
Supplementary information

COVAN is the new HIVAN: the re-emergence of collapsing glomerulopathy with COVID-19

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Supplementary Table 1 | Main conditions associated with collapsing glomerulopathy

	'Second hit'
<i>APOL1-linked</i>	<ul style="list-style-type: none"> Viral entities <ul style="list-style-type: none"> • HIV^{1,2} • CMV³ • PVB19⁴ • EBV⁵ • SARS-CoV-2⁶⁻¹⁰ <hr/> Systemic diseases/conditions <ul style="list-style-type: none"> • SLE¹¹ • HLH^{12,13} • Kidney allograft^{14,15} <hr/> Medications <ul style="list-style-type: none"> • Interferon¹⁶ <hr/> Genetic disease <ul style="list-style-type: none"> • STING-SAVI¹⁷ <hr/> Underlying glomerulopathy <ul style="list-style-type: none"> • PLA2R-MN¹⁸
Not <i>APOL1</i> -linked (ischemia, toxic effect)	<ul style="list-style-type: none"> CNI-associated TMA Atheroembolic renal disease Biphosphonates

APOL1, apolipoprotein L1; CMV, cytomegalovirus; CNI, calcineurin inhibitor; EBV, Epstein Barr virus, HIV, human immunodeficiency virus; HLH, hemophagocytic lymphohistiocytosis; IFN, interferon; PLA2R-MN, phospholipase A2 receptor-associated membranous nephropathy; PVB19, parvovirus B19, SARS-CoV-2, severe acute respiratory syndrome coronavirus 2; SLE, systemic lupus erythematosus; STING-SAVI, stimulator of interferon genes-associated vasculopathy with onset in infancy; TMA, thrombotic nephropathy.

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