Supplemental digital content for

Long-term outcomes of kidney transplantation in patients with high levels of preformed DSA: the Necker high-risk transplant program

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Figure S1: Linear representation of the evolution of DSA class I or II MFI max between the peak or day-0, 3- and 12-month sera in the High risk group. Each dotted line represents 1 patient (black, decreasing MFI and red, increasing MFI between 3 and 12 months).
Figure S2: Phenotypic features of kidney allograft injury according to the three month and 1-year posttransplant screening biopsies in the High risk group.

The score for microvascular inflammation (Panel A) is the sum of the Banff scores for glomerulitis and peritubular capillaritis. Each of these scores ranges from 0 to 6, with higher scores indicating more severe abnormality. The T bars indicate standard errors.
Figure S3: Phenotypic features of kidney allograft injury according to the 12-month post-transplant screening biopsies in the High risk group.
Figure S4A: Kaplan-Meier curves for kidney allograft survival according to the anti-HLA DSA Class in the High risk group.

N at Risk

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<tr>
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<th>DSA Class I</th>
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Figure S4B: Kaplan-Meier curves for kidney allograft survival according to the DSA positivity at one year in the High risk group.

N at Risk
| DSA 1-yr - | 41 | 41 | 39 | 37 | 36 | 31 | 29 | 28 |
| DSA 1-yr + | 50 | 50 | 47 | 44 | 41 | 39 | 34 | 31 |
Figure S5: Causes of graft lost (Panel A) and recipient death (Panel B) in the High risk group.

A

- ABMR: 74.1%
- PVAN: 3.7%
- Recurrence: 11.1%
- Vascular thrombosis: 11.1%

Total=27

B

- Cardio-vascular: 31.8%
- Infection: 9%
- Neoplasia: 4.5%
- Surgical complication: 12.3%
- Other: 31.8%

Total=22

ABMR: antibody-mediated rejection; PVAN: polyomavirus associated nephropathy.