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SUPPLEMENTAL METHODS

Definitions and endpoints

Primary endpoints were incidence of AKI, initiation of kidney replacement therapy (KRT), and death. Acute kidney injury (AKI) is defined by Kidney Disease Improving Global Outcomes (KDIGO) criteria as follows: stage 1, increase in baseline serum creatinine by ≥0.3 mg/dl within 48 h or a 1.5 to 1.9 times increase in serum creatinine from baseline within 7 days; stage 2, 2 to 2.9 times increase in baseline serum creatinine within 7 days; stage 3, ≥3 times increase in serum creatinine within 7 days or increase to ≥4 mg/dl or the initiation of KRT. The eGFR was calculated using the Chronic Kidney Disease Epidemiology Collaboration creatinine equation.[S1]

To study longitudinal eGFR trajectory and changes in other renal parameters, we included patients who survived, with available "pre-COVID-19" renal parameters and at least one measure of serum creatinine after discharge from the hospital (if hospitalized) or after acute infection if managed as outpatients. We included patients who required initiation of KRT during hospitalization for COVID-19 and continued to require KRT after discharge.

Supplementary statistical analyses

To examine the association of clinical outcomes with pre-COVID-19 serum albumin, urinary protein (continuous variable), duration of glomerular disease (ordered categorical variable), immunosuppressive drugs (indicator variable for each drug), and type of glomerular disease (indicator variable), we fitted the same logistic regression models described in **Methods** in patients with glomerular disease (hospitalized or not).

Recovery of kidney function was arbitrarily defined by an indicator variable which took the value of 1 for every patient if at least one post-COVID-19 eGFR was within -10% of pre-COVID-19 eGFR (baseline), and a value of 0 otherwise. We additionally performed sensitivity

analyses by changing the cut-point to 15 and 5 (data not shown). We used logistic regression models to examine the association between glomerular disease status and recovery of pre-COVID-19 by calculating, in hospitalized patients (i.e., glomerular disease vs controls), crude ORs, pre-COVID-19 eGFR-adjusted ORs, and ORs additionally adjusted for age, gender, non-white ethnicity and RAASi use. Similarly, we used logistic regression models fitted in patients with glomerular disease (hospitalized or not) to examine the association between recovery of pre-COVID-19 and serum albumin, urinary protein, duration of glomerular disease, immunosuppressive drugs, and type of glomerular disease (before and after adjusting for pre-COVID-19 eGFR, age, gender, non-white ethnicity and RAASi use).

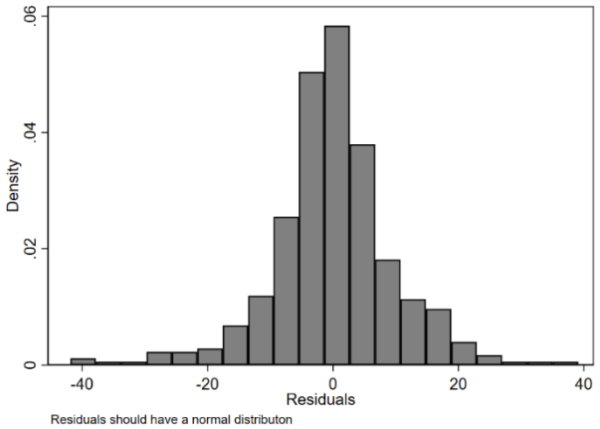
The regression models of recovery of kidney function were based on a four-way interaction term between time (months from COVID-19 diagnosis), AKI, glomerular disease and pre-COVID-19 eGFR, and were additionally adjusted for age, gender, non-white ethnicity and RAASi use. The analyses on the effect of glomerular disease on eGFR were based on hospitalized patients (glomerular disease vs controls), whereas the analysis on the effect on albumin urinary protein, immunosuppressive drugs and type of glomerular disease was based on glomerular disease patients (hospitalized or not). We estimated the multiple regression-adjusted correlation between pre-COVID-19 and post-COVID-19 eGFR based on the predictions of the previously fitted model. We chose to estimate the correlation at 6 months because this was the approximate median study population follow-up time after COVID-19. We constructed plots of pre-COVID-19 eGFR vs 6-month eGFR, based on model predictions and estimated the corresponding regression coefficients. A regression coefficient of 1, with an intercept statistically not different from zero, implied full eGFR recovery of pre-COVID-19 eGFR (i.e., post-COVID-19 eGFR was proportional to pre-COVID-19 eGFR); a coefficient of less than 1 implied lack of eGFR recovery (i.e., the higher the loss of eGFR with respect to pre-COVID-19 eGFR, the closer the coefficient to 0).

