**Table 3 Proposed management of patients with presumed immune checkpoint inhibitors-related acute kidney injury (after other causes have been ruled-out)**

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| **AKI stage \*** | **Treatment** |
| Stage 1 | * Consider holding ICI therapy and other potential nephrotoxins (PPI, NSAIDs, other cancer drugs) and after conservative management (e.g., IV fluids) reevaluate within one week; if available biomarkers (i.e., CRP and uRBP/Cr) and both are WNL\*\* and clinical evaluation has low probability for ICI-AKI, consider resuming ICI therapy if creatinine improved back or close to baseline. If kidney function is not improved, manages as AKI stage 2/3. |
| Stage 2/3 | * Hold ICI therapy * Strongly consider kidney biopsy to confirm diagnosis unless contraindications are present. * Biopsy confirm ICI-AKI may start prednisone 0.8-1mg/kg/day (max. 60-80 mg/day) and taper as bellow \*\*\*, pulse-dose *i.v.* corticosteroids (e.g., methylprednisolone, 0.5-1 g/day) for 2 to 3 days usually for patients with stage 3 AKI, followed by oral prednisone; checking CBC, CMP, UA, CRP, proteinuria/Cr in a week and if stable/improving recheck in one month and at the end of taper (approximately 8 weeks total treatment time) |

AKI, acute kidney injury; CBC, complete blood count; CMP, comprehensive metabolic panel; Cr, creatinine; CRP, C-reactive protein; SCr, serum creatinine; ICIs, immune checkpoint inhibitors; UA, urinalysis; uRBP, urine retinol‐binding protein; WBC, white blood cell; WNL, within normal limitation.

**\*** Stage 1, SCr >0.3 mg/dL or 1.5x baseline prior ICI; AKI stage 2, SCr >2x baseline prior ICI; AKI stage 3, SCr >3x baseline or SCr >4mg/dL prior ICI.

**\*\*** If biomarkers are available, check if patient is on corticosteroids as it can lower CRP.

**\*\*\***Most cases of ICI-AKI are acute interstitial nephritis, taper 10 mg every week till reach 20 mg and if SCr is improving continue taper 5 mg every week until discontinued. (Recommended Pneumocystis jirovecii pneumonia (PJP) prophylaxis with pentamidine and atovaquone). Glomerular pathology may require specify treatment.