Study	Region	Study design	Sex		Age (yrs)	Treatment	Study Duration (mo)	Proteinuria*	Remission
			Male	Female					
Dahan 2016	France	RCT	T: 28 C: 24	T: 9 C: 14	T: 53.0 (42.0-63.0) C: 58.5 (43.0-64.0)	T: NIAT+RTX C: NIAT	23	T: 7680.0 (4584.3-10399.0) C: 7195.1 (5363.1-8965.1)	T: 24 C: 13
Seitz-Polski 2017	France	RCT	T: 23 C: 19	T: 6 C: 10	T: 52.0 (41.0-63.0) C: 59.0 (44.0-63.0)	T: RTX C: NIAT	23	T: 7.4 (6.2-9.0) C: 8.4 (4.4-11.0)	T: 19 C: 13
Rosenzwajg 2017	France	RCT	T: 16 C: 9		T: 57.0 (26.0-74.0) C: 57.0 (26.0-74.0)	T: NIAT+RTC C: NIAT	6	T: 7590 (3440.0-11000.0) C: 6250 (3170.0-15900.0)	T: 9 C: 5
van den Brand 2017	Italy	Prospective cohort study	T: 72 C: 76	T: 28 C: 27	T: 51.5±15.9 C: 55.3±12.7	T: RTX C: steroid+ cyclical CYC	40	T: 6400 (4400.0-8894.0) C: 8840 (5651.0-11660.0)	T: 90 C: 123
Fervenza 2019	Canada	RCT	T: 47 C: 53	T: 18 C: 12	T: 51.9±12.6 C: 52.2±12.4	T: RTX C: CYC	24	T: 8.9 (6.8-12.3) C: 8.9 (6.7-12.9)	T: 39 C: 13
Fenoglio (SD) 2020	Italy	Retrospective case-control study	T: 9 C: 8	T: 6 C: 6	T: 61.4±11.5 C: 67.1±17.5	T: RTX C: Ponticelli Protocol*	24	T: 5.1±1.4 C: 8.3±4.8	T: 13 C: 12

Table 1 Characteristics of the studies on the comparison of RTX and traditional therapies for remission included in the analysis.

Abbreviations: yrs, years ; mo, month ; RCT, randomize controlled trials ; T, treatment group; C, control group; NIAT, 6 months of nonimmunosuppressive antiproteinuric treatment; RTX, rituximab; SD, standerd dose (lymphoma protocol, four 375 mg/m^2 weekly doses of RTX).

*Data are shown as median (IQR)

*Ponticelli Protocol, Ponticelli's regimen (glucocorticoids and cyclophospamide).

Study	Region	Study design	Sex		Age (yrs)	Study duration (mo)	RTX administration	Proteinuria prior to RTX
			Male	Female				
Cravedi 2007	Italy	Matched-cohort study	8	4	57.0±13.0	12	B cell-driven treatment*	10.3±8.9
Sugiura 2010	Japan	Prospective clinical trial	2	2	66.5±8.7	6	1×375 mg/m^2 (n = 4) (maximum 500 mg)	4.3±2.6
Ramachandran 2016	India	Prospective clinical trial	——	——	——	6	100 mg of RTX (n = 6)	12.1±10.8
Moroni 2017	Italy	Prospective single-center experience	23	11	52.8±15.2	24	1×375 mg/m^2 (n = 18) 2×375 mg/m^2 (n = 16)	11.9±8.2
Bagchi 2018	India	Multicentric retrospective study	14	7	33.3±12.3	12	two doses of RTX (500mg each) infusion 7 days apart	6.2±2.2
Fenoglio (LD) 2020	Italy	Prospective cohort experience	5	9	64.4±10.8	24	1×375 mg/m^2 (n = 14)	7.5±4.8
Remuzzi 2002	Italy	Prospective single-center experience	——	——	50.1±45.6	20	4×375 mg/m^2	8.6±1.5
Ruggenenti 2003	Italy	Prospective single-center experience	——	——	52.5±19.6	12	4×375 mg/m^2	8.6±4.2
Ruggenenti (pro) 2006	Italy	Retrospective cohort and prospective cohort	4	5	51.2±13.2	12	4×375 mg/m^2	8.9±5.3
Fervenza 2008	Canada	Prospective single-center experience	13	2	47.0±8.0	12	4×375 mg/m^2	13.0±5.7
Fervenza 2010	Canada	Prospective single-center experience	17	3	48.6±12.9	24	4×375 mg/m^2	11.9±4.9
Busch 2013	Germany	Prospective single-center experience	10	4	47.0±14.0	12	4×375 mg/m^2	8.6±1.5

Table 2 Characteristic of studies on the comparison of low dose RTX and standard protocol

Abbreviations: yrs, years; mo, month; RTX, rituximab; LD, low dose; pro, only use prospective cohort study material.

*B cell driven treatment, a single dose then an additional dose if there were greater than 5 circulating B cells per cubic millimeter on the morning after the first dose.