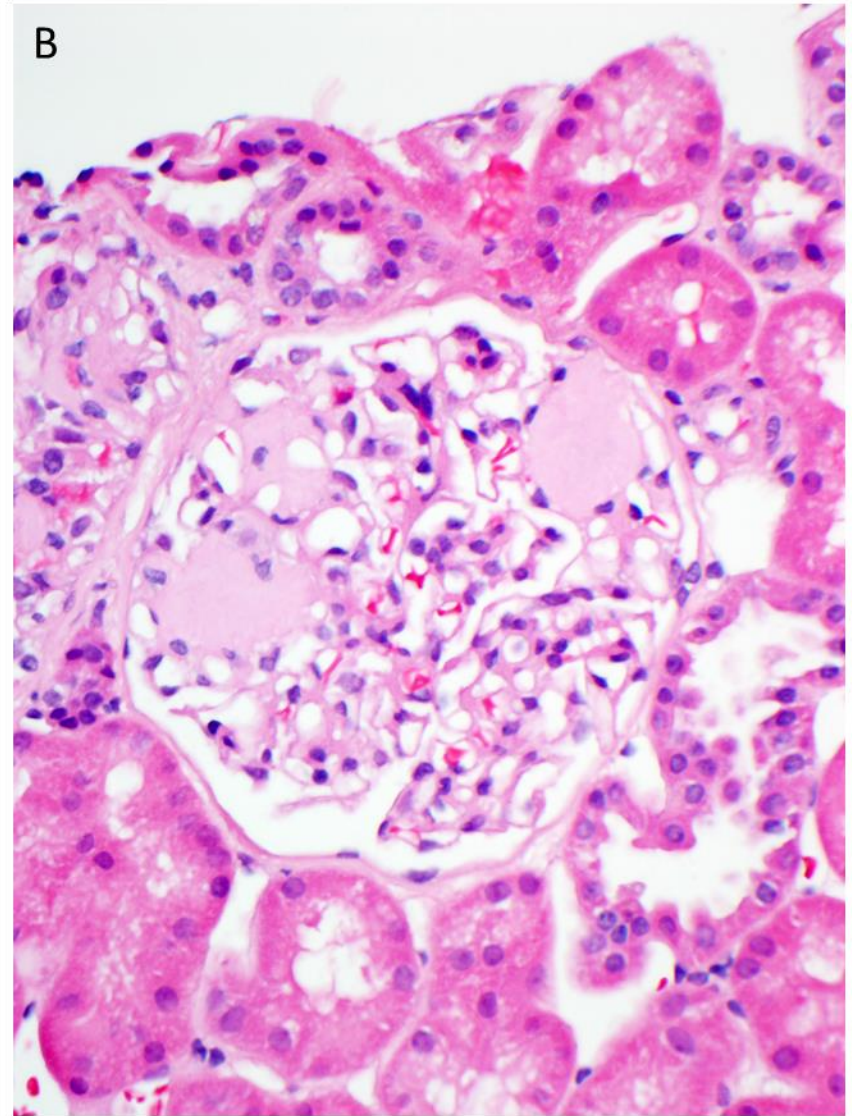
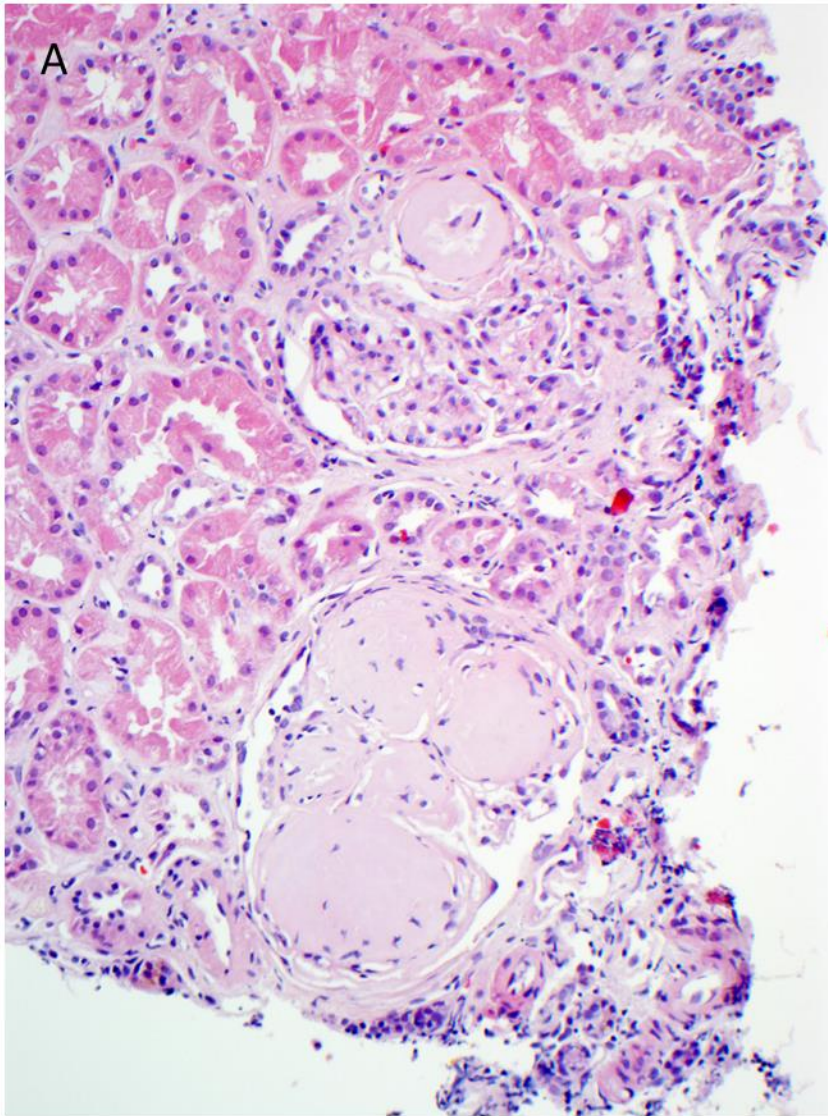
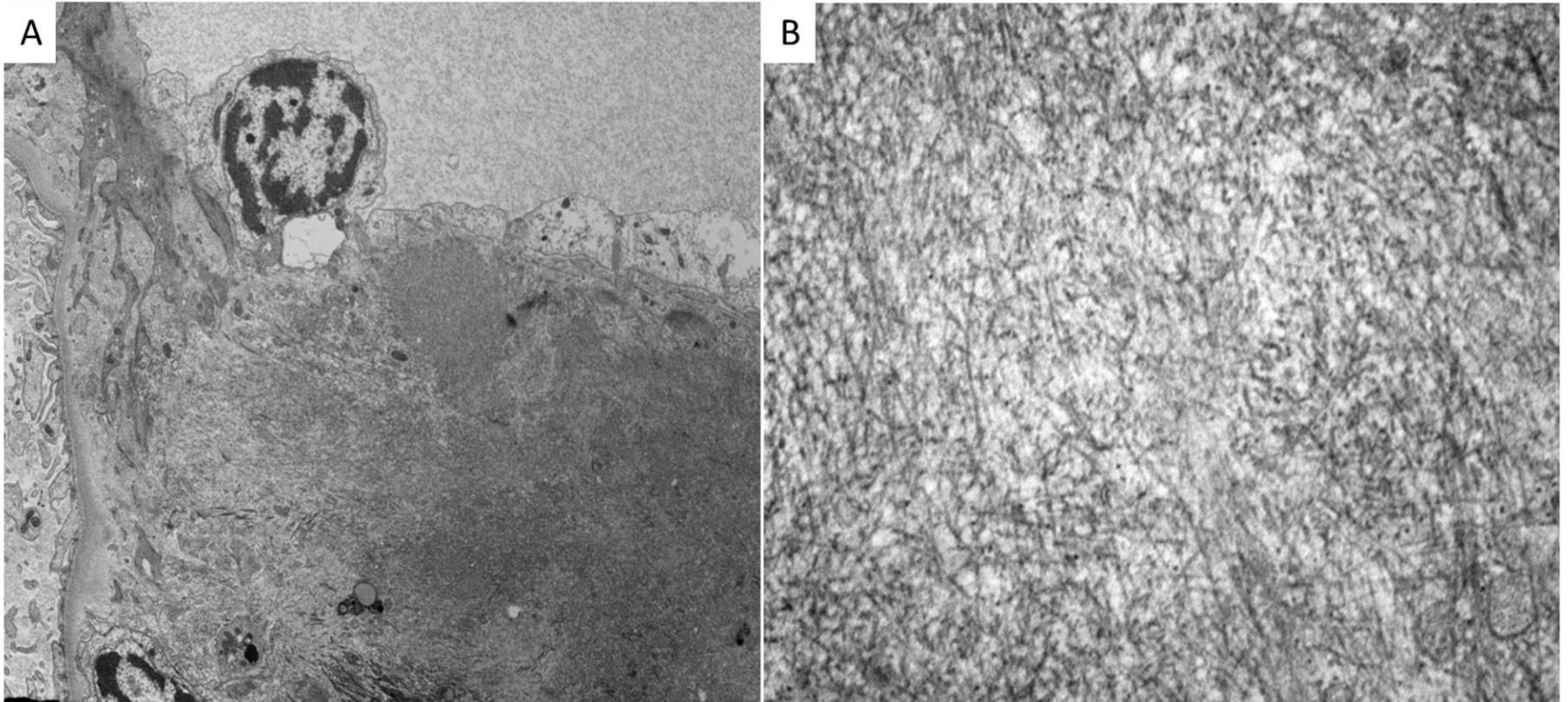


