Supplementary Table 1: MINORS assessment of included non-randomized trials

Study Author (Year)	Martin (2021)	Scalise (2020)	Ott (2019)	Prasad (2019)	Hameed (2017)	Hering (2017)	Hoye (2017)	Kiuchi (2015)	Ott (2015)	Schlaich (2013)	Hering (2012)
A stated aim of the study	2	2	2	2	2	2	2	2	2	2	2
Inclusion of consecutive patients	2	1	1	1	2	1	2	1	1	1	2
Prospective collection of data	2	2	2	2	2	2	2	2	2	1	2
Endpoint appropriate to the study aim	2	2	1	2	2	2	2	2	2	1	2
Unbiased evaluation of endpoints	1	1	1	1	1	1	1	1	1	1	1
Follow-up period appropriate to the major endpoint	2	2	1	2	1	2	2	2	2	2	2
Loss to follow up not exceeding 5%	1	2	2	1	2	1	1	1	1	1	1
Prospective calculation of the study size	1	1	1	1	1	1	1	1	1	1	1
An adequate control group	NA	2	NA	NA	NA	NA	NA	NA	NA	NA	NA
Contemporary groups	NA	2	NA	NA	NA	NA	NA	NA	NA	NA	NA
Baseline equivalence of groups	NA	2	NA	NA	NA	NA	NA	NA	NA	NA	NA
Adequate statistical analyses	NA	2	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	13/16	21/24	11/16	12/16	13/16	12/16	13/16	12/16	12/16	10/16	13/16

Abbreviations: not applicable (NA)

Each study is scored as follows: 0 (not reported), 1 (reported but inadequate), or 2 (reported and adequate). The maximal score indicating an ideal methodology is 16 if the study is non-comparative studies or 24 if comparative.

Supplementary Table 2: Hypertensive agents by class at baseline of included studies

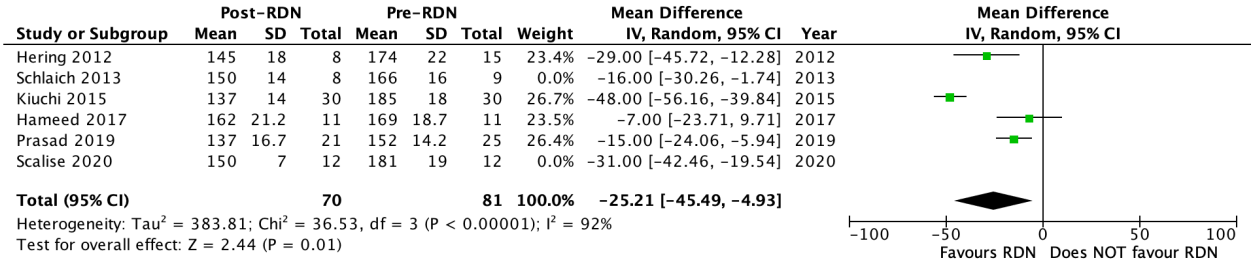
Study	Marin (2021)	Scalise (2020)	Ott (2019)	Prasad (2019)	Hameed (2017)	Hering (2017)	Hoye (2017)	Kiuchi (2015)	Ott (2015)	Schlaich (2013)[a]	Hering (2012)
Diuretic	NR	100% (12)	100% (6)	100% (25)	64% (7)	89% (41)	44% (4)	100% (30)	85% (23)	-	100% (25)
ACEi	NR	50% (6)	100% (6)	64% (16)	36% (4)	46% (21)	44% (4)	17% (5)	96% (26)	50% (6)	56% (14/25)
ARB	NR	33% (4)		64% (16)	45% (5)	72% (33)	22% (2)	83% (25)		67% (8)	84% (21)
DRI	NR	17% (2)	-	-	-	-	-	10% (3)	-	-	-
MRA	NR	58% (7)	-	24% (6)	9% (1)	37% (17)	11% (1)	10% (3)	11% (3)	-	44% (11)
CCB	NR	-	33%(2)	84% (21)	100% (11)	74% (34)	11% (1)	93% (28)	17% (19)	67% (8)	92% (23)
Vasodilator	NR	42% (5)	83% (5)	56% (14)	-	63% (29)	-	13% (4)	52% (14)	50% (6)	-
AB	NR	25% (3)	83% (5)	32% (8)	36% (4)		11% (1)	3% (1)	-	42% (5)	20% (5)
AA	NR	-	67%(4)	40% (10)	-	-	-	37% (11)	74% (20)	42% (5)	60% (15)
BB	NR	83% (10)	50% (3)	44% (11)	36% (4)	57% (26)	78% (7)	80% (24)	85% (23)	67% (8)	40% (10)

