Methods

We evaluated 228 consecutive SLE patients with renal manifestations in our nephrology clinic at the University of Buenos Aires between 2008 and 2017. Of these, 222 had a kidney biopsy. Indications for biopsy included glomerular hematuria or proteinuria or renal failure. After informed consent and ethical committee approval, we examined the clinical and histologic characteristics of these patients, specifically looking for differences between patients with proteinuria less than 0.5 g/d and proteinuria ≥0.5 g/d. The distribution of patients is shown in a consort diagram (Supplementary Fig. 1).

Glomerular hematuria was defined by the presence of $\geq$ 5 dysmorphic red blood cells (RBCs)/400X field that were acanthocytes (G1 cells), or at least one RBC cast (8).

Kidney tissue was obtained through percutaneous needle biopsy. One core of tissue was frozen and sectioned at 4 μm on a cryostat for direct immunofluorescence (IF), and a second core was fixed in 10% formalin and processed for light microscopy. These were sectioned at 3 μm thickness and stained with hematoxylin and eosin, periodic acid-Schiff (PAS), Masson's trichrome or methenamine silver. Renal biopsies were classified according to the ISN/RPS scheme and the activity and chronicity graded using the NIH activity and chronicity indices.

Data were not normally distributed so non-parametric statistical analyses was used. Comparisons between two groups were done with the Mann-Whitney test. Proportions were evaluated by Fisher's exact test.

Supplementary Figure 1