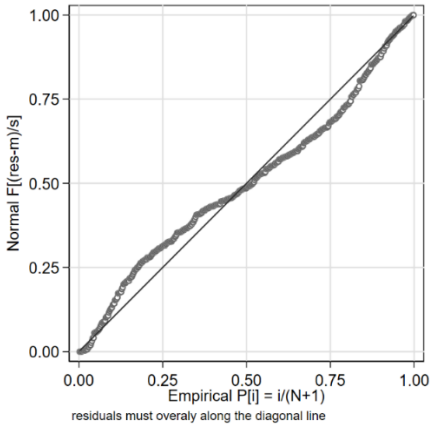
Supplemental Reference

S1. Levey AS, Deo A, Jaber BL: Filtration markers in acute kidney injury. Am J Kidney Dis, 56: 619-622, 2010 10.1053/j.ajkd.2010.08.001

Supplemental Figures

A





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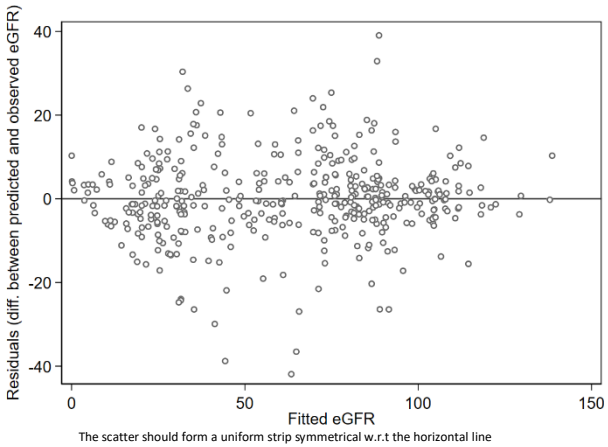
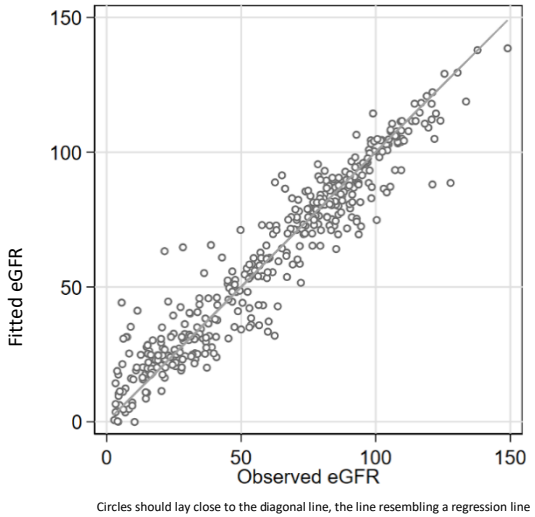
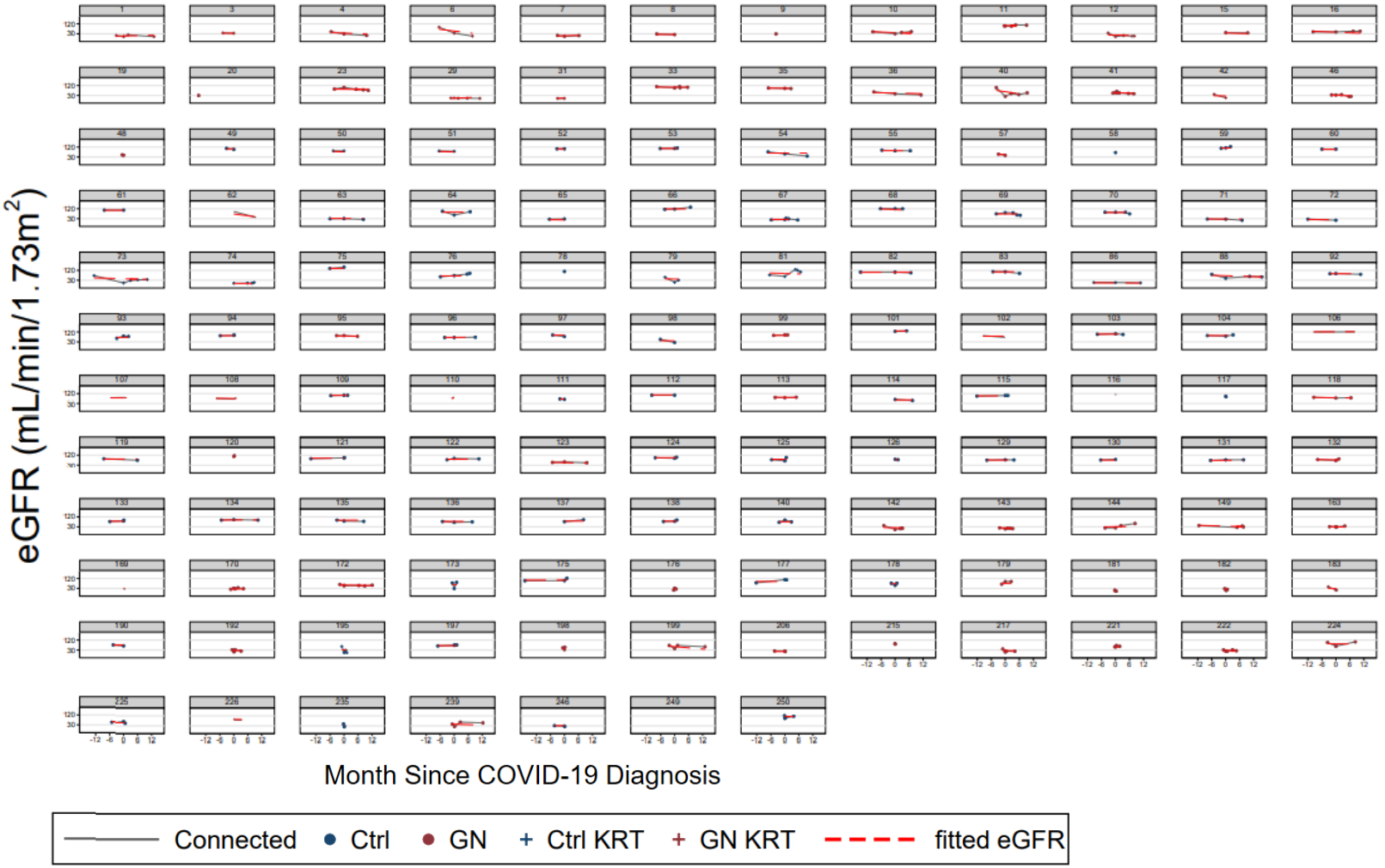


