk of bias for allocation concealment and performance bias  
& The calcium-based binder arm of *Block (2012)* included

\* Calculations for overall weighted means for serum and urinary phosphate, calcium, PTH and PWV – sum of weighted placebo means across studies for each variable

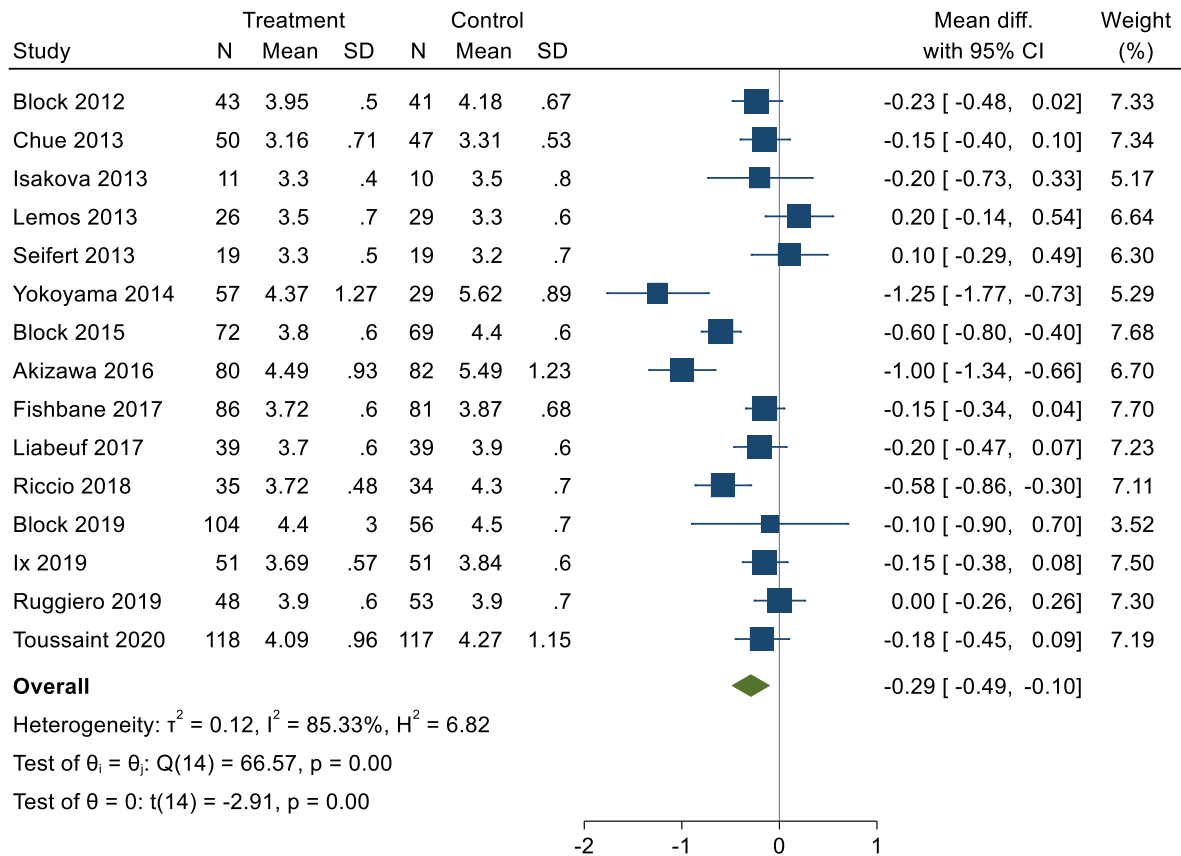
Supplemental Table 8: GRADE Summary of Evidence for non-calcium-based phosphate binders vs calcium-based phosphate binders

<i>Number of studies (and participants)</i>	<i>Limitations (Risk of Bias)</i>	<i>Indirectness of patients, intervention and comparator</i>	<i>Inconsistency</i>	<i>Imprecision</i>	<i>Other considerations</i>	<i>Quality of evidence</i>
<b><i>Serum phosphate (follow-up 4-36 months)</i></b>						
5 studies (436 participants)	Very serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Urinary phosphate excretion (follow-up 4-24 months)</i></b>						
3 studies (152 participants)	Very serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Serum calcium (follow-up 4-24 months)</i></b>						
5 studies (436 participants)	Very serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Serum PTH (follow-up 4-24 months)</i></b>						
5 trials (1131 participants)	Very serious limitations	No serious indirectness	Very serious inconsistency	No serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>eGFR (follow-up 3-24 months)</i></b>						
3 trials (152 participants)	Very serious limitations	No serious indirectness	Serious inconsistency	No serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Mortality (4-24 months)</i></b>						
4 trials (421 participants)	Very serious limitations	No serious indirectness	Very serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low
<b><i>Vascular calcification (9-24 months)</i></b>						
2 trials (120 participants)	Very serious limitations	No serious indirectness	Serious inconsistency	Serious imprecision	Industry funded trials	⊕○○○ Very low

**Abbreviations:** eGFR, estimated glomerular filtration rate; PTH, parathyroid hormone

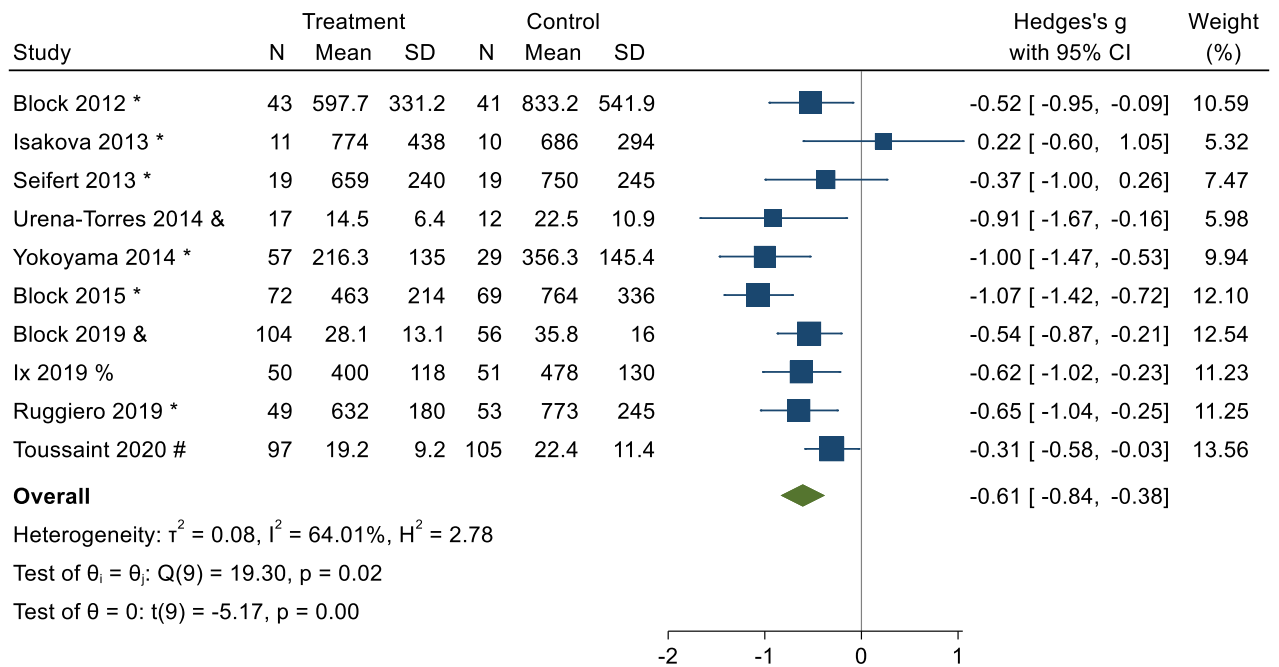
## Supplemental Figures

Supplemental Figure 1: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on serum phosphate.



