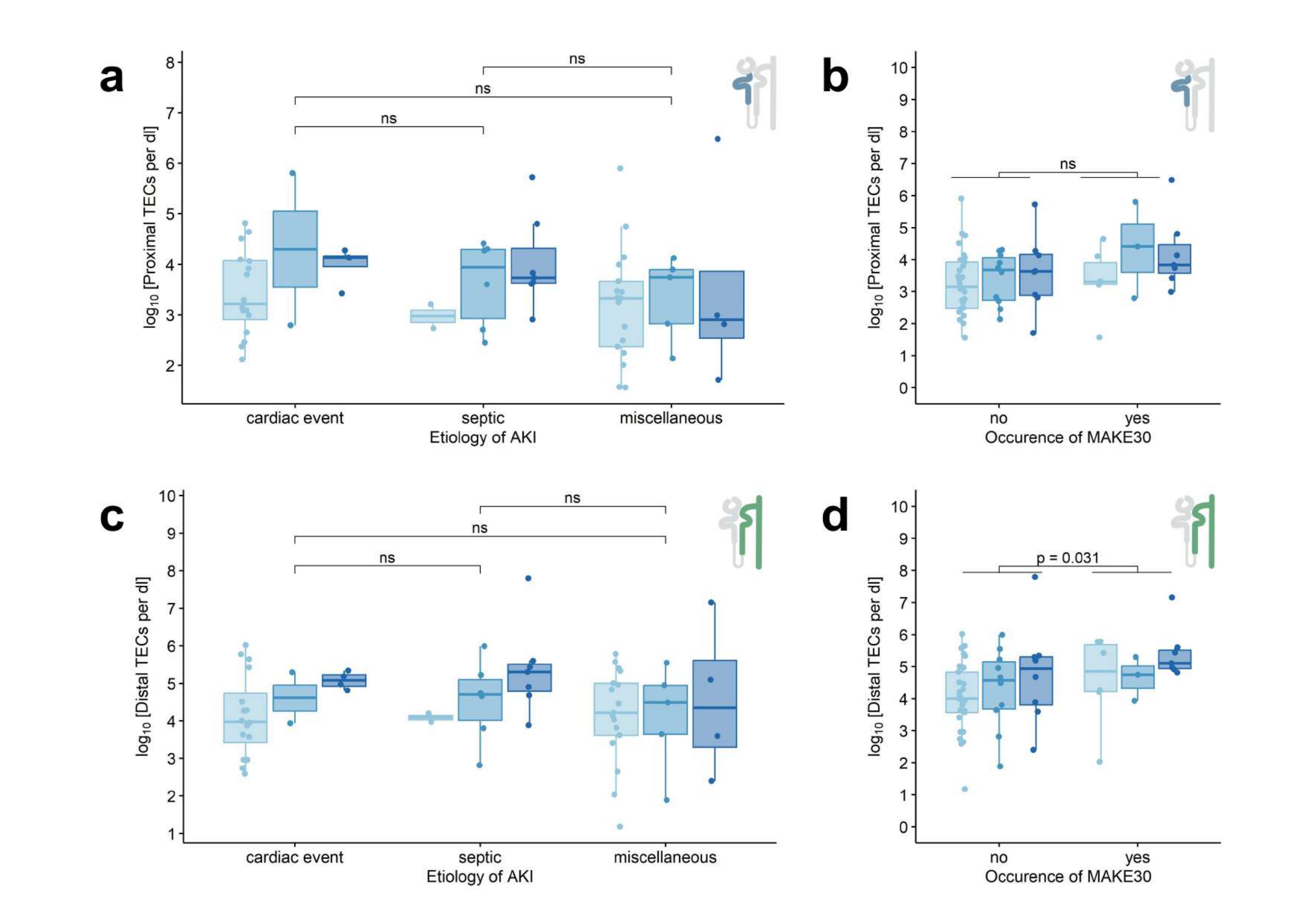
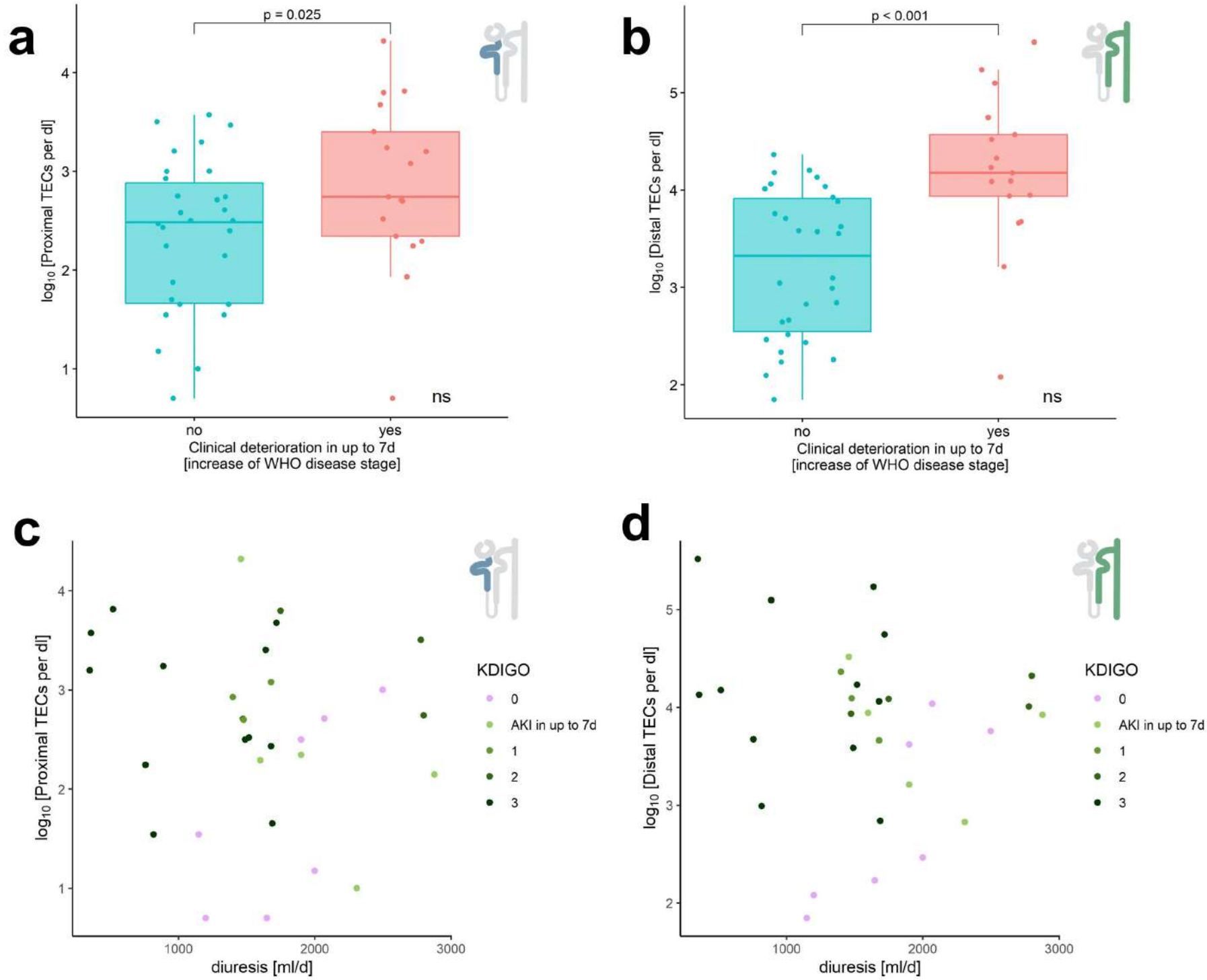
