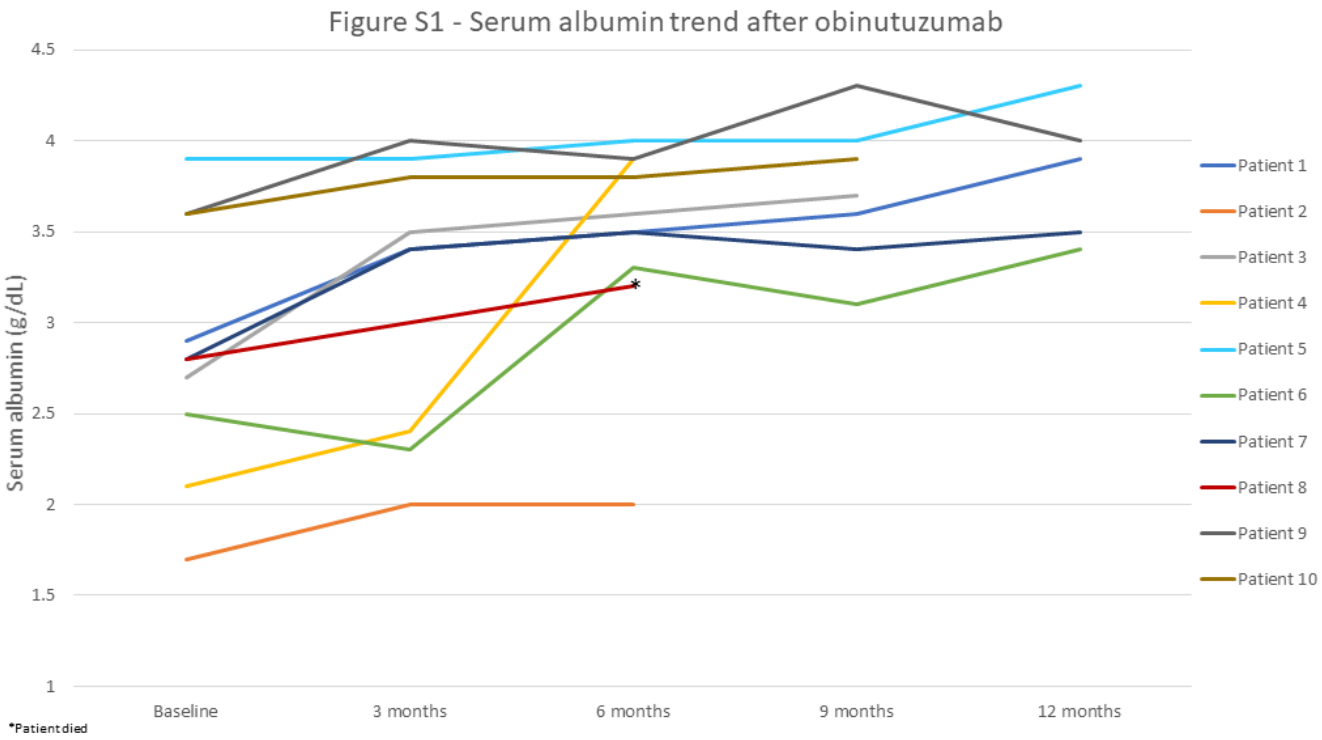
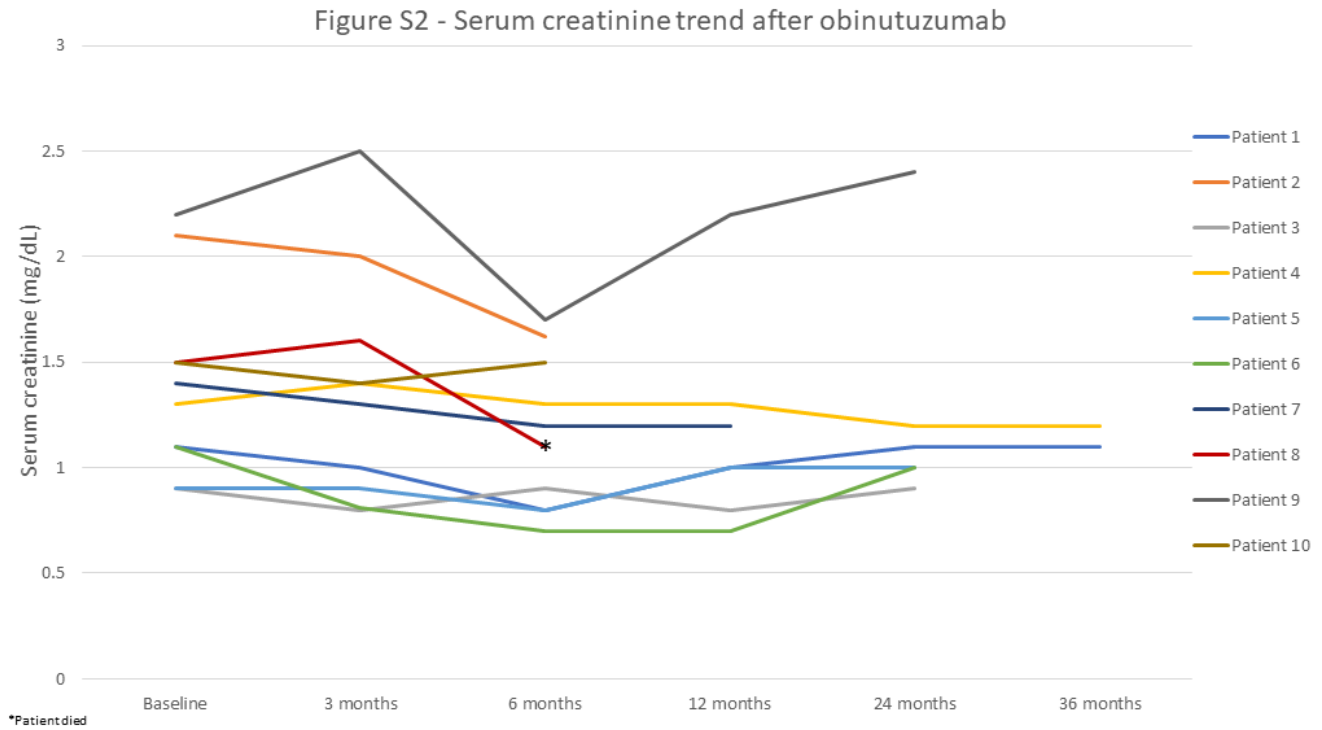
Supplementary Figures