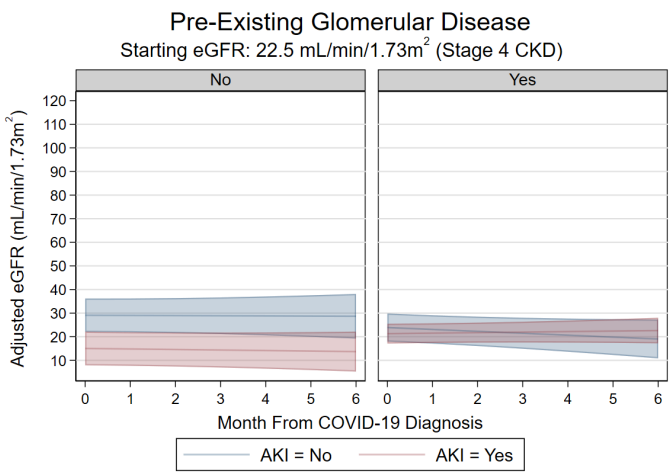


Supplemental Figure 1. Analysis on the goodness of fit of the linear random-coefficient mixed model on eGFR.
A) Plots of residuals and of observed vs predicted eGFR, **B**) Plots of individual observed vs predicted eGFR trajectories.



Supplemental Figure 2. Data used for longitudinal analyses.
Number of hospitalized patients analyzed: 139; total eGFR measurements: 436 (average 3.1 (1-7) per pt)
Ctrl, controls; GN, patients with history of glomerulonephritis; KRT, kidney replacement therapy.

A



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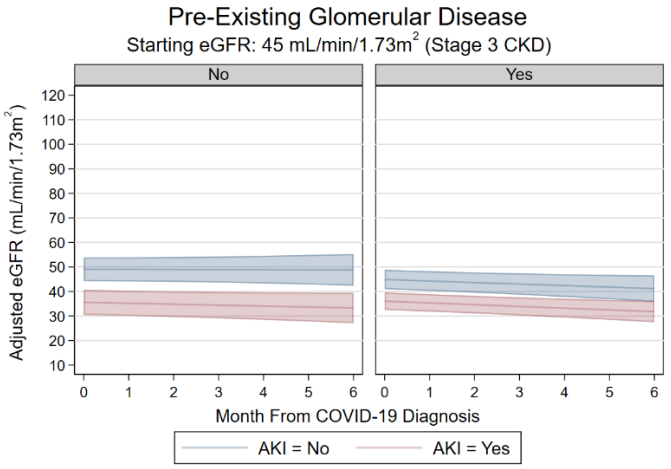