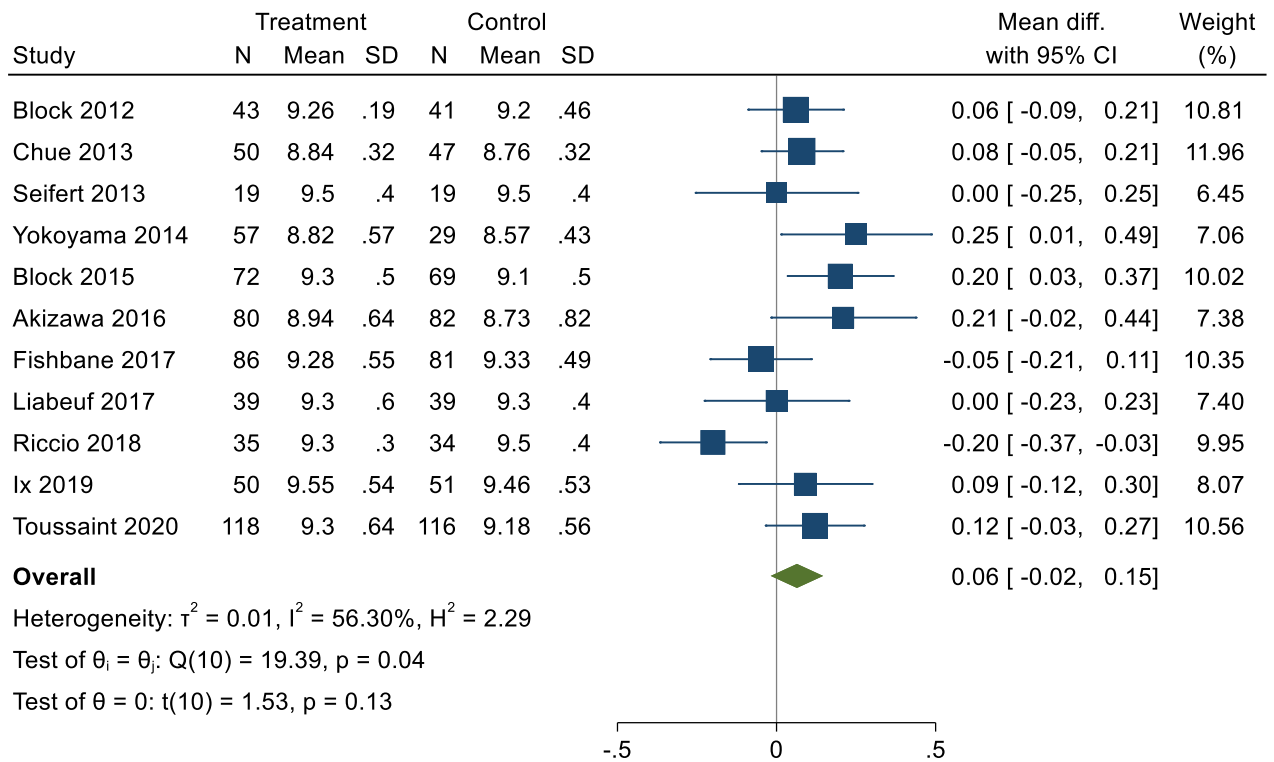
Random-effects Sidik-Jonkman model

Supplemental Figure 2: Effect of non-calcium phosphate binders compared to placebo or no study treatment on urinary phosphate.



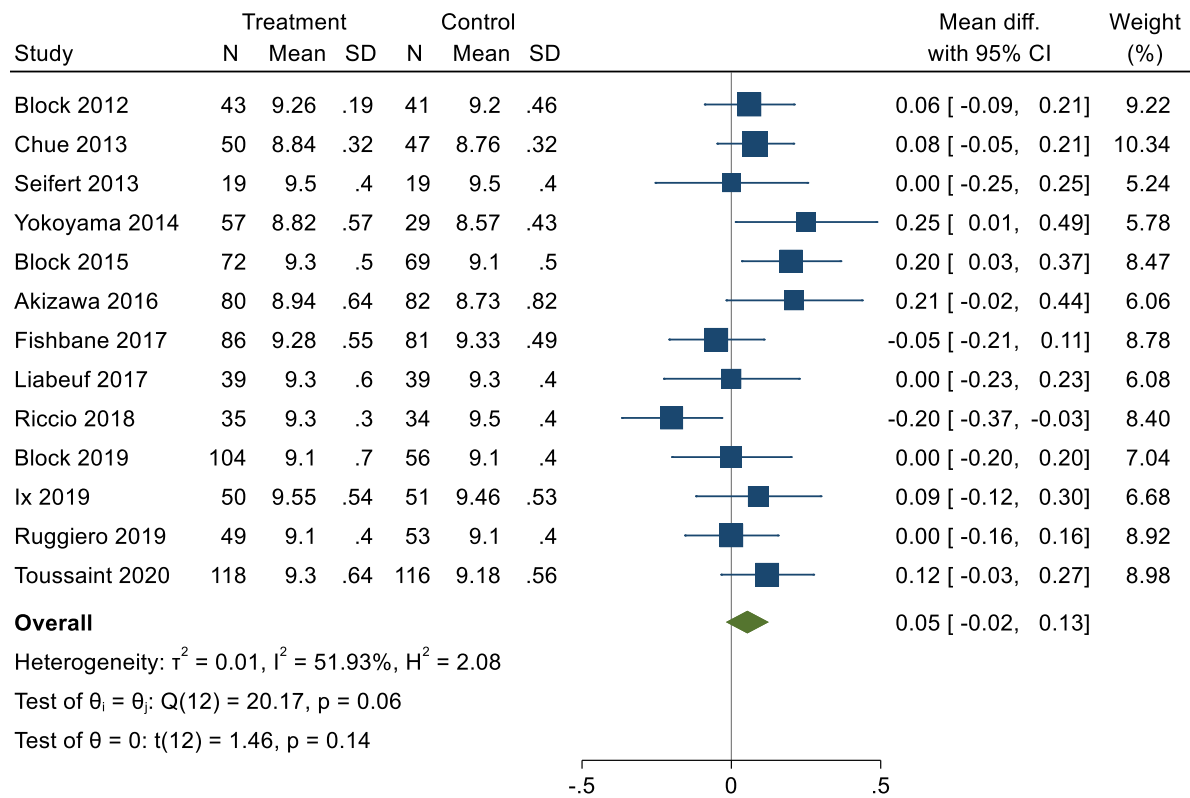
Random-effects Sidik-Jonkman model

Supplemental Figure 3a: Effect of non-calcium phosphate binder compared to placebo on serum calcium.



