

Supplementary Table 1. Clinical definitions of pediatric nephrotic syndrome primarily based on KDIGO 2025 guidelines with additional study-specific criteria

Clinical feature	Definition
Nephrotic-range proteinuria	Urinary protein-to-creatinine ratio (uPCR) ≥ 200 mg/mmol (2 g/g) in a spot urine, or proteinuria ≥ 1000 mg/m ² /day in a 24-h urine sample, corresponding to 3+ (300–1000 mg/dL) or 4+ (≥ 1000 mg/dL) by urine dipstick
Nephrotic syndrome (NS)	Nephrotic-range proteinuria and either hypoalbuminemia (serum albumin < 30 g/L) or edema when albumin is not available
Complete remission	First morning urine or 24-h uPCR ≤ 200 mg/g (0.2 g/g or 20 mg/mmol, or negative/trace dipstick, or < 100 mg/m ² /day) for ≥ 3 consecutive days
Partial remission	First morning urine or 24-h uPCR > 200 mg/g (0.2 g/g) but < 2 g/g (20–200 mg/mmol) and, if available, serum albumin ≥ 30 g/L
Relapse	Recurrence of nephrotic-range proteinuria in a child who had previously achieved complete remission
Urine dipstick (semiquantitative)	Negative: 0– <15 mg/dL; Trace: 15– <30 mg/dL; 1+: 30– <100 mg/dL; 2+: 100– <300 mg/dL; 3+: 300– <1000 mg/dL; 4+: ≥ 1000 mg/dL
Steroid-sensitive NS (SSNS)	Complete remission within 4 weeks of standard-dose prednisone or prednisolone
Infrequently relapsing NS (IFRNS)	< 2 relapses within 6 months after remission of the initial episode, and < 3 relapses in any subsequent 12 months
Frequently relapsing NS (FRNS)	≥ 2 relapses within 6 months after remission of the initial episode, or ≥ 3 relapses in any subsequent 12 months
Steroid-dependent NS (SDNS)	Relapse during tapering of steroids or within 14 days of steroid discontinuation
Steroid-resistant NS (SRNS)	Lack of complete remission within 4 weeks of standard-dose daily prednisone or prednisolone