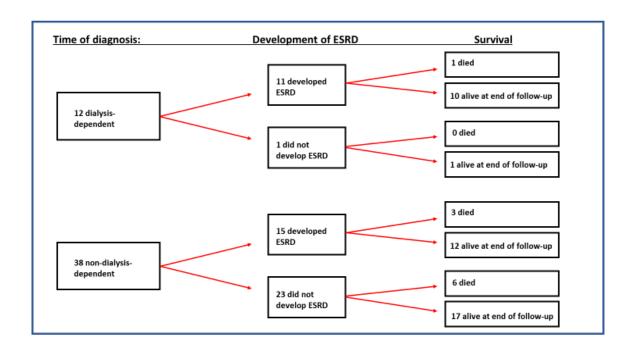
Supplemental Table 1: Associations with eGFR at 12 Months – Univariable Analysis (n=44):

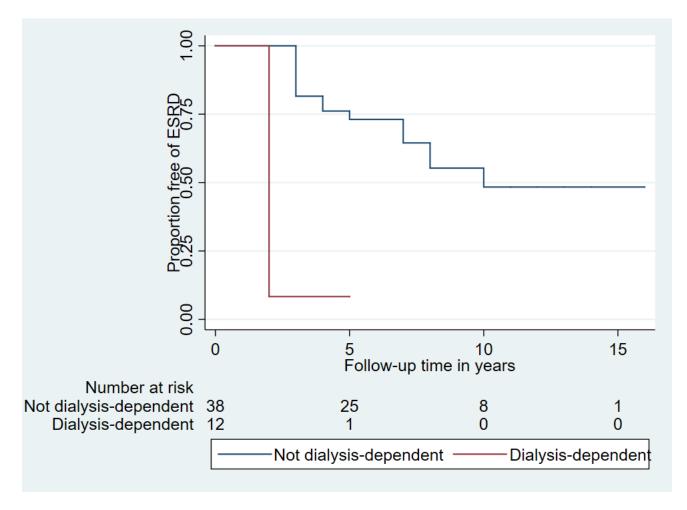
Variable	β-coefficient	r²	P-value
Age (continuous)	0.0994 (-0.169, 0.367)	0.0132	0.458
GFR at entry (mL/min/1.72m <sup>2</sup> )	1.16 (0.816, 1.51)	0.523	< 0.001
Degree of interstitial fibrosis	-6.41 (-13.2, 0.391)	0.0793	0.064
(mild/mod/severe)			
% of normal glomeruli	-0.0980 (-0.614, 0.419)	0.004	0.704
Degree of tubular atrophy	-10.5 (-18.4, -2.67)	0.212	0.011
(mild/mod/severe)			
% of cellular crescents	-0.210 (-2.43, 2.01)	0.0009	0.849
Gender (Female)	-0.637 (-8.81, 7.55)	0.0006	0.876
ANCA type	-3.82 (-13.7, 6.07)	0.0142	0.440
Any use of rituximab	14.0 (6.58, 21.5)	0.256	< 0.001
Use of cyclophosphamide only	-11.1 (-18.6, -3.63)	0.176	0.005

Supplemental Table 2: Cox Proportional Hazard Ratio of ESRD – Univariate Analysis:VariableHazard Ratio95% Confidence intervalP-valueAge (continuous)0.9860.962, 1.010.263Age above0.4680.207, 1.060.069

(Dichotomized to above 50 versus less than 50)	0.468	0.207, 1.06	0.069
Gender (Female)	0.679	0.302, 1.52	0.349
GFR at entry (mL/min/1.72m²)	0.901	0.842, 0.964	0.003
HD-dependence at diagnosis (Y/N)	11.1	4.04, 30.7	<0.001
Degree of globally sclerosed glomeruli (mild/mod/severe)	1.01	0.973, 1.04	0.731
Degree of interstitial fibrosis (mild/mod/severe)	1.91	0.919, 3.95	0.083
Degree of tubular atrophy (mild/mod/severe)	2.69	1.03, 7.01	0.043
Any use of rituximab	1.20	0.505, 2.86	0.677
Any use of pulse steroids	0.543	0.205, 1.44	0.220



Supplemental Figure 1: Flowsheet of progression to ESRD and death based on dialysis dependence at study entry



Supplemental Figure 2: Renal survival over the course of follow-up based on hemodialysisdependence at study entry