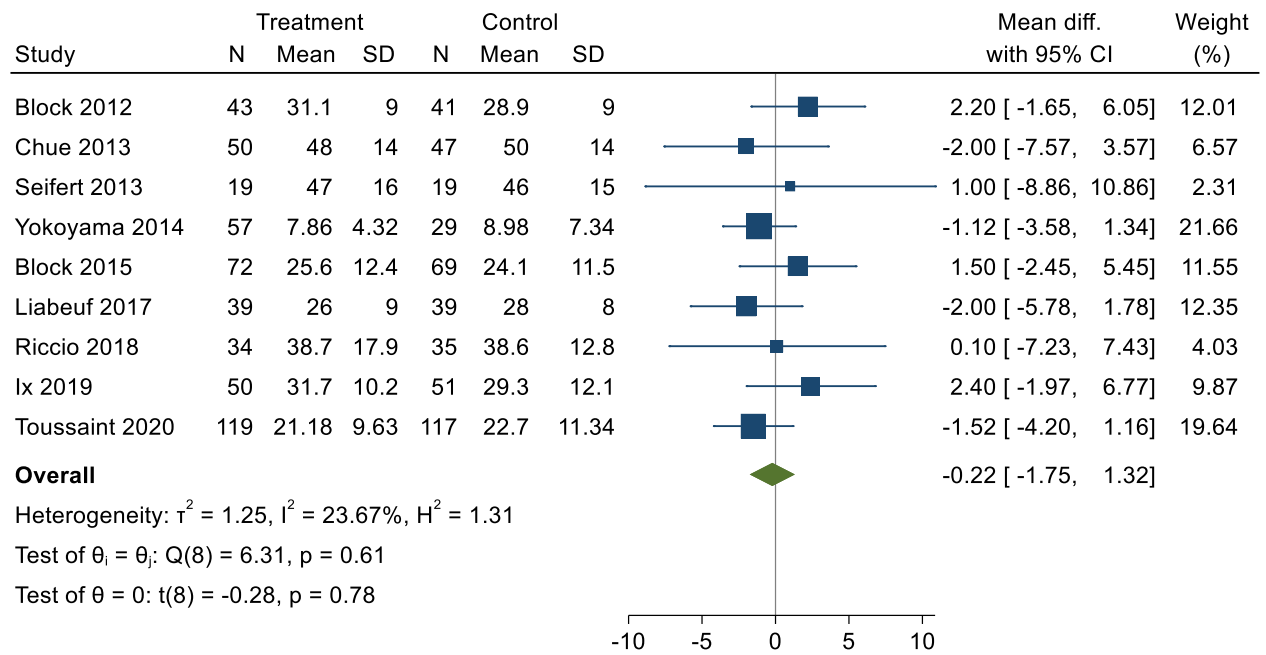
Random-effects Sidik-Jonkman model

Supplemental Figure 3b: Effect of non-calcium phosphate binders compared to placebo or no study treatment on serum calcium.



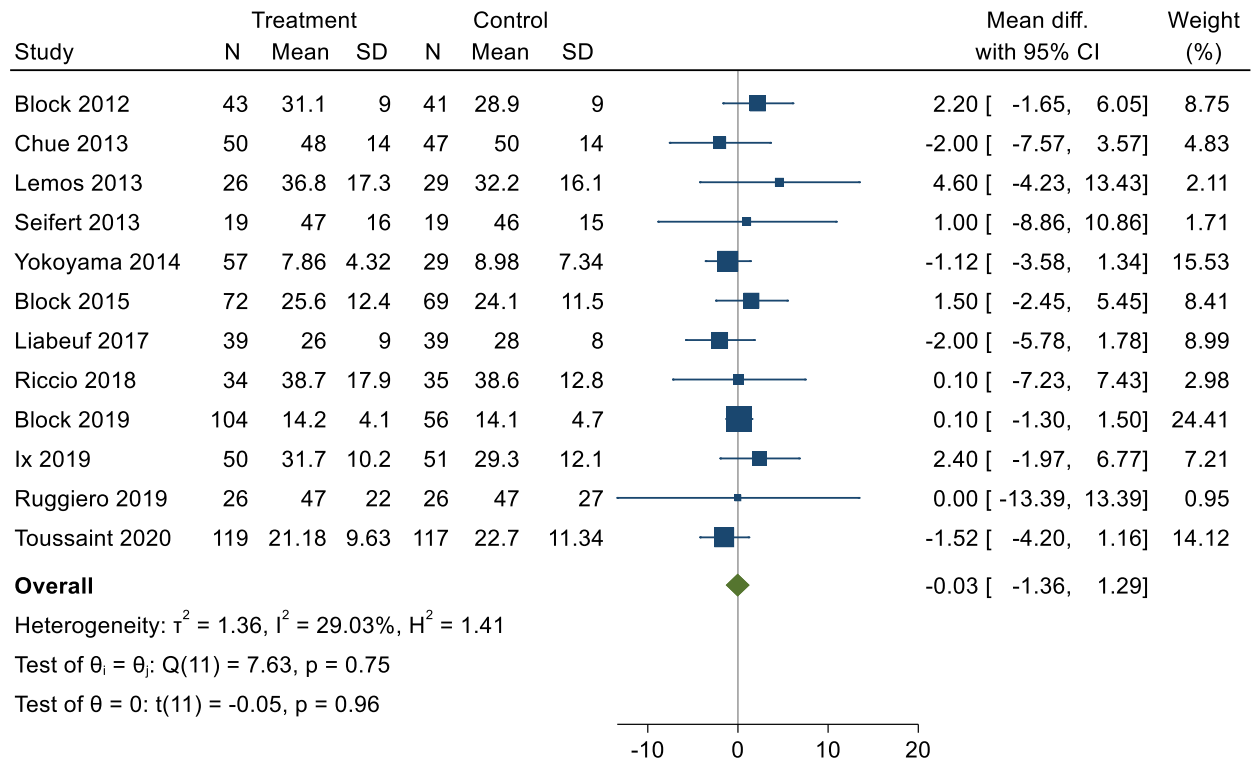
Random-effects Sidik-Jonkman model

Supplemental Figure 4a: Effect of non-calcium phosphate binders compared to placebo on eGFR.



