

Supplementary Table 3: Summary of Nivolumab related renal toxicities

<i>Publication</i>	<i>Patient Number</i>	<i>Time of onset of renal dysfunction in reference to starting Nivolumab</i>	<i>Type of Cancer</i>	<i>Age(y)</i>	<i>Gender</i>	<i>Renal Pathology</i>	<i>Renal Outcomes</i>	<i>Cancer Outcome</i>
Shirali et al	1	11 months following treatment and the creatinine rose to 1.9 mg/dl. (Baseline creatinine 1.2mg/dl)	NSCLC	73	Male	Focal AIN	Creatinine normalized after stopping drug	Disease progression
Shirali et al	2	10months following treatment, creatinine rose to 1.8 mg/dl (Baseline creatinine 0.9mg/dl)	NSCLC	78	Male	Diffuse AIN, eosinophil infiltrates, arterio-nephrosclerosis	Creatinine normalized after stopping drug + 60mg Prednisone x 1 month	Disease progression
Shirali et al	3	10months following treatment with drug + Bevacizumab, creatinine rose to 5.5mg/dl , with fever and rash (Baseline creatinine 0.9mg/dl),	NSCLC	60	Female	Diffuse AIN with diffuse podocyte effacement	Creatinine normalized with stopping both drugs +Solumedrol then Prednisone x1 month	Stable disease

Supplementary Online Appendix for article for Wanchoo R et al. " Adverse Renal Effects of Immune Check Point Inhibitors: A Narrative Review."

Vandiver et al	4	Immediately after infusion, developed hyponatremia and AKI	Metastatic Melanoma	58	Female	Not performed	Empiric steroids given and fluid restriction and tolvaptan-creatinine normalized and hyponatremia resolved	Disease progression
Cortazar et al	5	10 months following treatment	Metastatic Melanoma	71	Male	Diffuse AIN	Steroids given but no recovery	NA

AIN: acute interstitial nephritis; AKI: Acute kidney injury; NSCLC: Non small cell lung cancer; NA: Not available