Supplementary Methods

This ambispective observational study was conducted in the Departments of Nephrology and Pathology at a tertiary center in northern India. Data were collected retrospectively (January 2018–March 2021) and prospectively (up to September 2022) after obtaining ethical committee approval. Patients older than 18 years with biopsy-proven membranous nephropathy were eligible; those who declined participation were excluded. Written informed consent was obtained for prospective cases, and a waiver of consent was granted for retrospective data.

Clinical assessments included hematuria, hypertension, edema, urine output, renal function tests, serum albumin, lipid profile, and screening for secondary causes (e.g., hepatitis B/C, HIV, autoimmune markers, and malignancy). Renal biopsy specimens were stained for phospholipase A2 receptor (PLA2R) by direct immunofluorescence, and for thrombospondin type-1 domain-containing 7A (THSD7A) and neural epidermal growth factor-like 1 (NELL1) by immunohistochemistry. Positivity was defined by granular capillary wall staining, with podocyte cytoplasmic staining serving as an internal control.

Statistical method

Descriptive statistics were analyzed with SPSS version 17.0 software. Continuous variables were presented as mean ± SD. Categorical variables were expressed as frequencies and percentages. Pearson's chi-square test or the chi-square test of the association was used to determine if there was a relationship between the two variables. p- value<0.05 was considered statistically significant. The data was entered in an MS EXCEL spreadsheet and analysed using Statistical Package for Social Sciences (SPSS) version 21.0.

Supplementary References

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