Supplementary

Table S1 Demographic information for patients with biopsy-confirmed recurrence of focal segmental glomerulosclerosis (FSGS) after transplant included in the study

Demographic	Patient 1	Patient 2	Patient 3
Age (years)	31	21	51
Gender	M	F	M
Ethnicity	Caucasian	Caucasian	Asian
Living/deceased donor	Deceased	Living	Living
No. of days before recurrence of FSGS post Tx	Immediately	7	195
Maintenance Immunosuppression		Simulect, MMF/MPA	Simulect, TAC/MMF
Maximum protein/creatinine at the time of recurrence		11,078	375
Lowest Serum Albumin at the time of recurrence		5.44	0.91

https://dx.doi.org/10.21037/atm-22-3670

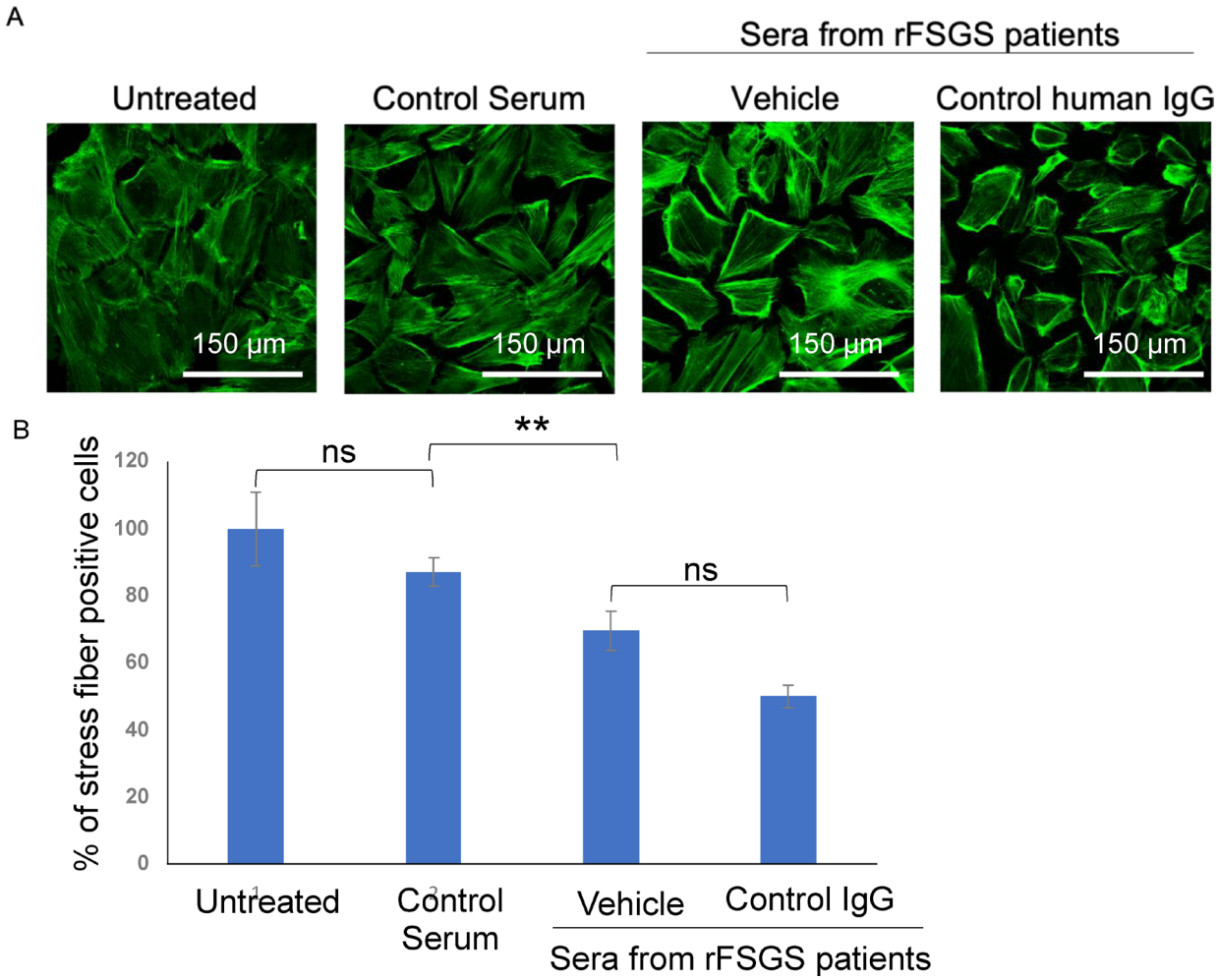

Figure S1 Treatment with sera from different patients with recurrence of focal segmental glomerulosclerosis (rFSGS) causes injury in podocytes which is not affected by treatment with a control human IgG. (A) A representative image showing intact stress fibers in podocytes after treatment with sera from control patients (end-stage renal disease due to non-FSGS causes). However, sera from rFSGS patients lead to stress fiber loss which cannot be rescued by a control human IgG. (B) Quantification of stress fibers positive cells shows a significant reduction in the number of stress fiber positive podocytes after treatment with sera from rFSGS patients compared to that in control sera-treated podocytes and remains unchanged after pretreatment with control IgG. ns, not significant. **P<0.05.

