Supplementary file

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Facility readiness for diagnosis and management of glomerular diseases in low-resource settings

Glomerular disease accounts for 20-40% of chronic kidney disease, more so in low-resource settings. The understanding of glomerular disease has graduated from a pattern-based to etiopathogenesis based classification.

The contemporaneous understanding of glomerular diseases necessities access to proper diagnostic modalities including serological tests and ability to do and read a kidney biopsy.

Likewise, the treatment of these conditions is evolving from toxic non-specific immunosuppressive to novel targeted therapy. The examples include rituximab/Obinutuzumab in primary membranous nephropathy and belimumab in lupus nephritis.

The challenges in diagnosis and management of glomerular disease are unique in resource-limited nations. Acknowledging and realising the magnitude of the problem is the first step to unravelling the optimal solution.

So, we intend to carry a survey to know the challenges in diagnosing and managing glomerular diseases in limited-resource nations.

*	Required
1.	I understand and consent to participate in this survey *
	Mark only one oval.
	Yes
	No

Please answer a few questions about yourself and your practice

2.	How old are you *
	Mark only one oval.
	Less than 30 years
	30-39 years
	40-49 years
	50-59 years
	60 years or older

3.	What is the country of your practice? *
	Mark only one oval.
	Afghanistan
	Albania
	Algeria
	Andorra
	Angola
	Antigua & Deps
	Argentina
	Armenia
	Australia
	Austria
	Azerbaijan
	Bahamas
	Bahrain
	Bangladesh
	Barbados
	Belarus
	Belgium
	Belize
	Benin
	Bhutan
	Bolivia
	Bosnia Herzegovina
	Botswana
	Brazil
	Brunei
	Bulgaria
	Burkina
	Burundi
	Cambodia
	Cameroon
	Canada

Central African Rep
Chad
Chile
China
Colombia
Comoros
Congo
Congo {Democratic Rep}
Costa Rica
Croatia
Cuba
Cyprus
Czech Republic
Denmark
Djibouti
Dominica
Dominican Republic
East Timor
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Fiji
Finland
France
Gabon
Gambia
Georgia
Germany
Ghana
Greece

) Grenada

Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
Hungary
Iceland
India
Indonesia
Iran
Iraq
Ireland {Republic}
Israel
Italy
Ivory Coast
Jamaica
Japan
Jordan
Kazakhstan
Kenya
Kiribati
Korea North
Korea South
Kosovo
Kuwait
Kyrgyzstan
Laos
Latvia
Lebanon
Lesotho
Liberia
Libya
Liechtenstein

Lithuania

Luxembourg
Macedonia
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia
Moldova
Monaco
Mongolia
Montenegro
Morocco
Mozambique
Myanmar, {Burma}
Namibia
Nauru
Nepal
Netherlands
New Zealand
Nicaragua
Niger
Nigeria
Norway
Oman
Pakistan
Palau
Panama
Papua New Guinea

) Paraguay

Peru
Philippines
Poland
Portugal
Qatar
Romania
Russian Federation
Rwanda
St Kitts & Nevis
St Lucia
Saint Vincent & the Grenadines
Samoa
San Marino
Sao Tome & Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa
South Sudan
Spain
Sri Lanka
Sudan
Suriname
Swaziland
Sweden
Switzerland
Syria

) Taiwan

Tajikistan
Tanzania
Thailand
Togo
Tonga
Trinidad & Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
United Arab Emirates
United Kingdom
United States
Uruguay
Uzbekistan
Vanuatu
Vatican City
Venezuela
Vietnam
Yemen
Zambia
Zimbabwe

4.	diseases? *
	Mark only one oval.
	<5 Years
	5-10 Years
	11-20 Years
	>20 years
	I am not at all involved in the care of patients with glomerular diseases
R	ole
5.	What best describes your role (choose one)? *
0.	
	Mark only one oval.
	Nephrologist
	General physician
	Pediatrician
	Pathologist
	Nurse
	Other non-physician provider involved in care of patients with kidney disease
	Non-medical kidney health stakeholder
	Other:
6.	What best describes your practice *
0.	
	Mark only one oval.
	Solo practice
	Group practice
	Academic/university hospital
	Private hospital

7.	What kind of patients do you manage? *
	Mark only one oval.
	Adults only Children only
	Both adults and children
8.	Did you receive whole or part of your nephrology training outside your home country? *
	Mark only one oval.
	Yes
	No Skip to question 11
N	lephrology training

	selected yes in the last question, please select the country where you ved your training *
Mark	only one oval.
	Afghanistan
	Albania
	Algeria
	Andorra
	Angola
	Antigua & Deps
	Argentina
	Armenia
	Australia
	Austria
	Azerbaijan
	Bahamas
	Bahrain
	Bangladesh
	Barbados
	Belarus
	Belgium
	Belize
	Benin
	Bhutan
	Bolivia
	Bosnia Herzegovina
	Botswana
	Brazil
	Brunei
	Bulgaria
	Burkina
	Burundi
	Cambodia
	Cameroon

