

Supplemental Table 2: Characteristics of TMA in Renal Transplant patients

Age at the time of Transplant	Transplant vintage at the time of developing TMA	Probable cause of TMA	Treatment received	CNI withdrawal duration (If yes)	Immediate graft Outcome (at 3 months –)	Long term graft – Last follow up Outcome(> 3 months)	Duration for haemat recovery
31	5 months	ABMR	Plasmapheresis	-----	Graft dysfunction (GFR 61 ml/ min / 1.73m2)	Persistent graft dysfunction(GFR 52 ml/ min / 1.73m2) at 4 th months	No haemat involvement
38	2 weeks	CNI induced	Plasmapheresis and CNI withdrawal	2 weeks	Graft dysfunction (GFR 56 ml/ min / 1.73m2)	Persistent graft dysfunction(GFR 58 ml/ min / 1.73m2) at 2 years	10 days
22	1 day	CNI induced	Plasmapheresis and CNI withdrawal	----- -	Death with functioning graft on 3 rd POD – Due to severe intra-abdominal bleeding following plasmapheresis	-----	Not recovered
52	1 week	ABMR	Plasmapheresis	----- ----	Normal graft functions	Graft dysfunction(GFR 29.89 ml/ min / 1.73m2) at 2 years	7 days
31	3 weeks	CNI induced	Plasmapheresis and CNI withdrawal	Changed to Everolimus	Graft dysfunction (GFR 52.94 ml/ min / 1.73m2)	Dialysis dependent	No haemat involvement
20	4 months	CNI induced	Plasmapheresis and CNI withdrawal	-----	Graft failure and death following intracerebral bleed and pneumonia following plasmapheresis	-----	No haemat involvement

31	2 weeks	CNI induced	Plasmapheresis and CNI withdrawal	Changed to Everolimus	Graft dysfunction (GFR 52.57 ml/min / 1.73m ²)	Persistent graft dysfunction (GFR 52.2ml/min / 1.73m ²) at 2 years	No haemat involvement
32	2 weeks	CNI induced	Plasmapheresis and CNI withdrawal	Changed to Everolimus- Recurred TMA on everolimus	Normal graft function	Normal graft function at 5 years	10 days
26	First week after transplant	ABMR	Plasmapheresis and Rituximab	----- ---	Graft dysfunction (GFR 47.6 ml/min / 1.73m ²)	Persistent graft dysfunction (GFR 52ml/min / 1.73m ²) at 8 years	3 weeks
31	First week after transplant	ABMR	Plasmapheresis and Rituximab	----- --	Normal graft function	Graft dysfunction (GFR 51ml/min / 1.73m ²) at 8 years	3 weeks
34	4 months	ABMR	Plasmapheresis and Rituximab	Withheld and not restarted	Graft dysfunction (GFR 24.7 ml/min / 1.73m ²)	Dialysis dependent at 5 months . Graft nephrectomy for renal abscess at 3 months	1 month

ABMR – Antibody Mediated Rejection CNI – Calcineurin Inhibitor