

Supplementary Table 2: Summary of Pembrolizumab related renal toxicities

<i>Publication</i>	<i>Patient Number</i>	<i>Time of onset of renal dysfunction in reference to starting Pembrolizumab</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	3 months following treatment, presented with AKI and Scr elevated at 1.9mg/dl (baseline creatinine of 1.0mg/dl)	NSCLC Advanced Adenocarcinoma	69	Female	AIN	With discontinuation of drug and 4 week steroid taper, creatinine decreased to 1.3mg/dl. It rose to 2.5mg/dl two weeks later when drug re-introduced. Steroids restarted and creatinine back to baseline after 3 months steroid taper	Not known
Shirali et al	2	12 months following treatment, presented with AKI with creatinine elevated at 2.3 mg/dl (baseline 0.8mg/dl)	NSCLC Advanced Adenocarcinoma	69	Female	AIN	Drug was stopped, serum creatinine normalized after one month of steroid taper	Sustained response
Le Min et al	3	15 months following treatment, presented with rhabdomyolysis and AKI	Metastatic melanoma	49	Male	No biopsy performed	Confounding factor: hypothyroidism as AKI and rhabdomyolysis resolved with levothyroxine	Complete response

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

Cortazar et al	4	1 month following treatment	Bladder Cancer	66	Male	AIN	Got steroids, required dialysis for sometime but partial recovery and no re-challenge	NA
Cortazar et al	5	8 months following treatment	Melanoma	41	Female	AIN	Got steroids, with complete recovery	NA

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