) Canada

Cape Verde
Central African Rep
Chad
Chile
China
Colombia
Comoros
Congo
Congo {Democratic Rep}
Costa Rica
Croatia
Cuba
Cyprus
Czech Republic
Denmark
Djibouti
Dominica
Dominican Republic
East Timor
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Fiji
Finland
France
Gabon
Gambia
Georgia
Germany
Ghana
Greece

Grenada
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
Hungary
College
India
Indonesia
Iran
Iraq
Ireland {Republic}
Israel
Italy
Ivory Coast
Jamaica
Japan
Jordan
Kazakhstan
Kenya
Kiribati
Korea North
Korea South
Kosovo
Kuwait
Kyrgyzstan
Laos
Latvia
Lebanon
Lesotho
Liberia
Libya
Liechtenstein

05/04/2022, 07:19

Lithuania

Macedonia

05/04/2022, 07:19

Papua New Guinea

Oman

Palau

Pakistan

Panama

05/04/2022, 07:19

Tick all that apply.

No opportunity to train in home country
Wanted to develop new clinical skills
Wanted to develop new research skills
As part of an existing program
0.1

Other: [

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1.	ı	-		\cdot	$\rho \circ y$

11.	Did you receive formal training to perform a kidney biopsy?
11.	bid you receive formal training to perform a kidney biopsy:
	Mark only one oval.
	Yes
	No
12.	Who performs kidney biopsy at your center
	Mark only one oval.
	Nephrologist (me and/or my colleagues) Skip to question 15
	Others (e.g. a radiologist) Skip to question 15
	We do not perform kidney biopsy
13.	What proportion of patients where a kidney biopsy is indicated for diagnosis and
10.	management of kidney disease are able to get a biopsy *
	Mark only one oval.
	wark only one oval.
	Less than 10%
	10-25%
	26-50%
	>50%
Skip	to question 15
No	biopsy

14.	Why do you not do a biopsy
	Mark only one oval.
	Lack of training
	Cost of biopsy (needle/gun/processing)
	No nephropathologist
	Difficulty in obtaining consent
	Other:
Skip	o to question 21
Bio	opsy processing
15.	How many kidney biopsies were done at your center in a usual (non-COVID)
	month
	Mark only one oval.
	0-5
	5-10
	More than 10
16.	Where is the nephropathologist who reads your biopsy located?
	Mark only one oval.
	In my hospital
	In my city
	Another city in my country
	Overseas
	Other:

17.	Are the biopsies processed for
	Tick all that apply.
	Light microscopy Immunofluorescence Electron microscopy
18.	What proportion of kidney biopsies are evaluated by immunofulorescence/immunohistochemistry
	Mark only one oval.
	<10%
	11-50%
	50-75%
	>75%
19.	What proportion of kidney biopsies are evaluated by Electron Microscopy
	Mark only one oval.
	<10%
	11-50%
	50-75%
	>75%
20.	What is the turnaround time for kidney biopsy reporting
	Mark only one oval.
	Less than 3 days
	3-7 days
	8-14 days
	15-30 days
	> 30 days

Workup and treatment

21. Please indicate the degree of difficulty with which you are able to obtain the following tests (0: no difficulty; 5: greatest difficulty, cannot order) *

Mark only one oval per row.

	0	1	2	3	4	5
Antinuclear antibody (ANA)						
Antinuclear cytoplasmic antibody (ANCA)						
Anti-phospholipase A2 receptor (anti-PLA2R) antibody						
Anti-glomerular basement (GBM) antibody						
Complement levels						
Serum protein electrophoresis						

22. Please indicate the ease with which the following treatment options are available for treatment of glomerulonephritis (0: never available, 5: always available) *

Mark only one oval per row.

	0	1	2	3	4	5
ACE inhibitors						
Angiotensin receptor blockers						
Diuretics						
Corticosteroids						
Azathioprine						
Cyclophosphamide						
Calcineurin inhibitors						
Mycophenolate						
Rituximab						

23. Please indicate the common barriers to diagnosis and treatment of glomerular diseases (0: not a barrier 5: a frequently encountered barrier) *

Mark only one oval per row.

	0	1	2	3	4	5
Delayed presentation						
Diagnostic workup not possible						
Treatment is expensive						
Treatment is not available						
Religious or cultural beliefs						

24. What proportion of patients have to pay out of pocket for diagnosis and treatment of glomerular diseases

Mark only one oval.

<10%</p>
11-25%
26-50%
51-75%
>75%

25. What is the proportion of ADULT patients who are treated empirically with the following drugs in the absence of proper work up *

Mark only one oval per row.