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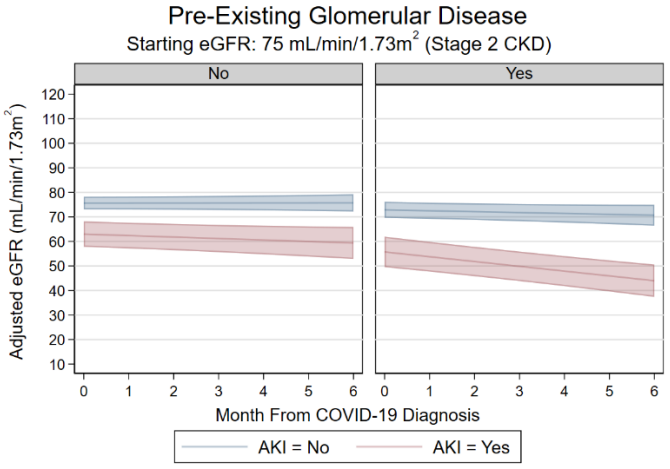

Supplemental Figure 3. Visual representation of the results of the four-way interaction term from the longitudinal mixed model on eGFR between GN- vs Ctrl-hospitalized, time, AKI, and pre-COVID-19 eGFR (P=0.024). The figure represents the predicted linear eGFR over time after stratification of hospitalized patients according to the absence (left panel) or presence (right panel) of history of glomerular disease. Patients are additionally stratified based on those who not developed (blue) or developed (red) AKI during hospital stay. Panel **A** predicts the linear change for patients with pre-COVID-19 eGFR in Stage 4; panel **B** in Stage 3; panel **C** in Stage 2. GN patients developing AKI having best pre-COVID-19 eGFR (stage 2) had the largest absolute eGFR decline.

Supplemental Table 1. Complications during hospital stay

	Pre-existing Glomerular Disease						P value
	No			Yes			
Length of hospital stay, days	79	14.4	(19.8)	61	16.3	(15.9)	0.033
Death		8	9.6%		12	19.0%	0.144
Intubated		8	9.6%		7	11.1%	0.789
Use of inotropes/vasopressors		7	8.4%		5	7.9%	1.000
Developed AKI		16	19.3%		29	46%	0.001
AKI stages	16				28		
Stage 1		4	25.0%		8	28.6%	0.616
Stage 2		3	18.8%		9	32.1%	
Stage 3		9	56.3%		11	39.3%	
KRT Requirement		8	9.6%		8	12.7%	0.600
Days of KRT	7	34.4	(31.3)	7	26.1	(12.9)	0.874
Discharge on KRT		2	25.0%		3	37.5%	1.000
Admission serum creatinine, mg/dl	80	1.5	(2.0)	56	2.7	(2.8)	0.000
Peak serum creatinine, mg/dl	49	2.7	(3.2)	49	3.6	(3.2)	0.006
Admission serum albumin, g/dl	64	3.5	(0.8)	47	3.0	(0.9)	0.011
Nadir serum albumin, g/dl	9	3.4	(0.4)	19	2.7	(0.8)	0.038
Peak proteinuria, g/day	5	0.1	(0.3)	14	5.1	(6.3)	0.003
Superimposed bacterial infection		9	11.1%		12	20.7%	0.151
GI complications		10	12.3%		7	12.3%	1.000
Cardiac complications		7	8.8%		4	7.1%	1.000
Arrhythmia		6	7.2%		2	3.2%	0.466
MI		0	0.0%		2	3.2%	0.185
Thrombotic complications							
DVT		3	3.6%		2	3.2%	1.000
PE		0	0.0%		1	1.6%	0.432
CNS complications		2	2.5%		1	1.8%	1.000

Five GN patients suddenly deceased before intubation. Continuous data are reported as number of non-missing variates, mean (standard deviation); categorical data are reported as number of non-missing variates and percentages. For continuous data P values refer to Mann-Whitney test for two-sample comparisons, for categorical data, to Fisher's exact test. GN, history of glomerular disease; AKI, acute kidney injury, KRT, kidney replacement therapy, MI, myocardial infarction; GI, gastrointestinal; CNS, central nervous system; PE, pulmonary embolism; DVT, deep venous thrombosis.

