Supplement Table 1: Summary of AKI episodes and chronic kidney injury

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tumor type** | **Age~~:~~****years****/sex:****F/M** | **Tumor-****Stage** | **Treat-ment Protocol** | **Follow-up time****(month)** | **Renal episode characterisation** | **Underlying condition resulting in AKI** | **Extra-follow up** |
| **Type** | **Changes of kidney markers** |
| **Categorisation: based on pRIFLE- the changes of GFRCysC** | **uNAGRI changes \*** | **pRIFLE- the changes ofGFR Creat** |  | **CKD monitoring: only GFRCreat** |
|  **Wilms tumor** | 3 /F | II/IR  | SIOP 2001 WT post | 7 | GFRCysC poz. | N\*\* | Ø\*\* | st.p. nephrect. |  |
| 6/M | III/IR +HR  | 10 | uNAGRI poz. | 600 % | N | st.p.nephrect, doxorub. |  |
| 4/M | III/IR | 3 | uNAG + GFRCreat poz. | 250 % | R\*\*\* | st.p.nephrect.doxorubicin |  |
| clinical: R | 300 % | R |  |
| uNAGRI poz. | 150 % | N |  |
| 5/F | III/HR | 6 | uNAGRI poz. | 150 % | N |  |  |
| 2/F | II/IR | 8 | subclinical | 150 % | ↑\*\* | st.p. nephrect. |  |
| uNAGRI poz. | 50 % | N |  |  |
|  **Leukemia** | 12/F | B-ALL | ALL IC- BFM 2002   | 9 | clinical: I | 2900 % | I,  | Aspergill. |  |
| 4/M | c-ALL | 13 | GFRCysC poz. | N | N | HD-MTX | ↓( followed 4 years): CKD 2  |
| clinical:R | 800 % | R | CPM |
| clinical: R | 100 % | R | Aspergill. |
| uNAGRI poz. | 100 % | Ø | ARSD, Asperill. |
| clinical: I | 60 % | N | Aspergill. |
| clinical: I | 100 % | I | st.p. nephrect., |
| clinical: I | 200 % | I | infection |
| 2/F | HR-ALL. | 9 | subclinical | 4900 % | ↑ | infection |  |
| subclinical | 1400 % | ↑ | sepsis, CFM |  |
| clinical:R | 150 % | N | sepsis |  |
| subclinical | 900 % | Ø | CPM |  |
| 4/M | c-ALL | 4 |  |  |  |  |  |
| 12/M | T-ALL | 7 | subclinical | 200 % | N | ACE, HDMTX |  |
| uNAGRI poz. | 900 % | N | ACE, CPM, Inf. |  |
| subclinical | 200 % | N | MTX |  |
| 3/M | ALL | 14 | clinical: R | 400 % | I | CPM |  |
| clinical: R | 150 % | I | CPM, Aspergill. |  |
| clinical: I | 100 % | R | IFO+ Aspergill. |  |
| clinical: I | 1400 % | I | IFO+Aspergill. |  |
| 4/F | pre B-ALL | 4 | uNAGRI poz. | 500 % | N | CPM |  |
| 8/M | r-ALL/2. | ALL-REZ BFM 2002 | 4 | subclinical | 130 % | N ֎ | MTX, IFO, donourubicin |  |
| uNAGRI poz. | 100 %  | N | MTX, IFO |  |
| 16/M | r-ALL/2. | 7 | subclinical | 200 % | N | MTX  | ↑: followed 1 month, admitted other hospitals |
| uNAGRI poz. | 200 % | N | ACE, MTX, Citarabin |
| subclinical | Ø | N | st.p. SC transpl. |
| **Lymphoma** | 8/M | HD, II/A . | GPOH-95 | 7 | uNAGRI poz. | 1200 % | N  | Rota infection |  |
| 15/F | HD, IV.  | 3 | uNAGRI poz. | 100 % | N ֎ |  |  |
| 15/F | HD, IV. | ABVD | 12 |  |  |  |  |  |
| 8/M | NHL | NHL-BFM 95 | 8 | clinical: I | 100% | I | st.p. HD, MTX  |  |
| 14/M | T-NHL | 7 | clinical: F | 300 % | F\*\*\*\* | Aspergill. |  |
| 5/F | HD, IV. | BFM LL 2009  | 3 |  |  |  |  |  |
| **Central nervous system tumor** | 1/F | plx. choroid. tu. | Hunga-rian Brain Tumor Prot. | 3 |  |  |  |  |  |
| 12/F | astrocytoma | 3 |  |  |  |  |  |
| 10/F | medullo-blastoma | 9 |   |  |  |  |  |
| 15/M | 1 |   |  |  |  |  |
| 16/F | neurofibro-matosis | 3 | uNAGRI poz. | 400 % |  Ø  | platina | ↓: tu.progressio1 year later die |
| uNAGRI poz. | 1700 % | N | platina |
| clinical: I  | 450 % | R | platina  |
| 5/M | neuroblast-oma | RAPID COJEC | 6 | clinical: I | 500 % | I | platina | Normalisation: tu.progressio1 year later die |
| subclinical | 200 % | N | platina  |
| subclinical | 150 % | N | platina |
| 7/F | OJEC/OPEC  | 1 | uNAGRI poz. | 200 % | Ø | platina |  |
| 4/M | SIOP Prot. | 12 | clinical: R | 2600 % | R | regitin | remission, kidney funct. recover |
| clinical: F | 600 % | F | platina, MTX |
| 16/M | inoperable brain tumor | Hunga-rian Brain Tumor Prot. | 7 | uNAGRI poz. | 350 % | N | platina |  |
| uNAGRI poz. | 200 % | N | platina |  |
| uNAGRI poz. | 500 % | N | platina |  |
| subclinical | 150 % | N |  |  |
| 5/M | 12 | uNAGRI poz. | 150 % | N | platina  |  |
| uNAGRI poz. | 300 % | Ø | platina |  |
| uNAGRI poz. | 700 % | Ø | platina |  |
| 15/M | germinoma | BEP | 6 | uNAGRI poz. | 130 % | Ø | platina  |  |
| uNAGRI poz. | 200 % | Ø | platina |  |
| uNAGRI poz. | 140 % | Ø | platina |  |
| uNAGRI poz. | 300 % | Ø | platina |  |
| uNAGRI poz. | 350 % | Ø | platina |  |
| **Others** | 13/M | Ewing sarcoma | Euro 99 EwingAPOC  | 4 | uNAGRI poz. | 500 % | N | sepsis |  |
| 15/F | thymus tu. | 1 | uNAGRI poz. | 150 % | N | adriamicin |  |

Abbreviations and symbols:

\*: the uNAGRI values was pozitive, when the uNAGRI was min.2 and the increase rate min 1,5 according to the patient previous / basal value. Here is the change visiable

\*\*: N: normal level; Ø: not measured; ↑: increased level

\*\*\*: RIFLE criteria: R: risk, I: injury, F: failure,

­­­ : That means, there is a persistant problem from the beginning to the end of the arrow, the values remain in the pathological range.

֎: the GFR is decreased at the beginning of observations period

st. p. nephr.: status postoperative nephrectomy

Aspergill.: Aspergillosis

ACE: ACE inhibitor therapy

In this summary table in addition to general patient data, we characterized the episodes of renal damages (according to pRIFLE criteria, and the new nomenclatura) during the observation period. Finally is analyzed, the causal factors, these abnormalities become chronic abnormalities or are able to regenerate. In the case of chronic abnormalities, we continued to monitor patients beyond the observation period, when renal function was monitored only by GFRCreat alone.