	None	<25%	25-49%	50-74%	75% or more	We always work up our patients
Low-dose corticosteroids (equivalent of less tham 1 mg/kg of prednisolone)						
High dose corticosteroids (equivalent of >1 mg/kg of prednisolone or intravenous pulses)						
Oral Azathioprine						
Oral cyclophosphamide						
Intravenous cyclophosphamide						
Calcineurin inhibitors (cyclosporine or tacrolimus)						
Mycopheonolate						

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Supplementary Table 1: List of countries with number of responders

Africa	
Botswana	4
Burkina	1
Cameroon	10
Congo	1
Ethiopia	6
Ghana	3
Ivory coast	2
Kenya	10
Mozambique	1
Nigeria	52
Rwanda	5
Senegal	1
Sierra Leone	1
South Africa	7
Sudan	4
Tanzania	18
Tunisia	1
Uganda	2
Zambia	4
Asia	
Afghanistan	1
Bangladesh	4
India	100
Indonesia	2
Myanmar	12
Nepal	12
Pakistan	4
Philippines	22
Vietnam	1
NIS Countries	
Albania	1
Belarus	1
Kyrgyzstan	1
Macedonia	1
Russian Federation	3

Supplemental Table 2: Frequency of using immunosuppressive therapy

	Total	Africa	Asia	Others
Proportion of patients-out of pocket for	(N=295)	(N=130)	(N=159)	N=6
diagnosis and treatment of glomerular diseases				
<10%	37 (12.5%)	20 (15.3%)	13 (8.4%)	04 (66.6%)
11-25%	9 (3.0%)	01 (0.7%)	07 (4.4%)	01 (16.7%)
26-50%	30(10.2%)	09 (6.9%)	20 (12.3%)	01 (16.7%)
51-75%	44 (14.9%)	18 (13.8%)	26 (12.6%)	None
>75%	175 (59.3%)	82 (63.7%)	93 (60.0%)	None
Use of empiric immunosuppressive treatment	(N=292)	(N=131)	(N=155)	(N=6)
Low dose steroids (< 1 mg/kg)		· · ·		, ,
Nil	79 (27.0%)	27 (20.6%)	49 (31.6%)	03 (50%)
< 25%	85 (29.1.8%)	22 (16.7%)	60 (38.7%)	02 (33.3%)
25-49%	43 (14.7%)	25 (19.0%)	17 (11.0%)	01 (16.7%)
50-74%	39 (13.3%)	22 (16.7%)	17 (11.0%)	None
>75%	47 (16.1%)	35 (26.7%)	12 (7.7%)	None
High dose steroids (>1 mg/kg)	(N=292)	(N=131)	(N=155)	(N=6)
Nil	106 (36.3%)	29 (22.1%)	74 (47.7%)	03 (50%)
< 25%	82 (28.0%)	36 (27.4%)	44 (28.4%)	02 (33.3%)
25-49%	43 (14.7%)	24 (18.3%)	18 (11.6%)	01 (16.7%)
50-74%	27 (9.2%)	13 (9.9%)	14(9.0%)	None
>75%	34 (11.6%)	29 (22.1%)	05 (3.2%)	None
Azathioprine	(N=292)	(N=131)	(N=155)	(N=6)
Nil	152 (52.0%)	53 (40.4%)	95 (61.3%)	14 (66.4%)
< 25%	85 (29.1%)	45 (34.3%)	39 (25.2%)	01 (16.7%)
25-49%	35 (12.0%)	24 (18.3%)	11 (7.1%)	None
50-74%	14 (4.8%)	06 (4.5%)	07 (4.5%)	01 (16.7%)
>75%	7 (2.4%)	03 (2.2%)	03 (1.9%)	None
Cyclophosphamide	(N=292)	(N=131)	(N=155)	(N=6)
Nil	165 (56.5%)	66 (50.3%)	95 (61.3%)	04 (66.7%)
< 25%	83 (28.4%)	44 (33.5%)	38 (24.5%)	01 (16.7%)
25-49%	28 (9.6%)	15 (11.4%)	13 (8.4%)	None
50-74%	10 (3.4%)	03 (2.2%)	06 (3.9%)	01 (16.7%)
>75%	6 (2.5%)	03 (2.2%)	03 (1.9%)	None

Calcineurin inhibitors	(N=292)	(N=131)	(N=155)	(N=6)
Nil	156 (53.4%)	60 (45.8%)	92 (59.4%)	04 (66.6%)
< 25%	87 (29.7%)	45 (34.3%)	41 (26.5%)	01 (16.7%)
25-49%	32 (10.9%)	17 (12.9%)	15 (9.7%)	None
50-74%	13 (4.4%)	05 (3.8%)	07 (4.5%)	01 (16.7%)
>75%	04 (1.4%)	04 (3.0%)	00 (0.0%)	0
Mycophenolate mofetil	(N=292)	(N=131)	(N=155)	(N=6)
Nil	144 (49.3%)	50 (38.1%)	91 (58.7%)	03 (50%)
< 25%	84 (28.7%)	46 (35.1%)	36 (23.2%)	02 (33.3%)
25-49%	31 (10.6%)	16 (12.2%)	15 (9.7%)	None
50-74%	19 (6.5%)	09 (6.8%)	9(5.8%)	01 (16.7%)
>75%	14 (4.8%)	10 (7.6%)	04 2.6%)	None

IV-intravenous, CNI-calcineurin inhibitors, MMF-mycophenolate mofetil