Supplemental Table 2. Treatments for COVID-19

	Study group			P value
	Ctrl-Hospitalized (n=83)	GN-Hospitalized (n=63)	GN-outpatients (n=62)	
Hydroxychloroquine	55 (66.3)	26 (41.3)	5 (8.1)	<0.001[a,b,c]
Azithromycin	38 (45.8)	18 (28.6)	5 (8.1)	<0.001[a,b,c]
Remdesivir	1 (1.2)	3 (4.8)	0 (0.0)	0.188
Lopinavir	12 (14.5)	6 (9.5)	0 (0.0)	0.003[b,c]
Darunavir	3 (3.6)	1 (1.6)	0 (0.0)	0.389
Ritonavir	12 (14.5)	4 (6.4)	0 (0.0)	0.002[c]
Other antivirals	1 (1.2)	3 (4.8)	0 (0.0)	0.188
Cobicistat	0 (0.0)	1 (1.6)	0 (0.0)	0.6
Anti-IL6 receptor monoclonal antibodies	14 (16.9)	9 (14.3)	0 (0.0)	0.001[b,c]
Anakinra	1 (1.2)	0 (0.0)	0 (0.0)	1.00
Convalescent serum	1 (1.2)	3 (4.8)	0 (0.0)	0.188
IVIg	0 (0.0)	1 (1.6)	0 (0.0)	0.6
IV methylprednisolone	22 (26.5)	8 (12.7)	0 (0.0)	<0.001[b,c]
Oral steroids	9 (10.8)	8 (12.7)	1 (1.6)	0.039[b,c]
Vitamin C	1 (1.2)	0 (0.0)	0 (0.0)	1.00
Complement inhibitors	1 (1.2)	0 (0.0)	0 (0.0)	1.00

Data are expressed as numbers (percentages). P values were obtained with Fisher's exact test. Test for pairwise differences between the groups are indicated by superscripts as follows:

a, if P<0.05 Ctrl-hospitalized vs GN-hospitalized

b, if P<0.05 Ctrl-hospitalized vs GN-outpatients

c, if P<0.05 GN-hospitalized vs GN-outpatients

Ctrl, controls (i.e. no history of glomerular disease); GN, history of glomerular disease; IVIg, intravenous immunoglobulins.

Supplemental Table 3. Association of various determinants with clinical outcomes AKI, KRT, and Death in the overall cohort of GN patients (hospitalized + outpatients).

	AKI			KRT			Death		
	crude	eGFR-adj	fully-adj	crude	eGFR-adj	fully-adj	crude	eGFR-adj	fully-adj
Serum albumin, g/dl (per 1 SD unit decrease)	1.95* [1.02,3.74] 0.044	1.41 [0.68,2.91] 0.351	1.62 [0.73,3.62] 0.236	2.17 [0.93,5.07] 0.073	1.48 [0.59,3.71] 0.401	1.75 [0.61,5.01] 0.296	1.63 [0.85,3.12] 0.144	1.26 [0.62,2.58] 0.524	1.62 [0.68,3.85] 0.278
Urinary protein, g/day (per 1 SD unit increase)	1.16 [0.71,1.89] 0.545	1.08 [0.62,1.89] 0.783	1.12 [0.58,2.16] 0.743	1.26 [0.75,2.13] 0.376	1.27 [0.69,2.36] 0.442	1.48 [0.73,3.00] 0.272	1.02 [0.58,1.79] 0.950	0.83 [0.35,2.02] 0.687	1.15 [0.44,3.02] 0.781
Azathioprine	0.40 [0.03,4.71] 0.469	0.38 [0.03,4.91] 0.459	0.26 [0.02,3.39] 0.306	1.00	1.00	1.00	1.00	1.00	1.00
Mycophenolate	1.02 [0.27,3.78] 0.982	2.09 [0.47,9.39] 0.335	2.93 [0.49,17.62] 0.240	1.71 [0.19,15.51] 0.635	3.12 [0.31,31.22] 0.332	5.45 [0.36,82.17] 0.221	0.65 [0.15,2.83] 0.565	0.97 [0.20,4.70] 0.965	0.35 [0.05,2.41] 0.285
Rituximab	2.24 [0.52,9.68] 0.280	3.00 [0.62,14.41] 0.170	3.90 [0.71,21.30] 0.116	1.50 [0.16,13.75] 0.720	1.58 [0.16,15.06] 0.693	1.98 [0.18,21.46] 0.575	0.26 [0.06,1.13] 0.073	0.23 [0.05,1.14] 0.072	0.22 [0.04,1.25] 0.088
Steroids	1.53 [0.53,4.38] 0.430	0.87 [0.26,2.87] 0.815	0.66 [0.18,2.43] 0.530	0.48 [0.09,2.59] 0.391	0.28 [0.05,1.68] 0.164	0.22 [0.04,1.43] 0.113	1.16 [0.33,4.13] 0.814	0.78 [0.20,2.99] 0.711	0.85 [0.20,3.58] 0.820
CNI	0.84 [0.05,14.08] 0.903	0.90 [0.02,36.75] 0.954	0.72 [0.01,46.66] 0.875	0.14 [0.01,2.50] 0.181	0.12 [0.00,4.72] 0.259	0.09 [0.00,6.55] 0.270	1.00	1.00	1.00
Duration of GN (trend across categories)	0.74 [0.52,1.05] 0.089	0.67 [0.45,1.00] 0.051	0.68 [0.45,1.03] 0.072	0.64 [0.36,1.13] 0.123	0.61 [0.34,1.09] 0.095	0.55 [0.29,1.07] 0.080	0.81 [0.55,1.20] 0.290	0.76 [0.50,1.16] 0.207	0.73 [0.46,1.16] 0.185

