	CKD	HLP	AHT	DM2	References
Neutrophils					
Increased ROS production	✓	✓	✓	✓	PMID: 15987755, 19467225, 34148367, 33198361
MPO release	✓	✓	✓	✓	PMID: 15987755, 22014237, 26223257, 23521574
Monocytes					
Rise in intermediate phenotype	✓	✓	✓	✗	PMID: 21625090, 34502027, 29800237
Augmented adhesion and migration	✓	✓	✓	✓	PMID: 12697729, 25830914 18788855, 12117736, 17395876
Elevated TLR2/4 expression	✓	✓	✓	✓	PMID: 20729266, 29481790 20959532, 29622775, 22533660
Activation of Wnt/β-catenin-pathway	✓	✗	✗	✗	PMID: 23935909
Reduced expression of calcium-sensing receptor	✓	✗	✗	✗	PMID: 33647324
Macrophages					
FGF23- induced proliferation and TNF-α production	✓	✗	✗	✗	PMID: 25739891, 22714041
Proinflammatory cytokine release	✓	✓	✓	✓	PMID: 30586693, 30940651 20959532, 29622775

Suppl. Table 1: Shared effects of CKD and other cardiovascular risk factors on myeloid cell function and characteristics. Whereas some of the myeloid cell alterations outlined in figure 2 have been only described in CKD, others effects overlap with established cardiovascular risk factors e.g. hyperlipidemia (HLP), arterial hypertension (AHT) and diabetes mellitus type 2 (DM2). Checkmarks indicate overlapping features. References [24] [25] [9] [2] [18] [5] [21] [19] [26] [12] [3] [23] [6] [22] [20] [10] [7] [4] [8] [13] [1] [14] [15] [11] [16] [17] are provided in the right column.

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