Random-effects Sidik-Jonkman model

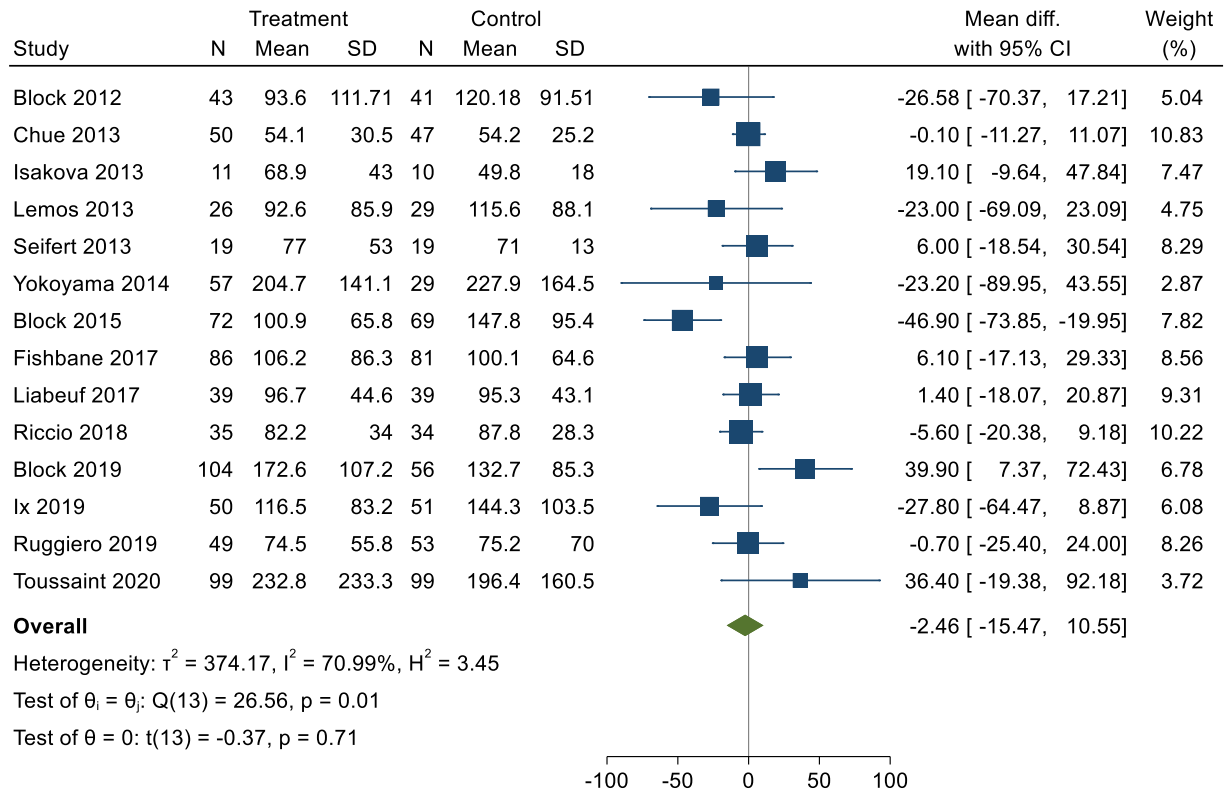
Supplemental Figure 4b: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on eGFR.



Random-effects Sidik-Jonkman model

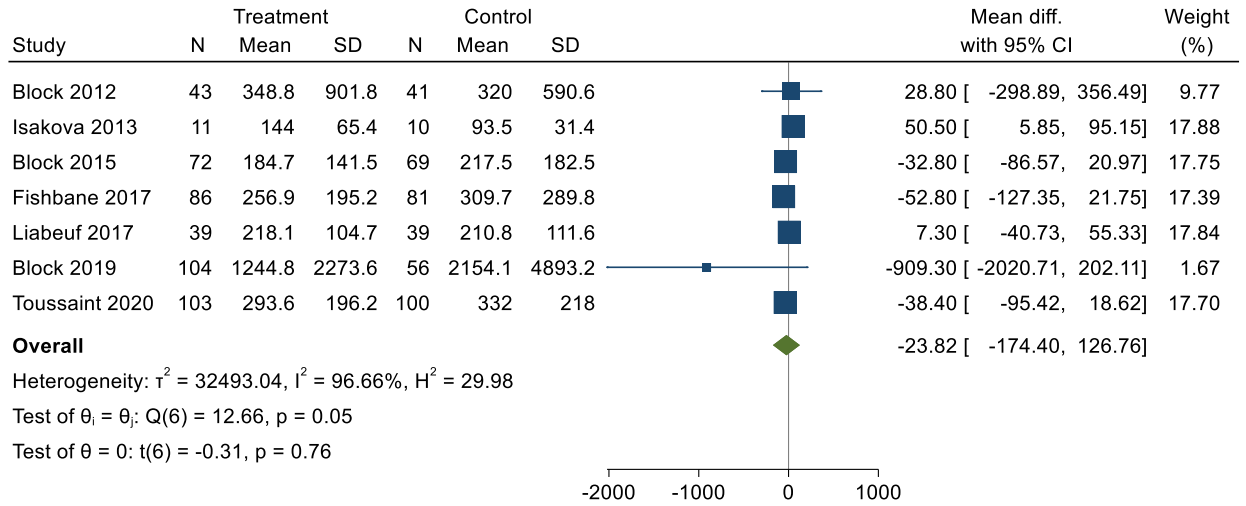


**Supplemental Figure 5: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on PTH.**



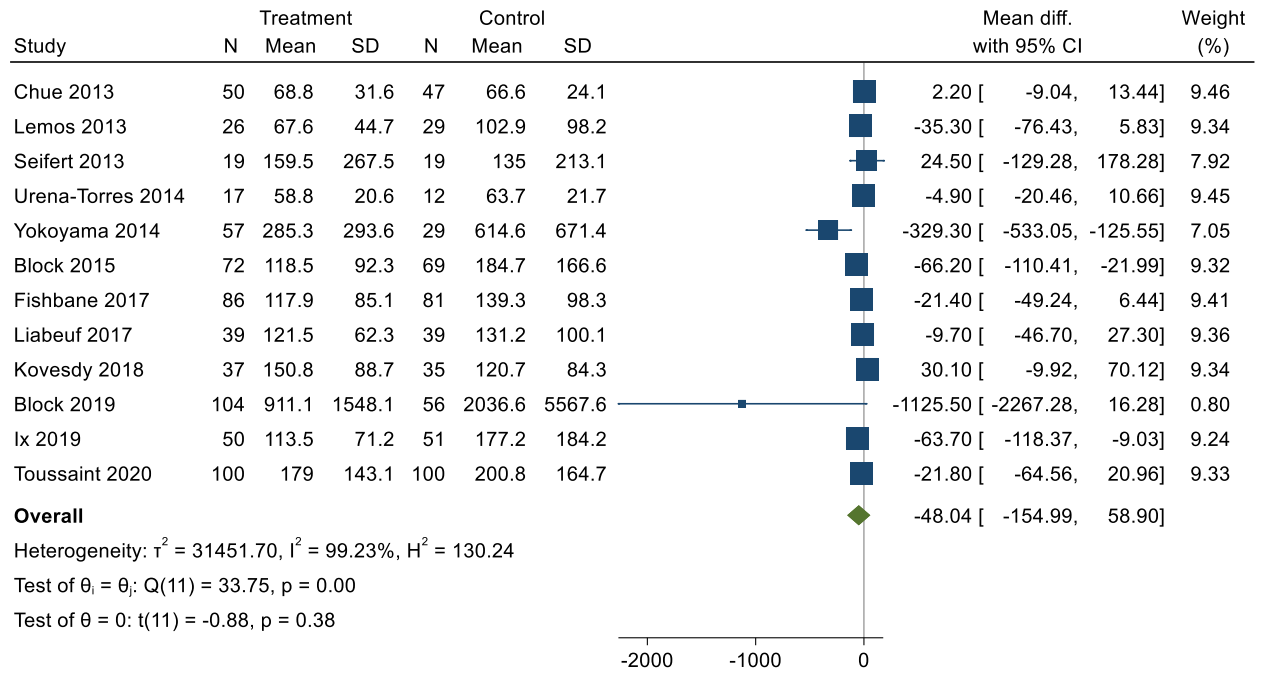
Random-effects Sidik-Jonkman model

Supplemental Figure 6a: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on cFGF23.