SLE GN	1.54 [0.41,5.76] 0.519	0.98 [0.22,4.33] 0.982	0.62 [0.07,5.44] 0.664	6.29* [1.27,31.10] 0.024	4.74 [0.88,25.42] 0.069	73.22* [1.22,4407.12] 0.040	0.78 [0.15,4.06] 0.770	0.50 [0.08,2.97] 0.447	2.22 [0.12,41.37] 0.593
Vasculitis	1.25 [0.38,4.16] 0.716	0.98 [0.27,3.60] 0.980	1.09 [0.27,4.36] 0.908	1.00	1.00	1.00	1.98 [0.50,7.79] 0.329	1.79 [0.43,7.48] 0.424	1.20 [0.27,5.42] 0.814
SLE GN or Vasculitis	1.55 [0.55,4.38] 0.411	0.98 [0.30,3.15] 0.968	0.90 [0.24,3.37] 0.877	1.43 [0.32,6.36] 0.640	0.96 [0.20,4.67] 0.963	0.67 [0.10,4.52] 0.684	1.46 [0.42,5.07] 0.555	1.04 [0.28,3.96] 0.949	1.51 [0.33,6.98] 0.599
IgA nephropathy	0.77 [0.12,5.00] 0.787	1.12 [0.14,8.94] 0.914	0.43 [0.05,4.09] 0.466	1.00	1.00	1.00	1.00	1.00	1.00
FSGS or MCD	0.35 [0.06,1.88] 0.220	0.52 [0.09,3.17] 0.478	0.35 [0.04,3.04] 0.342	1.00	1.00	1.00	1.29 [0.24,7.03] 0.767	2.75 [0.41,18.66] 0.300	6.15 [0.67,56.55] 0.109
Membranous nephropathy	5.39 [0.56,51.50] 0.143	6.33 [0.44,90.22] 0.173	7.71 [0.58,103.15] 0.123	1.68 [0.16,17.26] 0.663	1.19 [0.10,13.98] 0.891	1.59 [0.12,20.64] 0.724	2.54 [0.42,15.42] 0.312	2.29 [0.31,17.03] 0.420	1.24 [0.14,11.31] 0.849

The table reports odds ratios from logistic regression models examining the association between history of glomerular disease and the clinical outcomes AKI, KRT, and Death in patients with glomerular disease. For each outcome three regression models are reported namely, “crude” model (no adjustment), “eGFR-adj” (adjusted for pre-COVID-19 eGFR), and “fully-adj” (additionally adjusted for age, gender, non-white ethnicity, and RAASi use). Odds ratios associated with serum albumin are expressed per one standard deviation unit decrease (approximately 0.7g/dl), those associated with urinary protein are expressed per one standard deviation increase (approximately 3g/day). The odds ratio for duration of GN express a trend across the categories 1-6 months, 6-12 months, 12-24 month, 2-5 years, and >5 years: how the odds of the outcome increase for every step increase in the ordered category of GN duration.

Numbers in square brackets represent 95 percent confidence interval; the numbers below the squares are the associated P value. Stars are included to ease the readability of the table: "*" P <0.05. An odds ratio of 1.00 without associated 95 percent confidence intervals indicate that the regression model could not be estimated.

CNI, calcineurin inhibitors; GN, glomerulonephritis; SLE, systemic lupus erythematosus; AKI, acute kidney injury; FSGS, focal segmental glomerulosclerosis; MCD, minimal change disease.

Supplemental Table 4. Estimated relationship between pre-COVID-19 and post-COVID-19 eGFR at six months after COVID-19 admission.

	No AKI		AKI	
	Ctrl	GN	Ctrl	GN
Coeff. pre- vs 6 months post-COVID-19 eGFR	0.90	0.87	0.98	0.41
95% CI	[0.75, 1.04]	[0.70, 1.04]	[0.82, 1.14]	[0.25, 0.56]
p-value	<0.001	<0.001	<0.001	<0.001

Coefficient of the predicted relationship between pre-COVID-19 and post-COVID-19 eGFR after stratification of hospitalized patients according to the absence (Ctrl) and presence (GN) of history of glomerular disease (throughout the text, named Ctrl-hospitalized and GN-hospitalized, respectively). Patients are additionally stratified based on those who did not develop (NO AKI) or developed (AKI) AKI during hospital stay. For all the groups, except GN-hospitalized who had AKI, the coefficient between pre-COVID-19 and 6-month post-COVID-19 was close to one and the line close to the line of identity (see **Figure 2**). The difference of the coefficient in the AKI GN patients is demonstrated by the four-way interaction term between GN vs Ctrl, time, AKI, and pre-COVID-19 eGFR, which was statistically significant (P= 0.024). After pairwise comparison, and Bonferroni adjustment for multiple testing, the coefficient of AKI GN was statistically significantly different from the other groups (not shown).