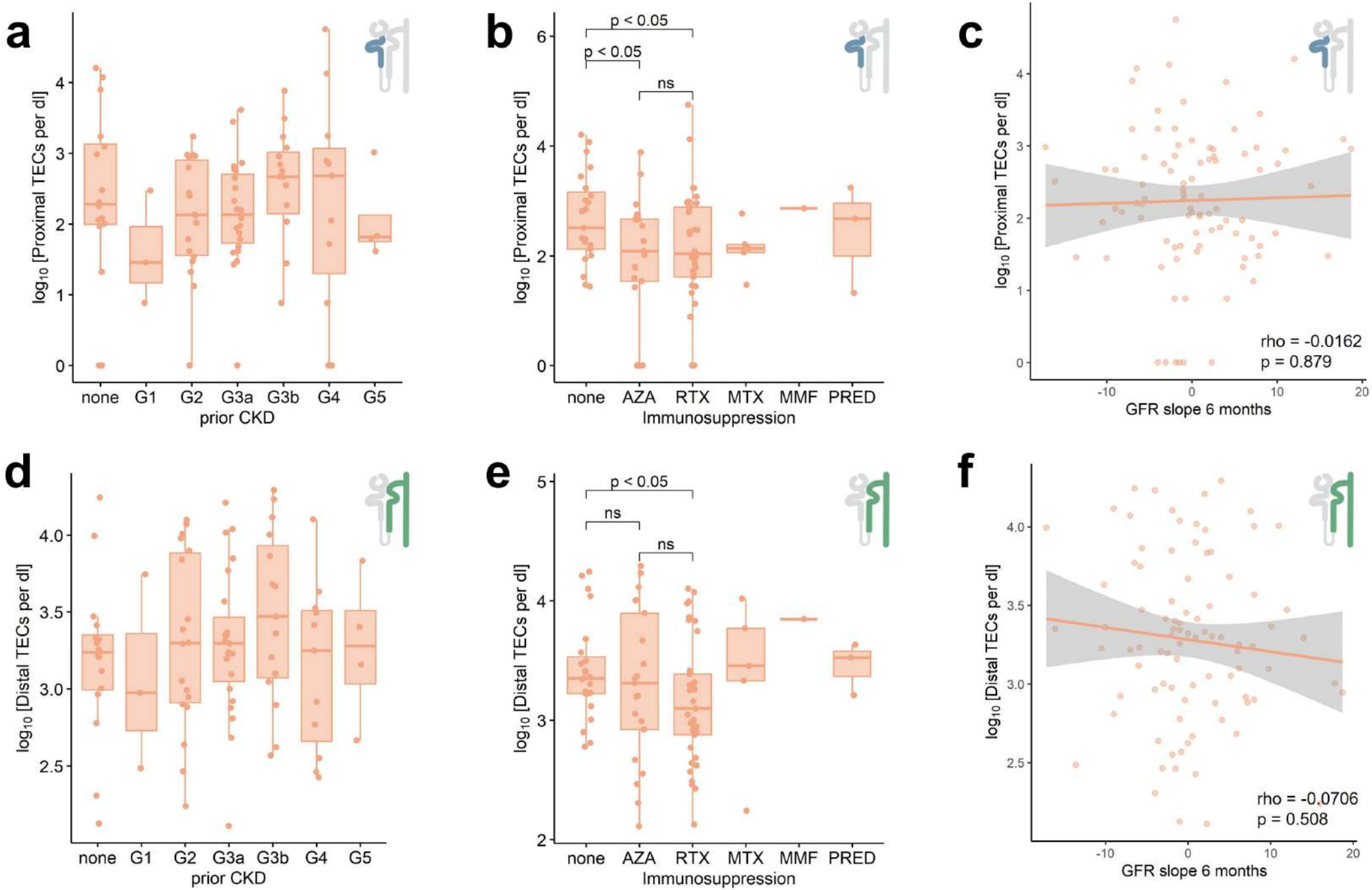

