

Table S1. Participating Centers

| Center | Location | Principal investigators |
|---|-----------------------------|--------------------------------------|
| University of Alabama Birmingham | Birmingham, AL, USA | Roslyn Mannon |
| Val d'Hebron University Hospital | Barcelona, Spain | Daniel Serón and Joana Sellarés |
| Montefiore Medical Center | Bronx, NY, USA | Enver Akalin |
| Manchester Royal Infirmary | Manchester, UK | Declan de Freitas and Michael Picton |
| University of Maryland | Baltimore, MD, USA | Jonathan Bromberg and Matt Weir |
| Charite-Medical University of Berlin | Berlin, Germany | Klemens Budde and Timm Heinbokel |
| Medical University of Hannover | Hannover, Germany | Gunilla Einecke |
| PinnacleHealth Transplant Associates | Harrisburg, PA, USA | Harold Yang and Seth Narins |
| University of Michigan | Detroit, MI, USA | Milagros Samaniego-Picota |
| Pomeranian Medical University | Szczecin, Poland | Marek Myslak |
| Warsaw Medical University | Warsaw, Poland | Agnieszka Perkowska-Ptasinska |
| Methodist Transplant and Specialty Hospital | San Antonio, TX, USA | Adam Bingaman |
| Washington University at St. Louis | St Louis, MO, USA | Daniel Brennan and Andrew Malone |
| Hennepin County Medical Center | Minneapolis, MN, USA | Bertram Kasiske |
| University of Alberta | Edmonton, AB, CA | Philip F Halloran |
| University of Minnesota | Minneapolis, MN, USA | Arthur Matas |
| University of Wisconsin | Madison, WI, USA | Arjang Djamali |
| Medical University of Vienna | Vienna, Austria | Georg Böhmig and Farsad Eskandary |
| Virginia Commonwealth University | Richmond, VA, USA | Gaurav Gupta |

Table S2. Regression equations^a for TCMR and AMR models 1 and 2

| Model | Equation |
|-------------------------------|--|
| TCMR Model 1 | -5.39 - 0.40*g - 0.10*ptc - 0.46*cg + 0.62*v + 0.82*i + 0.93*t + 0.22*(DSA ^b) + 0.02*(PRA) + 0.26*(C4d) + 0.91*logTxBx - 0.26*max(logTxBx-1.45,0) ³ + 0.64*max(logTxBx-2.75,0) ³ - 0.38*max(logTxBx-3.65,0) ³ |
| TCMR Model 2 (No C4d/DSA/PRA) | -5.35 - 0.37*g - 0.05*ptc - 0.45*cg + 0.64*v + 0.80*i + 0.92*t + 0.92*logTxBx - 0.25*max(logTxBx -1.45,0) ³ + 0.62*max(logTxBx-2.75,0) ³ - 0.37*max(logTxBx-3.65,0) ³ |
| AMR Model 1 | -3.97 + 0.76*g + 0.66*ptc + 0.51*cg + 0.56*v + 0.41*i - 0.22*t + 0.47*(DSA) + 0.35*(PRA) + 0.57*(C4d) + 0.68*logTxBx - 0.09*max(logTxBx-1.45,0) ³ + 0.21*max(logTxBx-2.75,0) ³ - 0.13*max(logTxBx-3.65,0) ³ |
| AMR Model 2 (No C4d/DSA/PRA) | -3.64 + 0.79*g + 0.78*ptc + 0.54*cg + 0.60*v + 0.32*i - 0.21*t + 0.71*logTxBx - 0.08*max(logTxBx-1.45,0) ³ + 0.20*max(logTxBx-2.75,0) ³ - 0.13*max(logTxBx-3.65,0) ³ |

^aTxBx, entered as log10(days), is modeled as a spline, and has non-linear effects on the probabilities. Its evaluation depends on its location relative to the three knots in the model (1.45, 2.75, and 3.65). These equations generate linear scores, e.g. the TCMR Model 1 score for a sample with 0 for all inputs other than a TxBx of 100 days (=2 in log10 units) is: $z = -5.39 + 0.91*2 - 0.26*(0.55) + 0 + 0 = \sim -3.71$.