Supplemental Table 5. Serial kidney parameters in patients with glomerular disease based on admission status.

	Survey Time Points									
	Pre-COVID-19		At admission		During COVID-19		After COVID-19		Most Recent	
Admission status										
Outpatients										
	n									
Months since COVID-19 diagnosis		-2.6 [-13.1, -0.1]		0.0 [0.0, 0.0]		0.3 [0.0, 1.2]		2.2 [0.5, 6.5]		7.1 [0.8, 12.4]
eGFR, ml/min/1.73m^2	58	72.6 (31.2)	30	(35.8)	10	65.6 (36.8)	37	77.1 (29.9)	40	68.1 (33.9)
				0.585		0.307		0.629		0.146
Serum creatinine, mg/dl	58	1.5 (1.6)	30	1.5 (1.3)	10	1.8 (1.9)	37	1.2 (0.8)	40	1.7 (1.7)
				0.360		0.307		0.277		0.143
Serum albumin, g/dl	56	4.1 (0.7)	24	4.0 (0.6)	9	3.9 (0.4)	32	4.1 (0.6)	40	4.1 (0.6)
				0.773		0.060		0.918		0.019
Urinary protein, g/day	54	1.4 (2.3)	11	0.3 (0.4)	0	-	28	0.9 (1.6)	0	-
				0.374		-		0.322		-
Hospitalized										
Months since COVID-19 diagnosis		-3.2 [-11.5, 0.0]		0.0 [0.0, 0.0]		0.1 [0.0, 2.5]		0.9 [0.2, 8.3]		6.5 [0.6, 13.0]
eGFR, ml/min/1.73m^2	55	53.3 (28.7)	52	44.9 (31.5)	43	36.1 (31.7)	41	54.7 (33.0)	41	47.7 (30.1)
				<0.001		<0.001		0.856		0.002
Serum creatinine, mg/dl	55	1.8 (1.8)	52	2.8 (2.9)	43	3.7 (3.4)	41	1.9 (1.6)	41	2.4 (2.2)
				<0.001		<0.001		0.368		0.002
Serum albumin, g/dl	48	3.7(0.6)	44	3.0 (0.9)	14	2.9 (0.9)	38	3.1 (0.9)	36	3.8 (0.7)
				<0.001		0.001		<0.001		0.531
Urinary protein, g/day	45	2.2 (2.8)	14	5.1 (6.3)	0	-	17	3.1 (3.8)	0	-
				0.140		-		0.125		-

Crude data on time points (before, during, and after COVID-19) of patients with glomerular disease. Only patients with pre-COVID-19 values and at least a subsequent serial value are included. Time points are reported as median [minimum, maximum]. The other variables are reported as number of non-missing data, mean (standard deviation). Due to the distribution of serum creatinine which, unlike eGFR, is highly skewed on the right, and due to missing values in eGFR, mean serum creatinine and mean eGFR may erroneously appear inconsistent with each other. The number below the mean represents P value of the difference vs pre-COVID-19 eGFR by Wilcoxon matched-pairs signed-rank test.

Supplemental Table 6. Analysis on determinants of kidney function recovery (categorical variable) in GN patients.		
	Crude	Adjusted
Serum albumin, g/dl (per 1 SD unit decrease)	0.79 [0.53,1.17] 0.244	0.94 [0.57,1.56] 0.820
Urinary protein, g/day (per 1 SD unit increase)	0.88 [0.60,1.30] 0.532	1.04 [0.64,1.70] 0.870
Azathioprine	4.13 [0.66,25.83] 0.130	2.10 [0.25,17.44] 0.492
Mycophenolate	0.72 [0.26,1.99] 0.531	0.84 [0.25,2.87] 0.784
Rituximab	2.90 [0.87,9.69] 0.084	2.53 [0.64,10.02] 0.187
Steroids	0.70 [0.32,1.56] 0.382	0.69 [0.28,1.73] 0.427
CNI	1.49 [0.50,4.38] 0.473	0.3.27 [0.77,13.81] 0.108
Duration of GN (trend across categories)	1.20 [0.91,1.59] 0.186	1.37 [0.98,1.91] 0.063

