## **Supplemental table 1:** additional matched cohorts based on different propensity score models

Variables used to derive the propensity score  (The 1 <sup>st</sup> model is the one presented in the article)	Number of CS- RASB: RASB matched	Overlap with presented matched cohort	CS Benefits in those with initial eGFR <50 mL/min/1.73 m <sup>2</sup>	CS benefits greater with high proteinuria	CS benefits greater with M1,E1,S1, T1*
Gender, initial age, GFR and proteinuria, immunosuppression prior to the biopsy, MEST score, any crescents, any necrosis, time-average proteinuria and blood pressure (before the start of immunosuppression for the treated group), Time-average blood pressure medication, proportion of the follow-up under RASB, use of fish oil.	184:184	-	yes	yes	No
Gender, initial age and eGFR proteinuria, Caucasian ethnicity, immunosuppression prior to the biopsy, Prior use of RASB, MEST score, any crescents, any necrosis, time-average proteinuria and blood pressure (before the start of immunosuppression for the treated group), maximal proteinuria prior to CS, time-average blood pressure medication, proportion of the follow-up under RASB, use of fish oil.	164:164	64%	yes	yes	CS benefits greater in the presence of S1 as opposed to S0
Gender, initial eGFR age, proteinuria, Caucasian ethnicity immunosuppression prior to the biopsy, MEST score, any crescents, any necrosis, time-average proteinuria and blood pressure (before the start of immunosuppression for the treated group), maximal proteinuria prior to CS Time-average blood pressure medication, proportion of the follow-up under RASB, use of fish oil.	152:152	73%	yes	yes	CS benefits greater in the presence of M1 as opposed to M0

**Legend:** \*Using interaction studies