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This supplementary material has been provided by the authors to give readers additional information about their work.
**eTable 1. Inclusion and Exclusion Criteria**

**Inclusion criteria**

1. IgA nephropathy proven on renal biopsy
2. Proteinuria: ≥ 1.0g/day while receiving maximum tolerated dose of RAS blockade following the recommended treatment guidelines of each country where the trial is conducted
3. eGFR: 20 to 120ml/min per 1.73m² (inclusive) while receiving maximum tolerated RAS blockade

**Exclusion criteria**

1. Indication for immunosuppressive therapy with corticosteroids, such as:
   - Minimal change renal disease with IgA deposits
   - Crescents present in >50% of glomeruli on a renal biopsy within the last 12 months.
2. Contraindication to immunosuppressive therapy with corticosteroids, including
   - Active infection, including HBV infection or clinical evidence of latent or active tuberculosis (nODULES, cavities, tuberculoma etc.)
   - Malignancy within the last 5 years, excluding treated non-melanoma skin cancers (i.e. squamous or basal cell carcinoma)
   - Current or planned pregnancy or breastfeeding
   - Women of childbearing age who are not able or willing to use adequate contraception
3. Systemic immunosuppressive therapy in the previous 1 year
4. Malignant/uncontrolled hypertension (≥ 160mmHg systolic or 110mmHg diastolic)
5. Current unstable kidney function for other reasons, e.g. macrohaematuria induced acute kidney injury (past episodes are not a reason for exclusion)
6. Age <14 years old
7. Secondary IgA nephropathy: e.g. due to lupus, liver cirrhosis, **IgA vasculitis**
8. Patients who are unlikely to comply with the study protocol in the view of the treating physician
**eTable 2. Other Baseline Characteristics**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Methylprednisolone group (N=136)</th>
<th>Placebo group (N=126)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macrohematuria-no. (%)</td>
<td>27 (19.9%)</td>
<td>24 (19.0%)</td>
</tr>
<tr>
<td>History of tonsillectomy</td>
<td>1 (0.7%)</td>
<td>1 (0.8%)</td>
</tr>
<tr>
<td>Run-in phase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 weeks</td>
<td>2 (1.5%)</td>
<td>1 (0.8%)</td>
</tr>
<tr>
<td>4-12 weeks</td>
<td>70 (51.5%)</td>
<td>55 (43.6%)</td>
</tr>
<tr>
<td>More than 12 weeks</td>
<td>64 (47.1%)</td>
<td>70 (55.6%)</td>
</tr>
<tr>
<td>Family history of IgA nephropathy</td>
<td>2 (1.5%)</td>
<td>5 (4.0%)</td>
</tr>
<tr>
<td>Comorbidity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diabetes mellitus</td>
<td>1 (0.7%)</td>
<td>3 (2.4%)</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>1 (0.7%)</td>
<td>4 (3.2%)</td>
</tr>
<tr>
<td>Stroke</td>
<td>1 (0.7)</td>
<td>3 (2.4%)</td>
</tr>
<tr>
<td>heart failure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>peptic ulcer</td>
<td>1 (0.7%)</td>
<td>1 (0.8%)</td>
</tr>
</tbody>
</table>

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eFigure 1. Blood Pressure Control During Follow-up

The graph shows mean systolic and diastolic blood pressures (DBP) at the indicated time points (month). $\Delta$ indicates the overall mean difference in systolic blood pressure (SBP) or diastolic blood pressure (DBP) between the methylprednisolone and placebo groups over the entire follow-up estimated using a longitudinal linear mixed model.
Figure 2. Prespecified Subgroup Analysis of (a) the Primary Composite Outcome (b) Adverse Events According to Baseline Characteristics

The primary composite outcome was defined as 40% estimated GFR decrease, ESKD or death due to kidney failure. The subgroups were tested by adding interaction terms to log-binomial models. Histological lesion scoring using the Oxford classification. E1 indicates any endocapillary hypercellularity, otherwise as E0. eGFR indicates estimated glomerular filtration rate. ARB denotes angiotensin II–receptor blocker, ACE angiotensin-converting–enzyme, Max. maximum, and SAE serious adverse event. Bars represent 95% confidence intervals. Note that proteinuria levels and eGFR at randomization is not available for 4 participants. P-values for interaction for SAE subgroups were all > 0.2

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eFigure 3. Urine Creatinine Excretion (mmol/24-hour) During Follow-up

Δ indicate overall mean difference of urine creatinine excretion (completed data set, n=249) between methylprednisolone and placebo groups over the entire follow-up estimated using a longitudinal linear mixed model. Bars represent 95% confidence intervals.