SLE GN	1.76 [0.65,4.76] 0.267	0.67 [0.17,2.62] 0.561
Vasculitis	0.49 [0.19,1.27] 0.142	0.70 [0.22,2.22] 0.547
SLE GN or Vasculitis	0.93 [0.42,2.05] 0.859	0.62 [0.23,1.69] 0.353
IgA nephropathy	2.13 [0.58,7.88] 0.256	4.73 [0.76,29.59] 0.097
FSGS or MCD	0.68 [0.24,1.86] 0.449	0.44 [0.13,1.53] 0.200
Membranous nephropathy	2.30 [0.48,10.94] 0.296	2.08 [0.38,11.44] 0.402

The table reports odds ratios from logistic regression models examining the association of various determinants with recovery of kidney disease (i.e. at least one eGFR values with -10% of pre-COVID-19 eGFR) in GN-hospitalized and GN-outpatients pooled. For each determinant, it is reported the "crude" model (no adjustment), and the "adjusted" model (adjusted for age, gender, non-white ethnicity, and RAASi use and pre-COVID-19 eGFR). Odds ratios associated with serum albumin are expressed per one standard deviation unit (approximately 0.7g/dl) decrease; odds ratio associated with urinary protein are reported per one standard deviation unit (approximately 3g/day) increase. Numbers in square brackets represent 95 percent confidence interval; the number below the square brackets is the P value.

CNI, calcineurin inhibitors; GN, glomerulonephritis; SD, standard deviation; SLE, systemic lupus erythematosus; FSGS, focal segmental glomerulosclerosis; MCD, minimal change disease.

Supplemental Table 7. Analysis on the determinants of post-COVID-19 eGFR (continuous variables).		
	Base Model	Fully Adjusted
Serum albumin, g/dl (per 1 SD unit decrease)	1.1 [-1.5,3.7] 0.399	0.1 [-2.5,2.6] 0.964
Urinary protein, g/day (per 1 SD unit increase)	-1.5 [-3.4,0.4] 0.114	-2.1* [-4.0,-0.2] 0.029
Azathioprine	-9.8 [-19.7,0.1] 0.052	-8.5 [-18.2,1.2] 0.085
Mycophenolate	-3.2 [-9.2,2.8] 0.285	-1.5 [-7.9,5.0] 0.654
Rituximab	-0.4 [-6.4,5.7] 0.897	-2.5 [-8.4,3.3] 0.383
Steroids	4.1 [-0.6,8.8] 0.083	3.2 [-1.6,7.9] 0.187
Duration of GN (trend across categories)	0.0 [-1.8,1.8] 0.965	0.4 [-1.4,2.1] 0.670
SLE GN	0.5 [-5.5,6.6] 0.861	-0.2 [-7.8,7.3] 0.948

Vasculitis	3.3 [-2.1,8.7] 0.229	4.5 [-0.7,9.7] 0.091
SLE GN or Vasculitis	2.8 [-1.9,7.5] 0.239	3.5 [-1.2,8.2] 0.138
IgA nephropathy	-0.5 [-8.4,7.4] 0.905	2.0 [-6.2,10.3] 0.619
FSGS or MCD	-3.5 [-10.3,3.4] 0.316	-7.7* [-14.6,-0.9] 0.027
Membranous nephropathy	-4.5 [-12.6,3.6] 0.270	-2.8 [-10.7,5.0] 0.472

The table reports the coefficient of difference in average post-COVID-19 eGFR associated with each determinant in GN-hospitalized and GN-outpatients, pooled. For each determinant, it is reported the "crude" model (no adjustment), and the "adjusted" model (adjusted for age, gender, non-white ethnicity, and RAASi use and pre-COVID-19 eGFR). Coefficients associated with serum albumin are expressed per one standard deviation unit (approximately 0.7g/dl) decrease; coefficients associated with urinary protein are reported per one standard deviation unit (approximately 3g/day) increase. For instance, a coefficient of -2.1 associated with urinary protein means that per every 3g/day pre-COVID-19 urinary protein, average post-COVID-19 eGFR was 2.1ml/min/1.73m^2 lower. A coefficient of -7.6 means that patients with FSGS or MCD had on average -7-7ml/min/1.73m^2 lower eGFR compared to the other patients (pooled).

Numbers in square brackets represent 95 percent confidence interval; the numbers below the square brackets are the associated P values. Stars are included to ease the readability of the table: "*" P <0.05.

GN, glomerulonephritis; SD, standard deviation; SLE, systemic lupus erythematosus; FSGS, focal segmental glomerulosclerosis; MCD, minimal change disease.