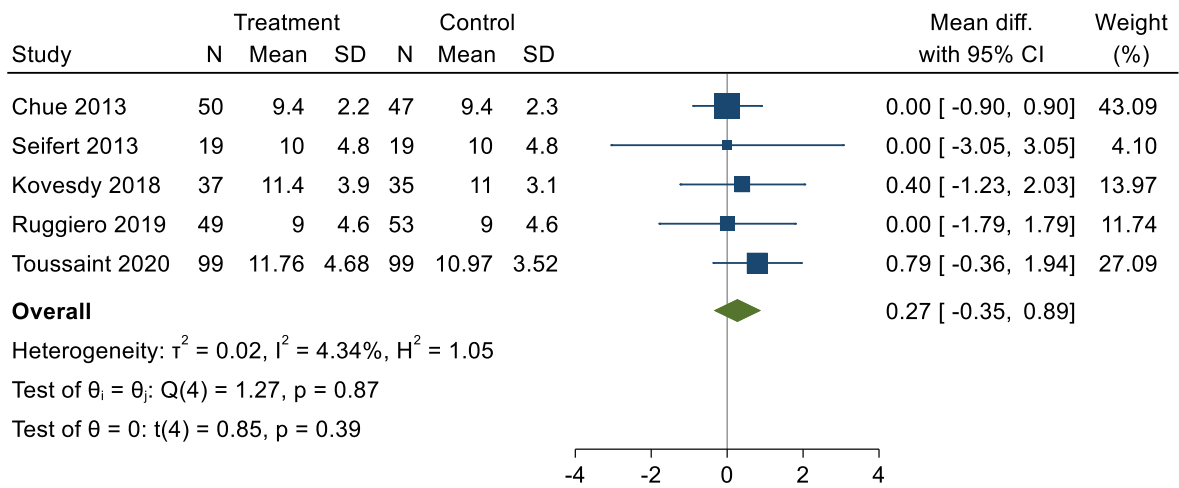
Random-effects Sidik-Jonkman model

Supplemental Figure 6b: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on iFGF23.