Probability = $1/(1+e^{-z})$: e is the base of the natural logarithms (~ 2.71828): $\sim 1/41.85 = \sim 0.02$.

^b DSA, PRA, and C4d =1 if positive and 0 if negative

Abbreviations: TCMR, T cell-mediated rejection; AMR, antibody-mediated rejection; TxBx, time of biopsy post-transplant, DSA - Donor-specific HLA antibody, PRA - all HLA antibody (“panel reactive antibody”), C4d - Complement factor d.

Table S3. Relationship between diagnoses assigned by Model 1 regression equations using the default cutoff and the Banff histologic diagnoses assigned by the local center (N=1679)

| | | Regression diagnoses | | | | |
|------------------|-----------------------|----------------------|-------|--------------|------|-------|
| | | AMR | Mixed | No rejection | TCMR | Total |
| Histology groups | AMR | 274 | 4 | 55 | 0 | 333 |
| | Mixed | 38 | 10 | 5 | 3 | 56 |
| | No rejection | 47 | 3 | 834 | 3 | 887 |
| | pAMR | 42 | 0 | 42 | 0 | 84 |
| | pTCMR (Borderline) | 9 | 0 | 109 | 10 | 128 |
| | TCMR | 13 | 15 | 44 | 67 | 139 |
| | BK | 0 | 1 | 39 | 12 | 52 |
| | Total | 423 | 33 | 1128 | 95 | 1679 |

Bolding denotes concordance between Banff histology diagnoses and regression diagnoses.
Abbreviations: AMR, antibody-mediated rejection; pAMR, possible AMR; pTCMR, possible TCMR; TCMR, T cell-mediated rejection

Table S4. Mean histology lesion and molecular scores, categorized by regression categories (Model 2), within histology no rejection (BK biopsies included as no rejection) (N=939)

| | No rejection-regression (N=865) | TCMR-regression (N=15) | Mixed-regression (N=4) | AMR-regression (N=55) |
|---|---|------------------------|------------------------|-----------------------|
| Histology lesion scores, plus DSA and C4d | | | | |
| TCMR-related | t (tubulitis) | 0.15 | 2.79 ^c | 2.75 ^c |
| | i (interstitial infiltrate) | 0.25 | 2.43 ^c | 3.0 ^c |
| All rejection-related | v (vasculitis) | 0.00 | 0.07 ^c | 0.33 ^c |
| AMR-related | g (glomerulitis) | 0.11 | 0.00 | 0.50 |
| | ptc (capillaritis) | 0.08 | 0.07 | 3.00 ^c |
| | cg (double contours) | 0.05 | 0.00 | 1.02 ^c |
| Atrophy-fibrosis-related | ci (scarring) | 1.08 | 1.86 ^a | 1.67 |
| | ct (atrophy) | 1.02 | 1.86 ^b | 1.67 |
| DSA-related | DSA positivity | 0.34 | 0.08 | 0.00 |
| C4d-related | C4d positivity | 0.06 | 0.08 | 0.33 ^a |
| Transcript set and molecular classifier scores | | | | |
| TCMR-related classifiers | TCMR classifier (TCMR _{Prob}) | 0.04 | 0.22 ^c | 0.33 ^c |
| All-rejection-related | Rejection classifier (Rej _{Prob}) | 0.16 | 0.41 ^c | 0.59 ^b |
| | IFNG-inducible (GRIT3) | 0.41 | 1.08 ^c | 1.26 ^b |
| AMR-related | DSA-selective (DSAST) | 0.10 | 0.04 | 0.12 |
| | NK cell burden (NKB) | 0.42 | 0.61 ^b | 0.84 ^a |
| | AMR classifier (ABMR _{Prob}) | 0.10 | 0.07 | 0.07 |
| Wilcoxon test compared with the No rejection group: | | | | |
| ^a | P value <0.05 | | | |
| ^b | P value <0.01 | | | |
| ^c | P value <0.001 | | | |
| * AMR is used throughout this manuscript per journal style, however the official classifier name is provided in this table. | | | | |