a
b
c
d
ns
p = 0.031
log10 [Proximal TECs per dl]
log10 [Distal TECs per dl]
cardiac event
septic
miscellaneous
Etiology of AKI
no
yes
Occurence of MAKE30

Supplementary figure S1 **Further specification of AKI cohort** (A+C) Proximal (A) and distal (C) TEC counts in different AKI etiologies and KDIGO stages. (B+D) Proximal (B) and distal (D) TEC counts correlated with MAKE30 events. MAKE 30, Major adverse kidney event within 30 days; TEC, tubular epithelial cells.


a
p = 0.025
log10 [Proximal TECs per dl]
ns
no
yes
Clinical deterioration in up to 7d
[increase of WHO disease stage]
b
p < 0.001
log10 [Distal TECs per dl]
ns
no
yes
Clinical deterioration in up to 7d
[increase of WHO disease stage]
c
log10 [Proximal TECs per dl]
diuresis [ml/d]
KDIGO
0
AKI in up to 7d
1
2
3
d
log10 [Distal TECs per dl]
diuresis [ml/d]
KDIGO
0
AKI in up to 7d
1
2
3

Supplementary figure S2 **Amount of TECs correlates with clinical deterioration independent of diuresis.** (A+B) Higher counts of proximal (A) and distal (B) TECs correlate with future clinical deterioration. (C+D) Proximal (C) and distal (D) TECs do not correlate with diuresis.


a
log10 [Proximal TECs per dl]
none G1 G2 G3a G3b G4 G5
prior CKD
b
p < 0.05
p < 0.05
ns
log10 [Proximal TECs per dl]
none AZA RTX MTX MMF PRED
Immunosuppression
c
log10 [Proximal TECs per dl]
rho = -0.0162
p = 0.879
GFR slope 6 months
d
log10 [Distal TECs per dl]
none G1 G2 G3a G3b G4 G5
prior CKD
e
p < 0.05
ns
ns
log10 [Distal TECs per dl]
none AZA RTX MTX MMF PRED
Immunosuppression
f
log10 [Distal TECs per dl]
rho = -0.0706
p = 0.508
GFR slope 6 months

Supplementary figure S3 **Various influence factors on TEC count in AAV.** Proximal and distal TECs in prior CKD (A+D), immunosuppression (B+E) and prospective GFR loss (C+F). GFR, glomerular filtration rate; CKD, chronic kidney disease; AZA, Azathioprin; RTX, Rituximab; MTX, Methotrexat; MMF, Mycofenolat-Mofetil; PRED, Prednisolone.