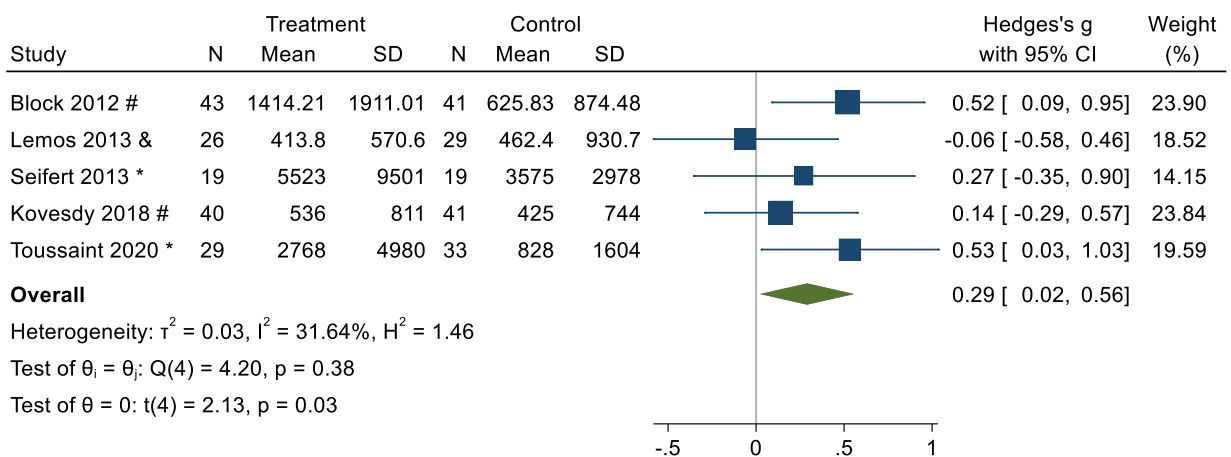
Random-effects Sidik-Jonkman model

**Supplemental Figure 7: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on PWV.**



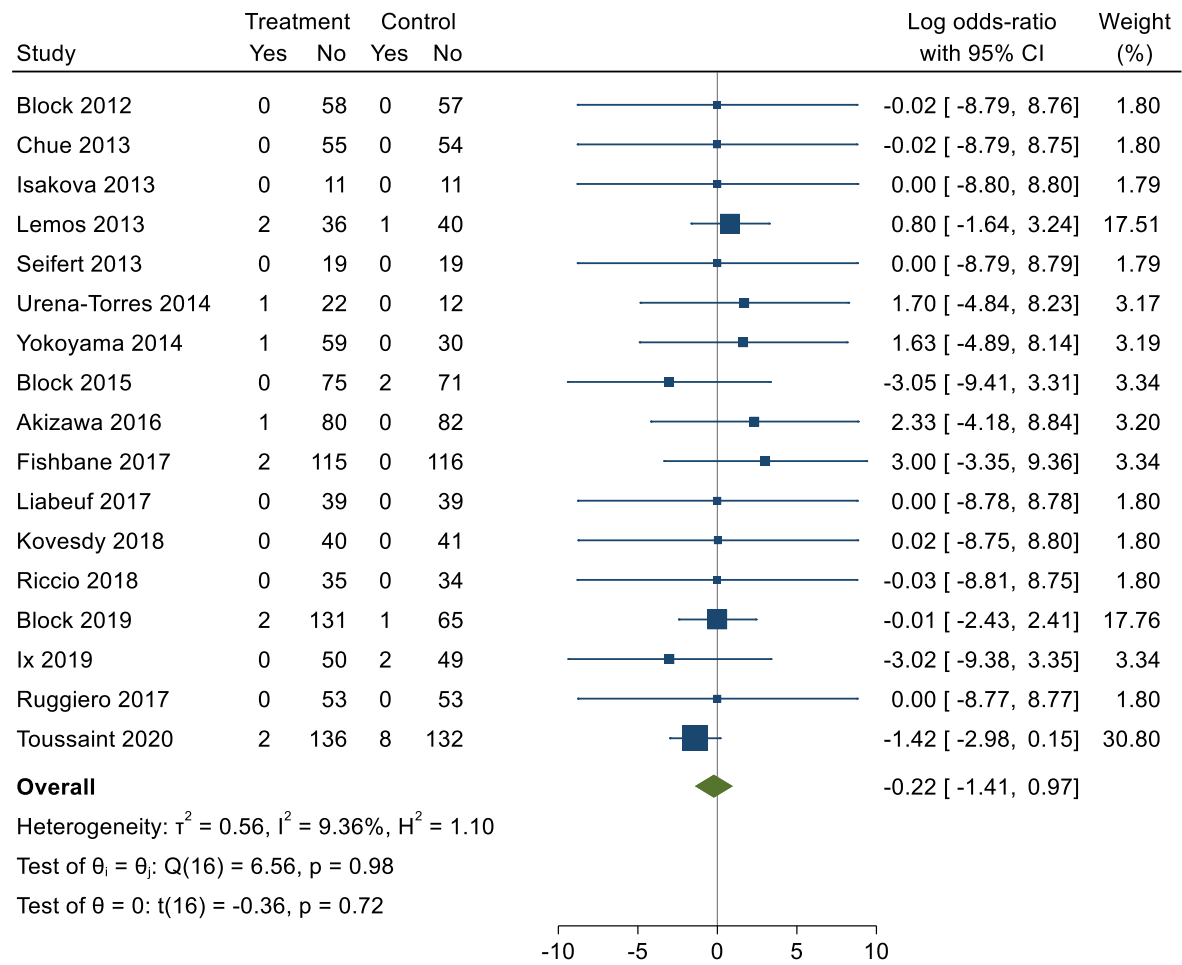
Random-effects Sidik-Jonkman model

**Supplemental Figure 8: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on vascular calcification.**



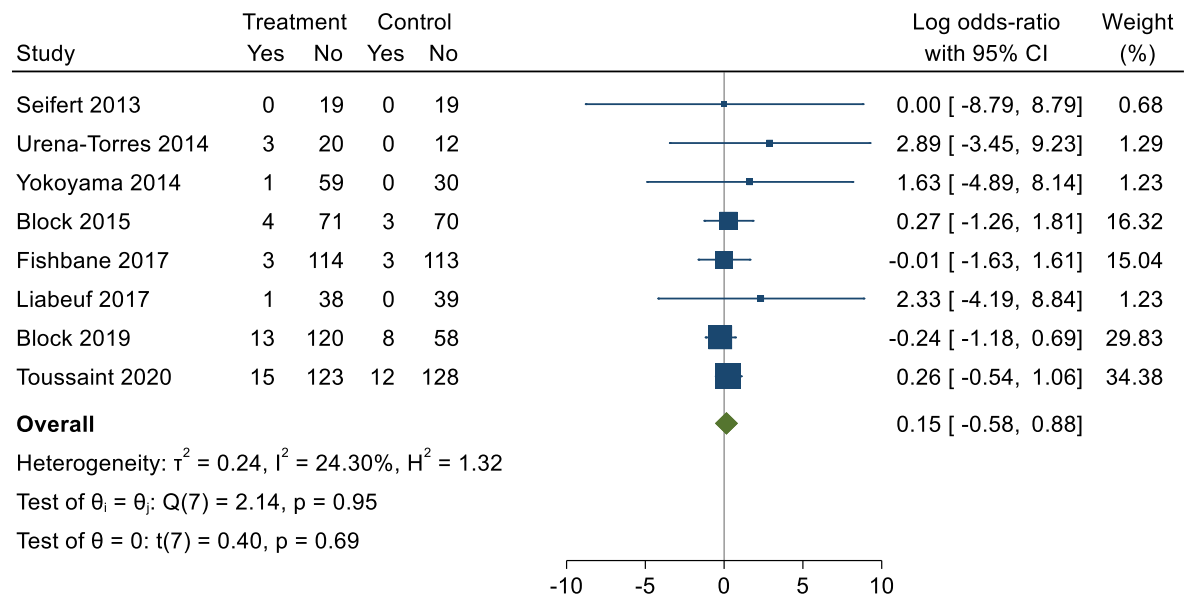
Random-effects Sidik-Jonkman model

**Supplemental Figure 9: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on mortality.**



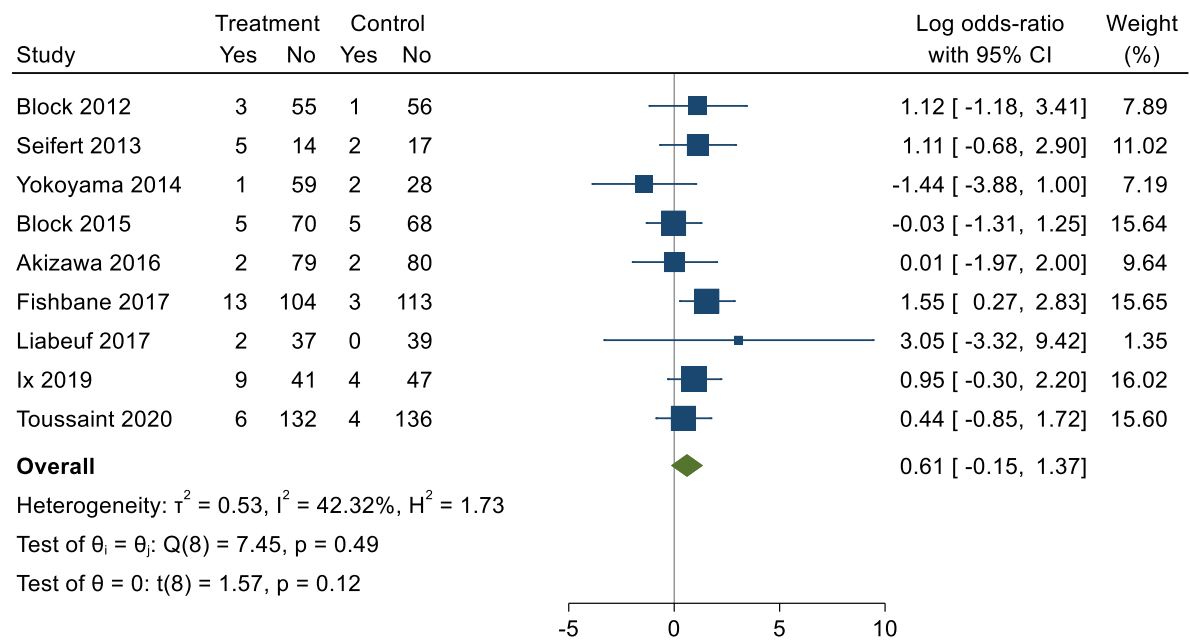
Random-effects Sidik-Jonkman model

Supplemental Figure 10: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on cardiovascular events.



