

Table S1. Clinical and pathological characteristics of the validation cohort

	BLt1i0 biopsies (n=25)	BL≥t1i1 biopsies (n=31)	P-value
Recipient			
Age (yr)	51 ± 18	51 ± 15	0.96
Male gender	7 (28)	15 (48)	0.17
Time posttransplant (mo)	16 [1, 31]	11 [1, 76]	0.36
Scr at biopsy (mg/dL)	1.8 [1.5, 2.8]	2.5 [2.1, 3.1]	0.03
Positive DSA	0 (0)	0 (0)	1.00
Acute treatment (yes)	22 (88)	24 (77)	0.49
Biopsy scores			
Tubulitis (t)	1.0 ± 0	1.9 ± 0.6	<0.01
Interstitial inflammation (i)	0 ± 0	0.4 ± 0.6	<0.01
Intimal arteritis (v)	0 ± 0	0 ± 0	1.00
Tubular atrophy (ct)	1.4 ± 0.9	1.8 ± 0.7	0.13
Interstitial fibrosis (ci)	1.4 ± 0.9	1.8 ± 0.8	0.15
Fibrous intimal thickening (cv)	1.6 ± 0.8	2.0 ± 0.7	0.04
Arteriolar hyalinosis (ah)	1.6 ± 0.8	2.0 ± 0.8	0.08

Data are provided as mean ± standard deviation, *n* (%) or median [25th, 75th percentiles]. Comparisons were performed using t test, Fisher's exact test or Kruskal-Wallis. BLt1i0, patients with borderline changes suspicious for acute T-cell-mediated rejection (BL) with tubulitis score of 1 and interstitial inflammation score of 0; BL≥t1i1, patients with BL with tubulitis and interstitial inflammation score of at least 1; TCMR, T-cell-mediated rejection Scr, serum creatinine level; DSA, donor-specific antibody

Table S2. Risk estimates for death-censored graft failure level associated with the histological diagnosis

A. Nonrejection vs. BLt1i0 vs. BL \geq t1i1 vs. TCMR

	Unadjusted		Adjustment 1 ^a		Adjustment 2 ^b	
	HR (95% CI)	<i>P</i>	HR (95% CI)	<i>P</i>	HR (95% CI)	<i>P</i>
NR	Ref	-	Ref	-	Ref	-
BLt1i0	0.8 (0.2–3.5)	0.75	0.9 (0.2–4.8)	0.87	0.8 (0.1–4.7)	0.82
BL \geq t1i1	3.4 (1.0–11.8)	0.06	3.4 (0.7–16.9)	0.20	2.9 (0.6–15.2)	0.20
TCMR	1.7 (0.3–8.3)	0.53	2.0 (0.3–15.9)	0.50	1.1 (0.1–9.9)	0.93

^a Adjusted for estimated glomerular filtration rate at biopsy, antirejection treatment and time posttransplant

^b Adjusted for model 1 plus interstitial fibrosis/tubular atrophy (IFTA) sum score and donor specific antibody status

BL, borderline changes suspicious for the acute T-cell-mediated rejection category; NR, nonrejectors; TCMR, patients with T-cell-mediated rejection.

B. Pairwise comparison BLt1i0 vs. BL \geq t1i1

	Unadjusted		Adjustment 1 ^a		Adjustment 2 ^b	
	HR (95% CI)	<i>P</i>	HR (95% CI)	<i>P</i>	HR (95% CI)	<i>P</i>
BLt1i0	Ref	-	Ref	-	Ref	-
BL \geq t1i1	4.5 (1.5–13.7)	<0.01	3.8 (1.1–12.5)	0.03	3.1 (0.9–10.7)	0.07

^a Adjusted for estimated glomerular filtration rate at biopsy, antirejection treatment and time posttransplant

^b Adjusted for model 1 plus interstitial fibrosis/tubular atrophy (IFTA) sum score and donor specific antibody status

BLt1i0, patients with borderline changes suspicious for acute T-cell-mediated rejection (BL) and with a tubulitis score of 1 and an interstitial inflammation score of 0; BL \geq t1i1, patients with BL with tubulitis and an interstitial inflammation score of at least 1.

Figure S1. Kaplan-Meier plots for the composite endpoint of death-censored graft failure or doubling of the serum creatinine level for patients with BLt1i0, BL≥t1i1 in the validation cohort.

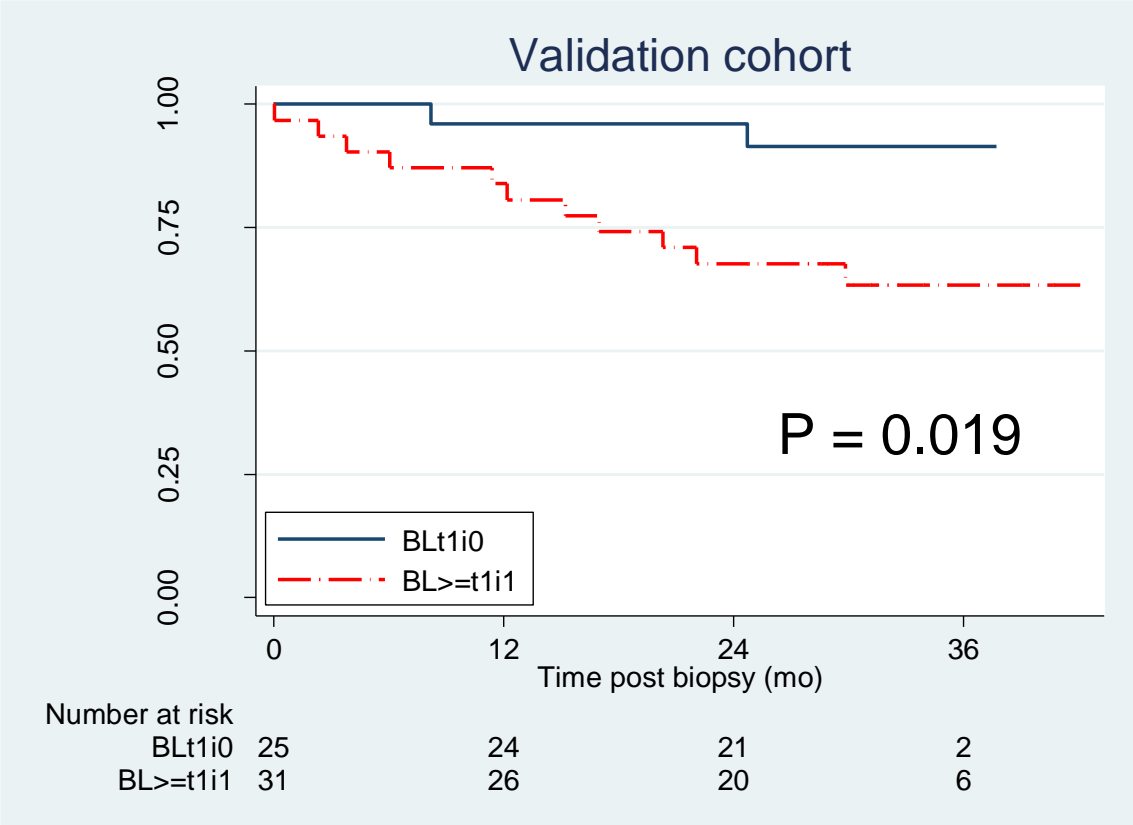


Figure S2. Kaplan-Meier plots for the composite endpoint of death-censored graft failure or doubling of the serum creatinine levels using time from transplant as the reference.

