Supplementary Table Legends

Supplementary Table 1: Risks for bias in included studies

We assessed study risk for bias according to recommendations from the Cochrane Collaboration 27.

- * Whether the study reported methods to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been predicted in advance of patient enrollment.
- † Methods by which patients, investigators, or outcomes assessors are protected from being aware of the treatment allocations after patients are included in the study.
- ‡ Whether the study conducted the major analyses according to the patients' treatment assignment at the time of randomization.
- § Whether the study described the completeness of outcome data for the primary outcomes.

Supplementary Figure Legends

Supplementary Figure 1: Funnel plot of studies comparison steroids with controls on composite renal endpoint (end-stage kidney disease and/or either doubling in serum creatinine or halving of GFR)

Supplementary Figure 2: Adverse events reported in the included trials CI, confidence interval; RR, relative risk.

Supplementary Table 1: Risks for bias in included studies

	Lai 1986	Julian 1993	Shoji 2000	Katafushi 2003	Pozzi 2004	Hogg 2006	Koike 2008	Lv 2009	Manno 2009
Allocation concealment*	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear	Yes	Yes	Yes
Blinding of patients†	No	No	No	No	No	Yes	No	No	No
Blinding of investigators†	No	No	No	No	No	Yes	No	No	No
Blinding of outcome assessors†	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear	No	Unclear
Blinding of data analysts†	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear	No	Unclear
Analysis by intention-to-treat principle‡	No	No	No	No	Yes	Yes	Yes	Yes	Yes
Incomplete outcome data <10% §	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes

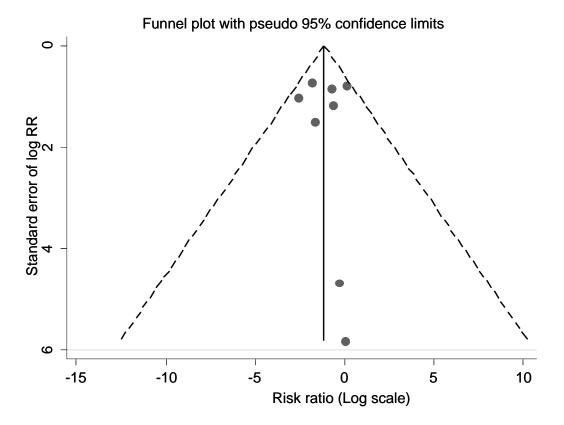
We assessed study risk for bias according to recommendations from the Cochrane Collaboration ²⁷.

^{*} Whether the study reported methods to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been predicted in advance of patient enrollment.

[†] Methods by which patients, investigators, or outcomes assessors are protected from being aware of the treatment allocations after patients are included in the study.

[‡] Whether the study conducted the major analyses according to the patients' treatment assignment at the time of randomization.

[§] Whether the study described the completeness of outcome data for the primary outcomes.



Supplementary Figure 1: Funnel plot of studies comparison steroids with controls on composite renal endpoint (end-stage kidney disease and/or either of doubling in serum creatinine or halving of GFR)

Study	Steroids group event/total	Control group event/total		RR (95% CI)
Julian 1993	7/17	1/18	•	7.41 (1.02, 54.10)
Katafuchi 200	3 3/43	0/47	-	7.64 (0.41, 143.70)
Lai 1986	7/17	6/17	-	1.17 (0.49, 2.75)
Lv 2009	5/33	1/30	-	4.55 (0.56, 36.72)
Manno 2009	4/48	2/49	-	2.04 (0.39, 10.63)
Pozzi 2004	12/43	10/43		1.20 (0.58, 2.48)
Shoji 2000	0/11	1/8 ———	•	0.25 (0.01, 5.45)
Hogg 2006	22/33	13/31	-	1.59 (0.98, 2.57)
Overall	60/245	34/243	\Diamond	1.55 (1.09, 2.21) P=0.02 (I ² = 2.6 %, p = 0.410)
Weights are for	rom random ef	fects analysis		
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Supplementary Figure 2: Adverse events reported in the included trials CI, confidence interval; RR, relative risk.