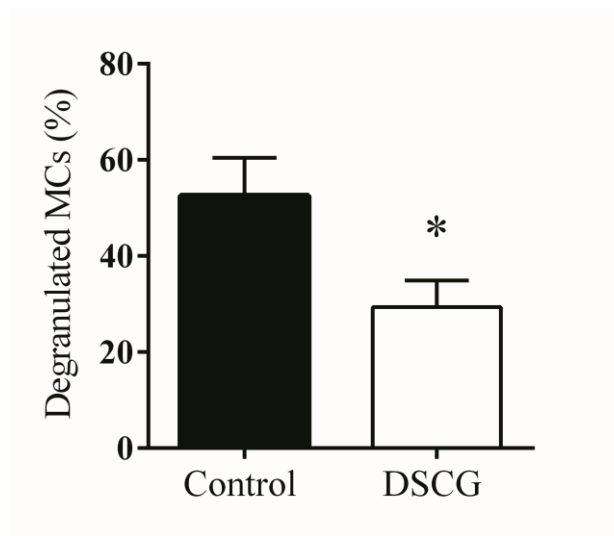


**Supplementary Table 1.** Comparisons of clinical, demographic and immunological data and indices of renal disease characteristics between total MPO-AAV patient population and subset population used for MC degranulation analysis.

	<b><u>Total MPO-ANCA patient population</u></b>	<b><u>Subset for MC degranulation analysis</u></b>
<b><u>Demographic data</u></b>		
Patient Number	44	25
Sex (f/m)	14/30	9/16
Age <sup>1</sup> (years)	67±2	66±3
<b><u>Renal involvement</u></b>		
Serum creatinine <sup>1</sup> (µmol/L)	395±53	355±55
eGFR <sup>1</sup> (mL/min/1.73m <sup>2</sup> )	21.6±2.4	23.8±3.5
Proteinuria <sup>1,2</sup> (g/day)	1.8±0.4	1.2±4.2
RBC <sup>1,3</sup> (urine cells/hpf)	547±682	474±122
<b><u>Extra renal involvement</u></b>		
Lung or upper respiratory tract or skin or arthralgia presenting creatinine	15/44	10/25
<b><u>Immunological data</u></b>		
ANCA (MPO) titer <sup>1</sup> (U/ml)	134±16	120±21
CRP <sup>4</sup> (mmol/L)	70±13.9	75±0.4

<sup>1</sup>Reported as mean ± SEM, <sup>2</sup>urinary total protein over 24 hr, <sup>3</sup>Red Blood Cell excretion, <sup>4</sup>C reactive protein on admission.

## Supplementary Figure 1



**Supplementary Figure 1:** DSCG significantly reduces MC degranulation in a model of passive cutaneous anaphylaxis. C57BL/6 mice were sensitized subcutaneously (footpad) with 10ng  $\alpha$ -DNP IgE and challenged 24hrs later with 100 $\mu$ g DNP-BSA intravenously. Two hours prior challenge (triggering MC degranulation), mice were injected intraperitoneally with either saline (control;  $n=10$ ) or DSCG ( $n=10$ ). Footpads were obtained and stained with toluidine blue to assess MC degranulation. Error bars represent mean  $\pm$  SEM with statistical analysis by Mann-Whitney  $t$ -test \* $P<0.05$ .