Abbreviations: Not reported; NR, Angiotensin converting enzyme inhibitor; ACEi, Angiotensin receptor blocker; ARB, Direct renin inhibitor; DRI, Mineralocorticoid receptor antagonist; MRA, Calcium channel blocker; CCB, Alpha-receptor blocker; AB , Alpha-receptor agonist; AA, Beta-blocker; BB

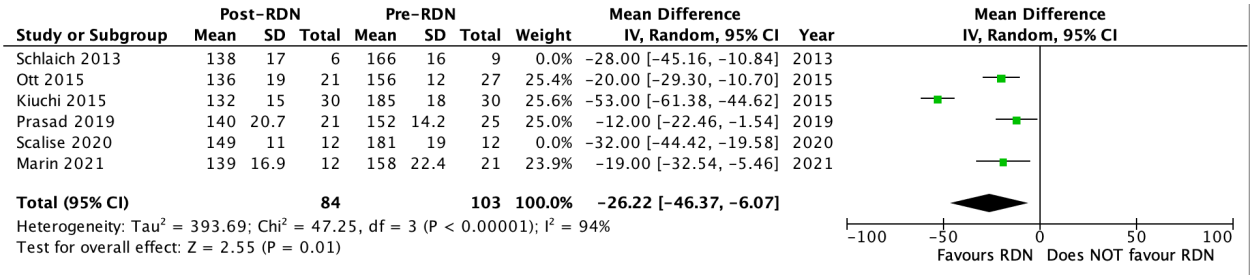
All data presented as percent (n)

a - Percentage is of both the renal denervation and control arms of the study

(1A)

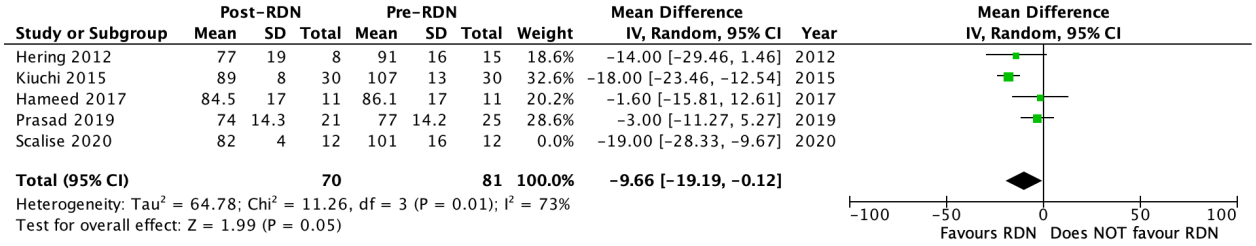


(1B)

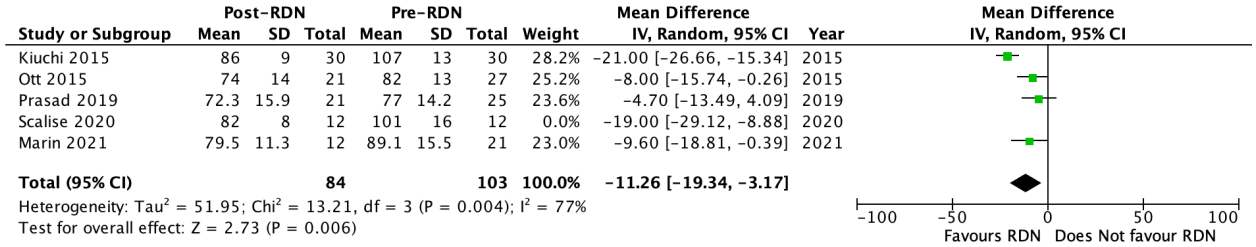


Supplementary Figure 1: Forest plot of the effects of renal denervation on office systolic blood pressure after removal of studies of patients on hemodialysis at (a) 6 month; (b) 12 month. Abbreviations: inverse variance (IV), degrees of freedom (df)

(2A)

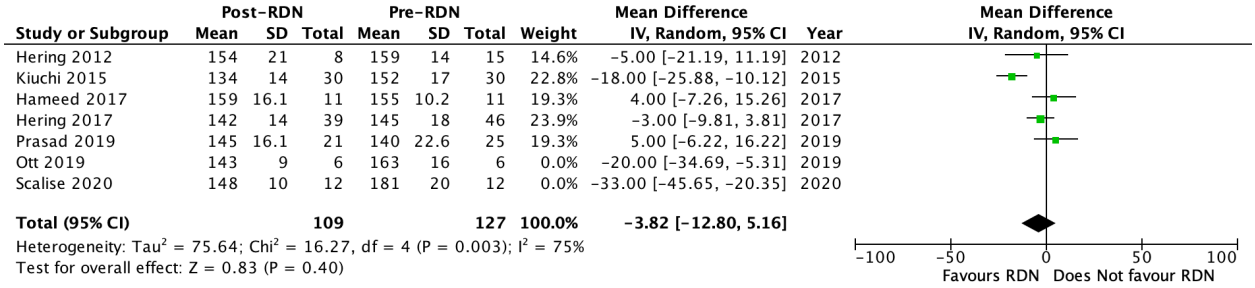


(2B)