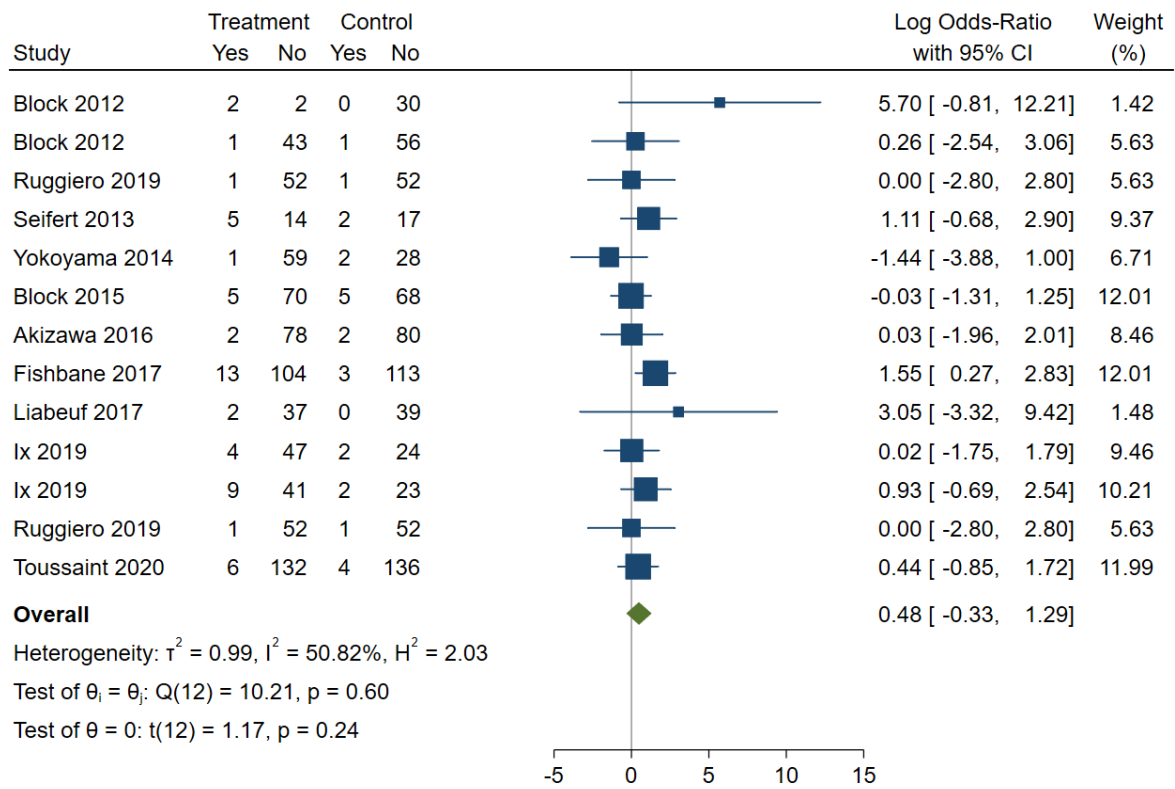
Random-effects Sidik-Jonkman model

Supplemental Figure 11a: Effect of non-calcium-based phosphate binders compared to placebo on nausea.



Random-effects Sidik-Jonkman model

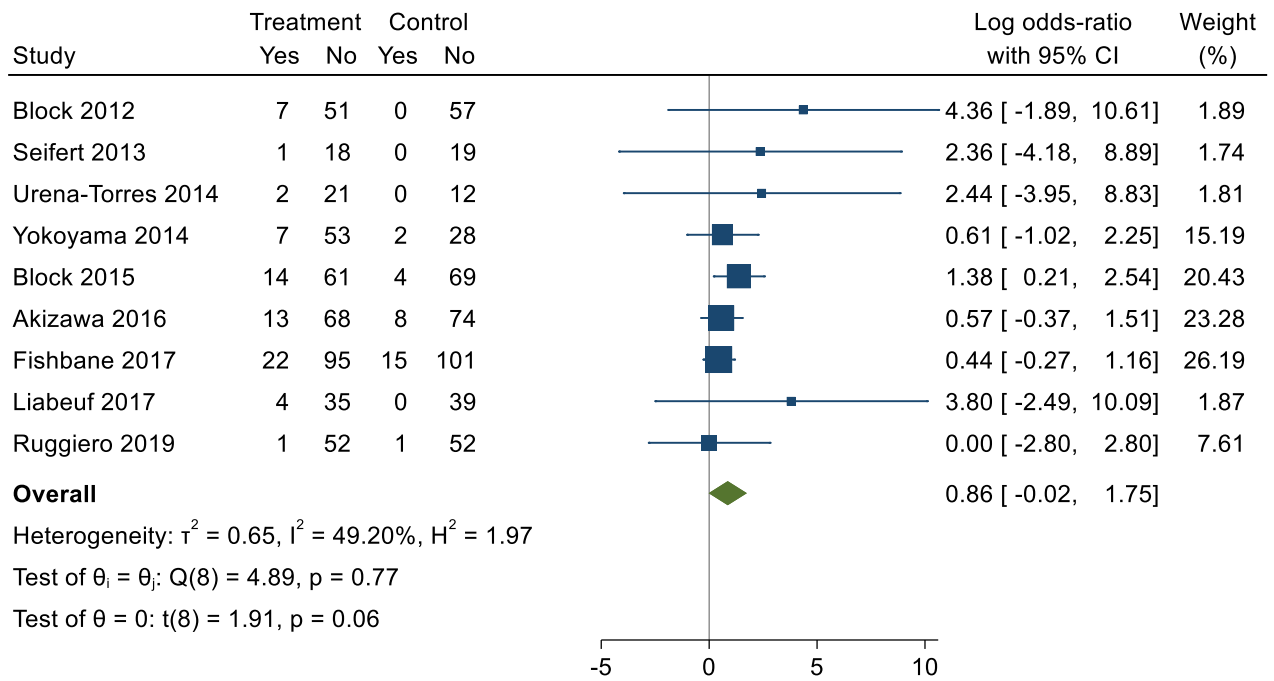
Supplemental Figure 11b: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on nausea.



