**Appendix 1: Eligibility criteria**

Inclusion criteria

a. Age ranging from 20 to 75 years old, with no gender limitation.

b. Patients were diagnosed as pathological type I-III of IMN via renal biopsy, PLA2R- positive by immunofluorescence and IgG4 as the main type of IgG but C1q-negative.

c. The diagnosis matched with the diagnostic standard of nephrotic syndrome i.e., ALB (albumin) < 30 g/L and 24h proteinuria > 3.5 g.

d. Baseline serum creatinine (Scr) < 309 mol/L.

e. After conservative treatment for lowering urinary protein for 6 months, 24-hour urinary protein remained > 4g, with no significant trend to decrease, or during conservative treatment, patients had serious symptoms of nephropathy.

f. The result of pregnancy tests in women of childbearing age was negative and they agreed to take contraceptive measures.

g. No prior steroids and immunosuppressant.

h. Initial treatment plan should comply with the setting of this study.

i. Patients were willing to receive CsA, TAC or CTX in combination with steroids as the immunosuppressive therapy for at least 48 weeks. Each patient provided the written consent.

j. Follow up > 48 weeks.

Exclusion criteria

a. If patients had renal diseases including secondary MN resulted from viral hepatitis B infection or systemic lupus erythematosus, or other coexistent renal diseases

b. If patients had serious complications such as severe infections

c. If patients were not suitable for taking immunosuppressant due to other diseases such as HIV infection, cancer, active gastrointestinal bleeding, etc.

d. If patients had received an organ transplant surgery or had other diseases such as diabetes and immune diseases.

e. If patients had other serious renal diseases and suffered from renal atrophy with Scr ≥ 309 mol/L.

f. If patients had allergic constitution or were allergic to relevant drugs.

g. If patients had received immunosuppressant before.

h. If patients had persisting abnormal liver function (e.g., values of serum bilirubin and transaminase twice greater than the upper limit of the normal levels).

i. If female patients were pregnant or in lactation.

j. If patients were poorly compliant or loss to followed-up.