Supplementary Figure 1: Renal specimens from four patients stained for APOC2 using immunohistochemistry (APOC2 immunohistochemistry with diaminobenzidine chromagen and hematoxylin counterstain, all X400). The identity of the amyloid in each case was confirmed by mass spectrometry and/or immunofluorescence. (A) Glomerular involvement by AApoCII, patient 3 of Table 1. (B) Glomerular involvement by AL- κ . (C) Glomerular involvement by AL- λ . (D) Medullary involvement by AApoAIV. Strong specific staining for APOC2 highlights the nodular amyloid deposits in the specimen from the patient with AApoCII. The amyloid deposits in the AL and AApoAIV cases are negative.



Supplementary Figure 2: Renal biopsies from two patients demonstrating nodular glomerular involvement by amyloid. In both examples, the mesangium is asymmetrically expanded by large rounded masses of amyloid that encroach on the capillary spaces. (A: from patient #6 in Table 1, hematoxylin & eosin X200; B: from patient #8 in Table 1, hematoxylin & eosin X400)



Supplementary Figure 3: Ultrastructural findings in patient #4 in Table 1. (A) Low power electron microscopic figure shows nodular mesangial expansion by moderately electron dense deposits (original magnification, X5600). (B) On higher magnification, the mesangial deposits are composed of randomly-oriented fibrils typical of amyloid (original magnification, X22000).