

Supplementary Table 2. Putative causes of ESRD due to CRF for patients with unilateral and bilateral WT

| Cause of ESRD due to CRF | Bilateral Status | | Total |
|--|------------------|----------------|-----------|
| | Unilateral (N) | Bilateral* (N) | |
| Polycystic kidney disease | 1 | 0 | 1 |
| Immune complex glomerulonephritis | 3 | 1 | 4 |
| Infection | 1 | 0 | 1 |
| Hydronephrosis | 1 | 0 | 1 |
| Chemotherapy** | 3 | 0 | 3 |
| Radiation nephritis | 6 | 3*** | 9 |
| Surgical complication | 3 | 1 | 4 |
| FSGS | 9 | 2 | 11 |
| Diabetes | 1 | 0 | 1 |
| Unknown | 2 | 1 | 3 |
| SMN not WT in remaining kidney | 1 | 0 | 1 |
| Dysplastic kidney | 1 | 2 | 3 |
| Chronic kidney disease, etiology unknown | 8 | 4 | 12 |
| Elective Transplant | 0 | 1 | 1 |
| Total | 40 | 15 | 55 |

Causes were ascertained from patient flow sheets and other patient records.

FSGS: focal segmental glomerulosclerosis; SMN: secondary malignant neoplasm.

**Includes 14 synchronous and 1 metachronous bilateral patients.*

*** All cases of chemotoxicity were due to Ifosfamide treatment for WT relapse.*

****Cause of ESRD for the metachronous bilateral patient.*