Random-effects Sidik-Jonkman model

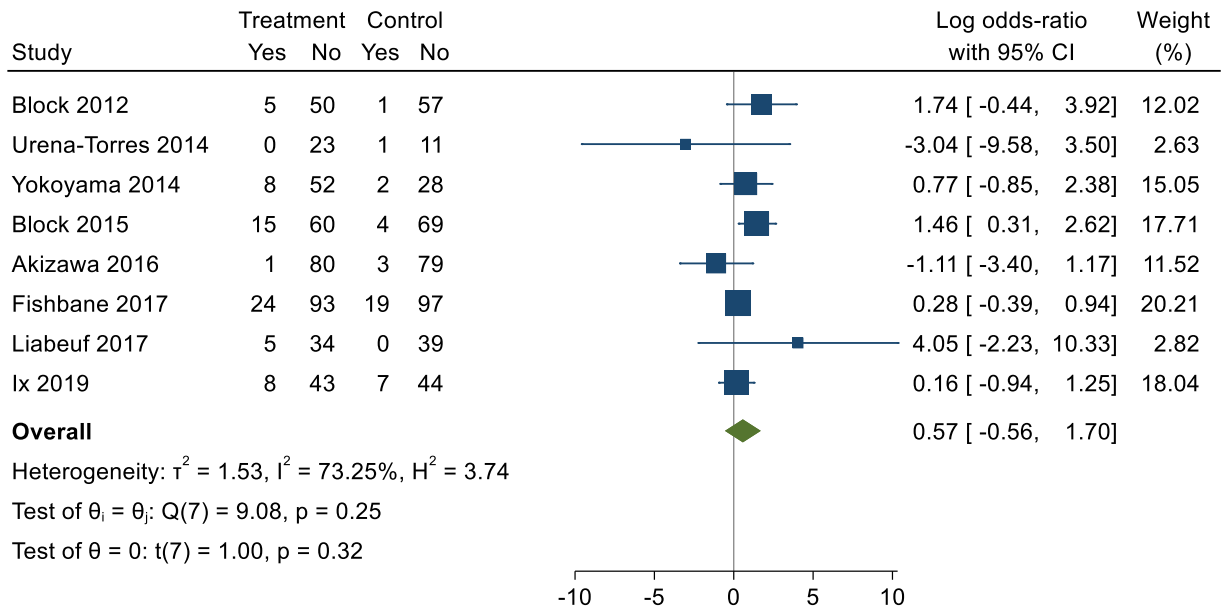


Supplemental Figure 12: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on constipation.



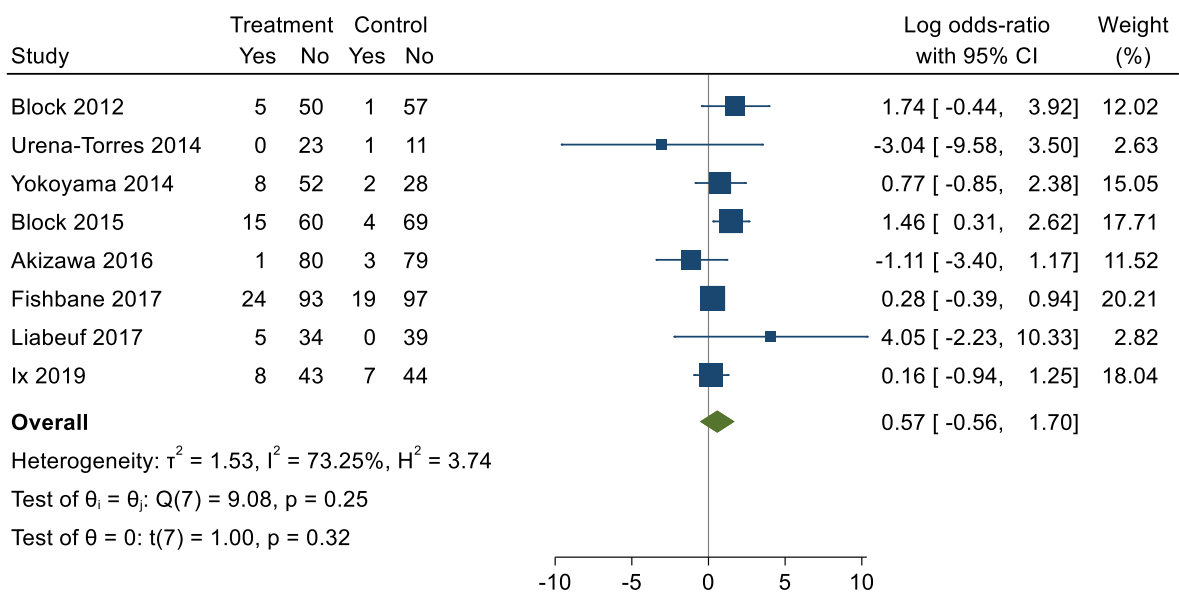
Random-effects Sidik-Jonkman model

Supplemental Figure 13a: Effect of non-calcium-based phosphate binders compared to placebo on diarrhea.



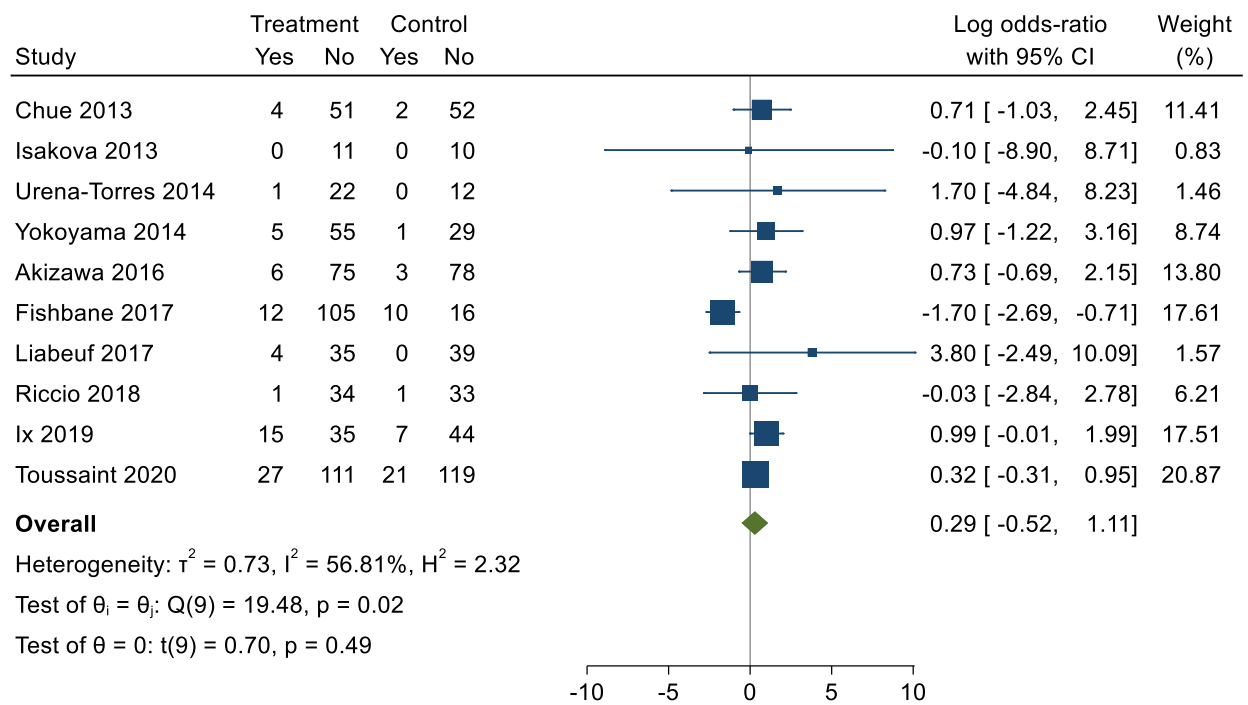
Random-effects Sidik-Jonkman model

Supplemental Figure 13b: Effect of non-calcium-based phosphate binders compared to placebo or no study treatment on diarrhea.



Random-effects Sidik-Jonkman model

Supplemental Figure 14: Effect of non-calcium phosphate binders compared to placebo on cessation of study medication.



Random-effects Sidik-Jonkman model