Supplementary table

Table S1. Serum PLA2R antibody titer (RU/ml)

	Baseline	3 months	6 months	12 months
Patient 2	633	80	5.1	
Patient 3	39	4		1.8
Patient 7	79	17	2.7	3.2
Patient 8	57	26	7.6	

Supplementary methods

Patients with treatment-refractory MN who received obinutuzumab between January 2015 and December 2019 at our center were included in this retrospective study. Patients were considered rituximab refractory if there was no significant improvement in proteinuria in 3-6 months (per physician discretion) after 2 doses of rituximab administration. All patients had a urine protein-creatinine ratio (UPCR) >3.5g/g on two separate occasions and received two doses of 1000 mg obinutuzumab two weeks apart with acetaminophen 650 mg, diphenhydramine 25-50mg and methylprednisolone 80mg as pre-medications. Primary outcomes were complete remission and partial remission. Complete remission was defined as a UPCR of ≤ 0.3 g/g and a stable serum creatinine (within 25% of baseline). Partial remission was defined as at least 50% reduction in proteinuria from the baseline and a UPCR between 0.3 g/g and 3.5g/g and a stable serum creatinine. Kaplan-Meier product limit method was used to estimate time to complete or partial remission. Secondary outcomes included change in serum PLA2R antibody, serum albumin and serum creatinine after obinutuzumab compared to

baseline. Adverse events were monitored for 1 year after obinutuzumab infusions were completed.