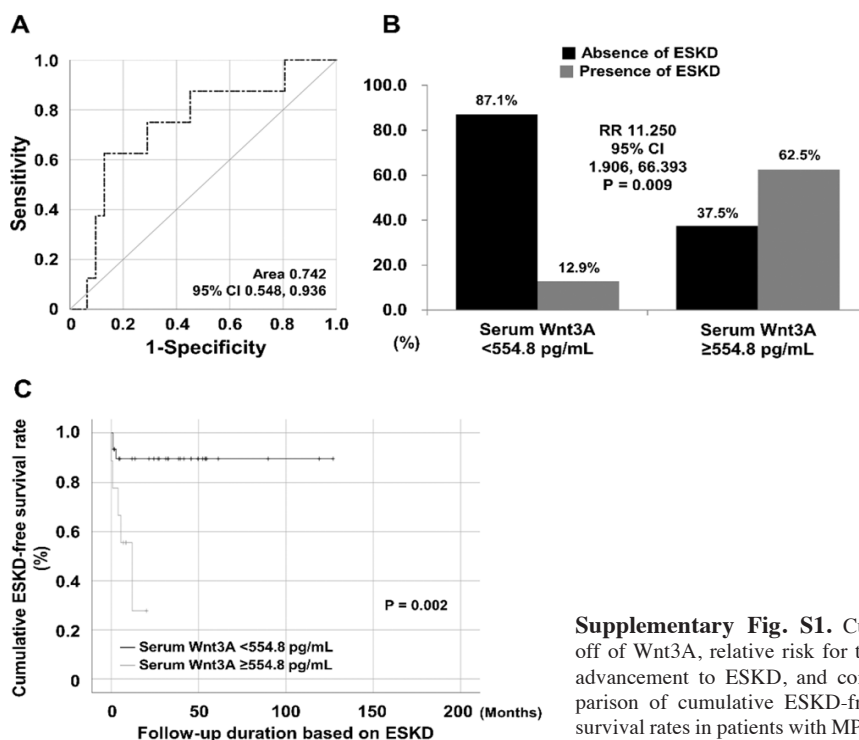**Supplementary Table S1.** Cox hazards model analyses of variables at diagnosis for ESKD during follow-up in patients with MPA.

Variables at diagnosis	Univariable		
	HR	**95% CI**	**p-value**
Age (years)	1.024	0.953, 1.102	0.517
Male sex	0.022	0.000, 7.660	0.201
Female sex	45.922	0.131, 16,154.461	0.201
MPO-ANCA (or P-ANCA) positivity	26.650	0.008, 86,131.665	0.426
PR3-ANCA (or C-ANCA) positivity	0.048	0.000, 119,809,044.261	0.783
BVAS	1.082	1.005, 1.166	0.037
FFS	2.883	0.986, 8.428	0.053
SF-36 PCS			
SF-36 MCS			
VDI	1.274	0.880, 1.846	0.200
Type 2 diabetes mellitus	0.409	0.050, 3.327	0.403
Hypertension	2.136	0.510, 8.944	0.299
Dyslipidaemia	1.833	0.369, 9.101	0.459
ESR	1.019	1.001, 1.038	0.040
CRP	1.024	1.010, 1.038	0.001
White blood cell count (/mm^3)	1.056	0.952, 1.171	0.305
Haemoglobin (g/dL)	0.560	0.349, 0.897	0.016
Platelet count (x1,000/mm^3)	1.009	1.003, 1.016	0.007
Fasting glucose (mg/dL)	1.019	0.992, 1.046	0.166
Blood urea nitrogen (mg/dL)	1.014	0.982, 1.048	0.385
Serum creatinine (mg/dL)	1.428	1.108, 1.841	0.006
Total serum protein (g/dL)	0.694	0.273, 1.763	0.443
Serum albumin (g/dL)	0.364	0.137, 0.969	0.043
Aspartate aminotransferase (IU/mL)	0.933	0.814, 1.071	0.325
Alanine aminotransferase (IU/mL)	0.813	0.675, 0.979	0.029
C3 (mg/dL)	1.011	0.968, 1.056	0.615
C4 (mg/dL)	0.979	0.888, 1.080	0.675
Serum levels of Wnt3A (pg/mL)	1.004	1.000, 1.008	0.037
Serum Wnt3A ≥554.8 pg/mL	7.315	1.707, 31.346	0.007

ESKD: end-stage kidney disease; MPA: microscopic polyangiitis; MPO: myeloperoxidase; ANCA: antineutrophil cytoplasmic antibody; P: perinuclear; PR3: proteinase 3; C: cytoplasmic; BVAS: the Birmingham vasculitis activity score; FFS: the five-factor score; SF36: 36-item short form survey; PCS: physical component summary; MCS: mental component summary; VDI: vasculitis damage index; ESR: erythrocyte sedimentation rate; CRP: C-reactive protein; C3: complement 3; C4: complement 4.

Supplementary Fig. S1. Cut-off of Wnt3A, relative risk for the advancement to ESKD, and comparison of cumulative ESKD-free survival rates in patients with MPA.