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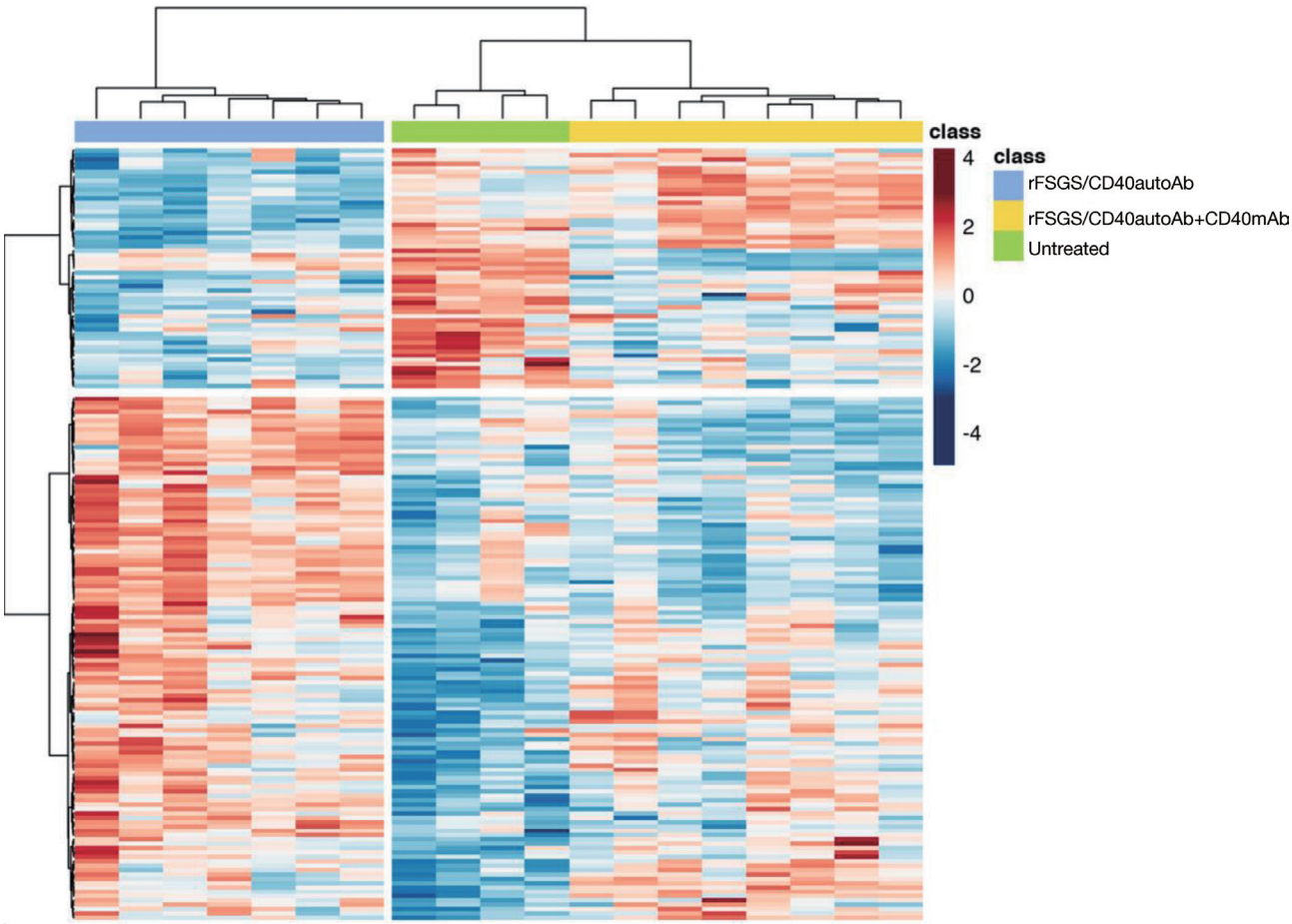

Figure S2 Anti-CD40 antibody derived from focal segmental glomerulosclerosis (FSGS) patients with recurrence of FSGS after renal transplantation (rFSGS/CD40autoAb) causes injury to podocytes via a CD40-mediated pathway as it can be blocked by a commercial monoclonal anti-CD40 antibody (CD40mAb).

https://dx.doi.org/10.21037/atm-22-3670