

APPENDIX 1: Questions in a survey of Vancouver General Hospital Kidney Care Clinic nephrologists.

For the purpose of this survey:

- “Primary prevention” refers to medication use by someone who does not have known atherosclerotic disease or any history of cardiovascular events, but does have cardiovascular risk factors
- “Secondary prevention” refers to medication use by someone who has known atherosclerotic disease or has had a previous cardiovascular event
- “CKD patient” refers to a chronic kidney disease patient who is not treated with dialysis or a kidney transplant

Part 1: Demographics

- 1) How many years have you been practising in nephrology?
 - a) Less than 5 years
 - b) 5–15 years
 - c) 16–25 years
 - d) More than 25 years
- 2) How many years have you been practicing nephrology at Vancouver General Hospital?
 - a) Less than 5 years
 - b) 5–15 years
 - c) 16–25 years
 - d) More than 25 years

Part 2: Statin Therapy

- 1) If statin therapy is appropriate, who do you think should be responsible for prescribing a statin in a CKD patient?
 - Family doctor
 - Nephrologist
 - Cardiologist
 - Any of the patient’s regular physicians
 - Other—please specify: _____
- 2) In the last year, how often have you **prescribed** statin therapy to a CKD patient for **primary prevention** if the patient is not already on a statin?
 - a) Never
 - b) Rarely
 - c) Sometimes
 - d) Often
 - e) Always

- 3) In the last year, how often have you **suggested** statin therapy to be prescribed for a CKD patient for **primary prevention**?
 - a) Never
 - b) Rarely
 - c) Sometimes
 - d) Often
 - e) Always
- 4) In the last year, how often have you **prescribed** statin therapy to a CKD patient for **secondary prevention** if the patient is not already on a statin?
 - a) Never
 - b) Rarely
 - c) Sometimes
 - d) Often
 - e) Always
- 5) In the last year, how often have you **suggested** statin therapy to be prescribed for a CKD patient for **secondary prevention**?
 - a) Never
 - b) Rarely
 - c) Sometimes
 - d) Often
 - e) Always
- 6) How would you describe your **familiarity** with the evidence for statin use in CKD patients who are not treated with dialysis or a kidney transplant?
 - a) Not familiar
 - b) A little familiar
 - c) Fairly familiar
 - d) Very familiar
 - e) Expert
- 7) The KDIGO 2013 guidelines and Canadian Cardiovascular Society 2016 guidelines recommend statin therapy for **primary prevention** in CKD patients who are 50 years of age or older. Do you agree with these recommendations?
 - a) Yes
 - b) No
 - c) Undecided

Supplementary material for Wu H, Sharaf M, Shalansky K, Zalunardo N. Evaluation of statin use and prescribing in patients with chronic kidney disease not receiving treatment with kidney transplant or dialysis. *Can J Hosp Pharm.* 2021;74(3):219-26

If you did not select (a), please specify why you do not agree or are undecided: _____

8) What are reasons for which you would choose **NOT** to **prescribe** statin therapy to a CKD patient ≥ 50 years of age for **primary prevention**? Please check all that apply.

- Outside scope of practice
- Not a priority
- Lack of evidence of benefit
- Risk of adverse effects
- Increased pill burden
- Drug interactions
- Need for monitoring
- Other—please specify: _____

9) What are reasons for which you would choose **NOT** to **suggest** statin therapy in a CKD patient ≥ 50 years of age for **primary prevention**? Please check all that apply.

- Outside scope of practice
- Not a priority
- Lack of evidence of benefit
- Risk of adverse effects
- Increased pill burden
- Drug interactions
- Need for monitoring
- Other—please specify: _____

10) What are obstacles to prescribing or suggesting statin therapy more often during Kidney Clinic appointments?

- No, I do not prescribe or suggest statin therapy for CKD patients
- No obstacles
- Time constraints
- Patient refusal
- Other—please specify: _____

11) If you agree with guideline recommendations for statin use in CKD, what are methods you believe would help increase statin prescribing rates in Kidney Clinic patients? Please check all that apply.

- No, I do not agree with guideline recommendations
- Increase Kidney Clinic appointment durations
- Add a reminder to Kidney Clinic patient assessment sheets
- Create a pre-printed order with statin options and dosing recommendations
- Create a pre-printed laboratory requisition for patients initiated on statin therapy
- Create a protocol for the Kidney Clinic pharmacist to counsel patients when statins are initiated
- Provide education to the nephrologists about statins in CKD
- Provide education to Kidney Clinic allied health staff about statins in CKD
- Provide education to family doctors about statins in CKD
- Provide educational materials to CKD patients about statins
- Other—please specify: _____

12) If you have any other thoughts or concerns about statin prescribing in CKD patients, please specify below:

