

## **Online supplementary data 1**

### **Search terms for systematic review.**

#### **Databases: Ovid MEDLINE**

1. Kidney.mp
2. Renal.mp
3. exp kidney/
4. 1 OR 2 OR 3
5. Transplant.mp
6. Transplantation.mp
7. exp transplant/
8. exp transplantation/
9. 5 OR 6 OR 7 OR 8
10. 4 AND 9
11. Eculizumab.mp
12. 10 AND 11

#### **Databases: EMBASE:**

('kidney transplantation' OR 'kidney graft' OR 'kidney graft rejection') AND eculizumab

#### **Database: Cochrane Databases**

'eculizumab and kidney transplant in Title Abstract Keyword'

**Supplement Table S1: Newcastle-Ottawa quality assessment scale of included studies in meta-analysis assessing use of eculizumab for treatment of aHUS on patients after kidney transplantation**

Study	Selection				Comparability	Outcome			Total score
	Representativeness	Selection of the non-exposed cohort	Ascertainment	Endpoint not present at start	Comparability	Assessment of outcome	Follow-up duration	Adequacy follow-up	
					(Confounding)				
Legendre et al., 2017	*	*	*	*		*	*	*	7
Levi et al., 2017	*	*	*	*		*	*	*	7
Manani et al., 2017	*	*	*	*		*	*		6
Sheerin et al., 2016	*	*	*	*		*			5
Mallett et al., 2015	*	*	*	*		*	*	*	7
Matar et al., 2014	*	*	*	*		*	*	*	7
LeQuintrec et al., 2013	*	*	*	*		*	*	*	7
Zuber et al, 2012	*	*	*	*		*	*	*	7
Kocak, et al., 2015	*	*	*	*		*			5
Modelli de Andrade et al., 2017	*	*	*	*		*	*	*	7
Cavero et al., 2017	*	*	*	*		*	*	*	7
Zuber et al., 2017	*	*	*	*		*	*	*	7
Siedlecki et al., 2019	*	*	*	*		*	*	*	7

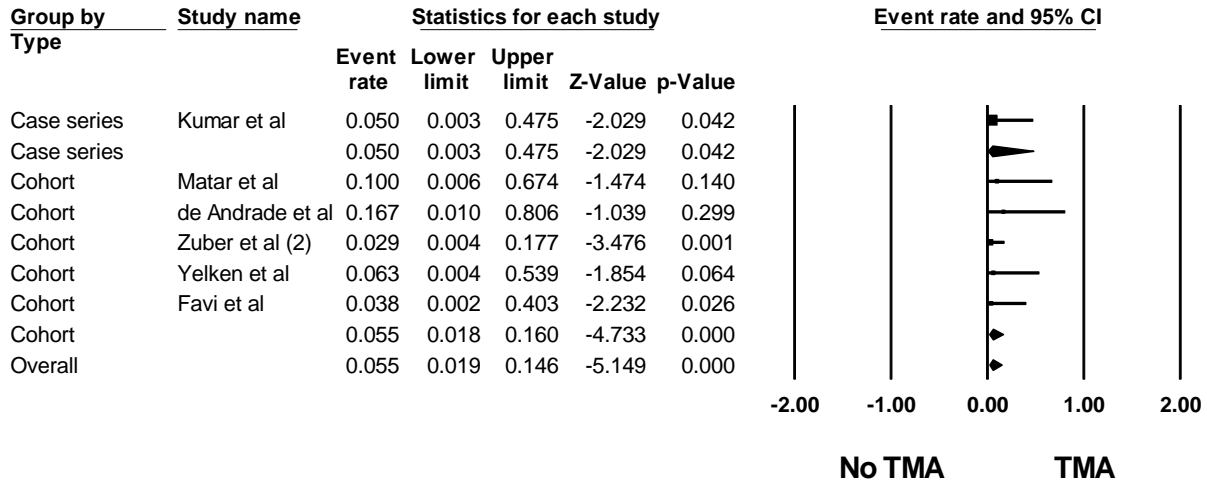
Notes: The Newcastle-Ottawa scale uses a star system (0 to 9) to evaluate included studies on 3 domains: selection, comparability, and outcomes. Star (\*)= item presents. Maximum 1 star (\*) for selection and outcome components and 2 stars (\*\*) for comparability components. Higher scores represent higher study quality.

**Supplement Table S2: Newcastle-Ottawa quality assessment scale of included studies in meta-analysis assessing use of eculizumab for prevention of aHUS on patients after kidney transplantation**

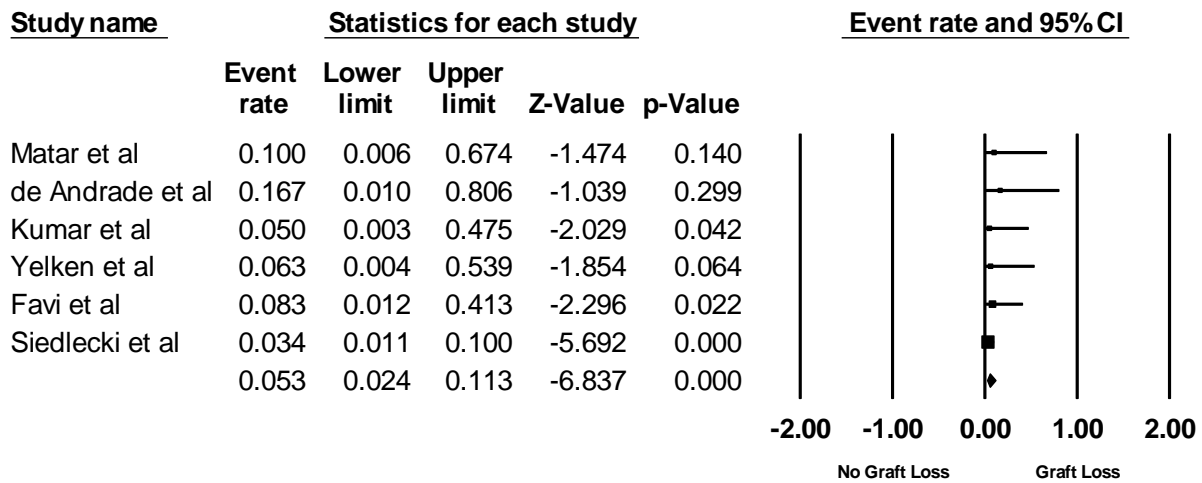
Study	Selection				Comparability	Outcome			Total score
	Representativeness	Selection of the non-exposed cohort	Ascertainment	Endpoint not present at start	Comparability	Assessment of outcome	Follow-up duration	Adequacy follow-up	
					(Confounding)				
Levi et al., 2017	*	*	*	*		*	*	*	7
Sheerin et al., 2015	*	*	*	*		*			5
Matar et al. 2014	*	*	*	*		*	*	*	7
Zuber et al., 2012	*	*	*	*			*	*	7
Modelli de Andrade et al., 2017	*	*	*	*		*	*		6
Zuber et al., 2017	*	*	*	*		*	*	*	7
Bresin et al., 2013	*	*	*	*		*			5
Kumar et al., 2016	*	*	*	*		*	*	*	7
Favi et al., 2017	*	*	*	*	*	*	*	*	8
Yelken et al., 2017	*	*	*	*		*	*	*	7
Siedlecki et al., 2019	*	*	*	*		*	*	*	7

Notes: The Newcastle-Ottawa scale uses a star system (0 to 9) to evaluate included studies on 3 domains: selection, comparability, and outcomes. Star (\*)= item presents. Maximum 1 star (\*) for selection and outcome components and 2 stars (\*\*) for comparability components. Higher scores represent higher study quality.

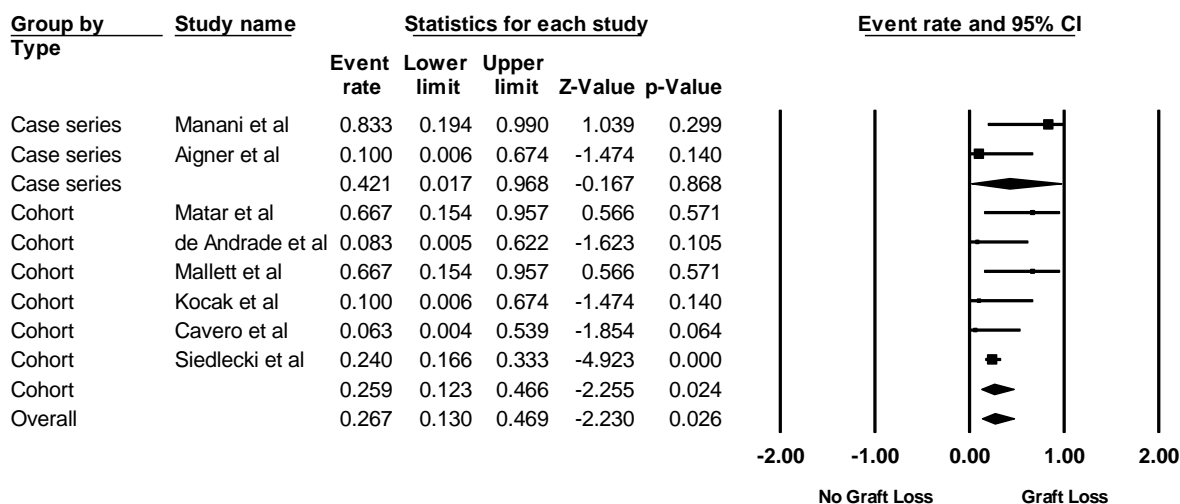
**Supplementary Figure S1:** Forrest plot (excluding studies with potentially included duplicate patients) evaluating for the incidence of aHUS recurrence among patients who received prophylactic eculizumab (The pooled estimated incidence 7.0% (95%CI: 2.5%-18.1%,  $I^2=0\%$ )).



**Supplementary Figure S2:** Forrest plot (excluding studies with potentially included duplicate patients) evaluating for the incidence of allograft loss due to TMA among patients who received prophylactic eculizumab (The pooled estimated incidence 5.3% (95%CI: 2.4%-11.3%,  $I^2=0\%$ )).



**Supplementary Figure S3:** Forrest plot (excluding studies with potentially included duplicate patients) evaluating for the incidence of allograft loss due to all causes among patients who received eculizumab treatment (The pooled estimated incidence 26.7% (95%CI: 13.0%-46.9%,  $I^2=33\%$ )).



**Supplementary Figure S4:** Forrest plot (excluding studies with potentially included duplicate patients) evaluating for the incidence of allograft loss due to all causes among patients who received eculizumab treatment (The pooled estimated incidence 20.0% (95%CI: 9.1%-38.4%,  $I^2=29\%$ )).