Variable Importance - Predicting 3-year survival

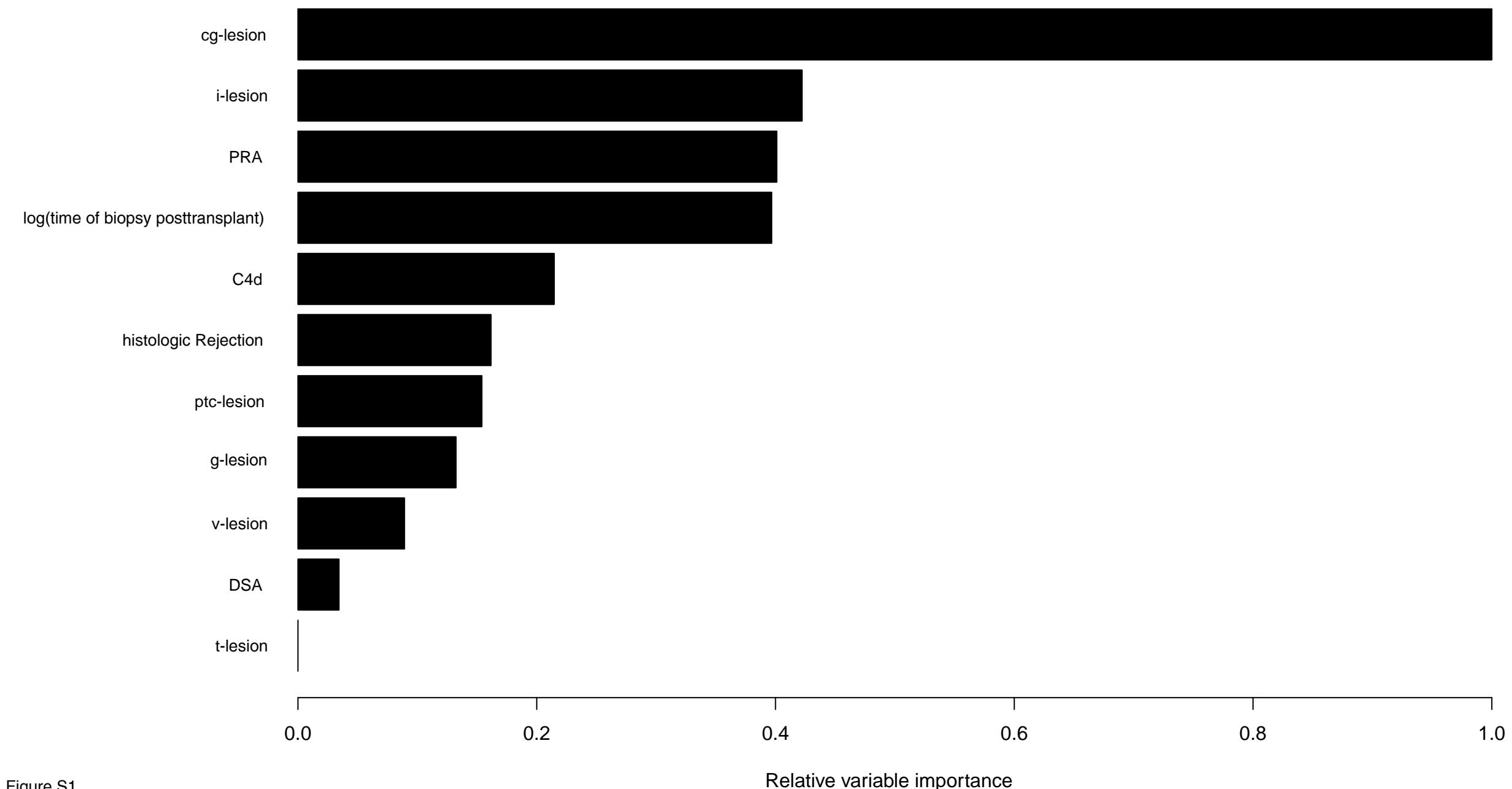


Figure S1.