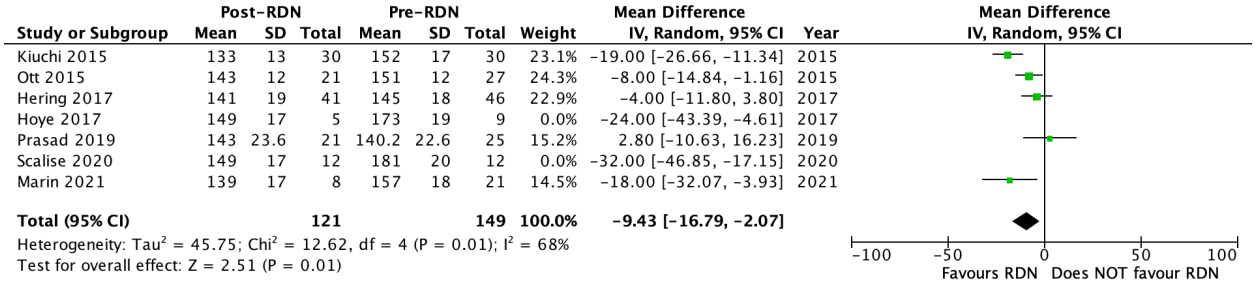


Supplementary Figure 2: Forest plot of the effects of renal denervation on office diastolic blood pressure after removal of studies of patients on hemodialysis at (a) 6 month; (b) 12 months. Abbreviations: inverse variance (IV), degrees of freedom (df).

(3A)

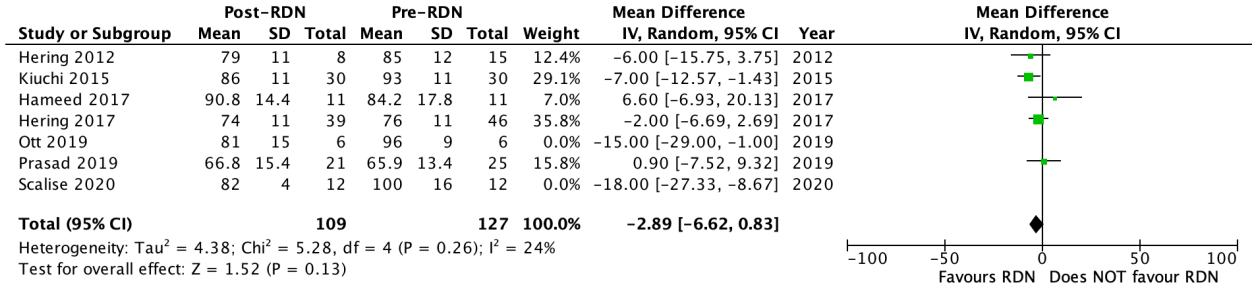


(3B)

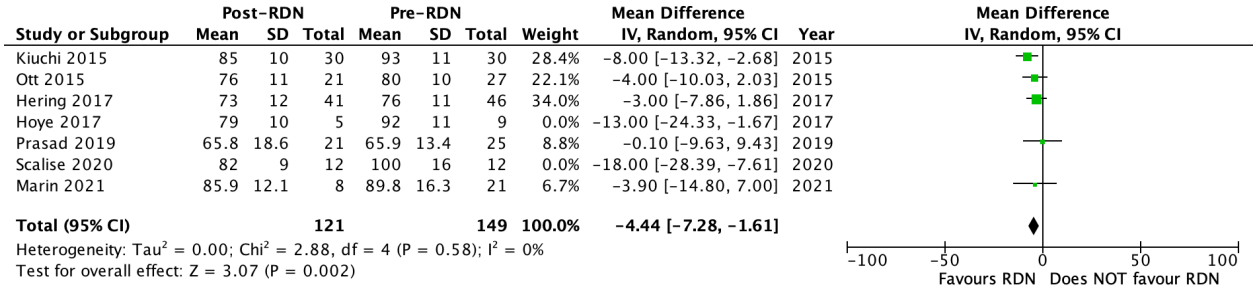


Supplementary Figure 3: Forest plot of the effects of renal denervation on ambulatory systolic blood pressure after removal of studies of patients on hemodialysis at (a) 6 month; (b) 12 months. Abbreviations: inverse variance (IV), degrees of freedom (df).

(4A)



(4B)



Supplementary Figure 4: Forest plot of the effects of renal denervation on ambulatory diastolic blood pressure after removal of studies of patients on hemodialysis at (a) 6 month; (b) 12 months. Abbreviations: inverse variance (IV), degrees of freedom (df).