

## **SIGNIFICANCE STATEMENT**

Diabetic kidney disease is a common, heterogeneous disease that in some individuals follows an aggressive clinical course. Albuminuria and decline in eGFR are the only current tools to phenotype and prognosticate clinical progression. We present data from clinical kidney biopsies with 'diabetic glomerulosclerosis' as the only glomerular disease diagnosis, demonstrating segmental sclerosis and extracapillary hypercellularity as novel prognosticators of time to ESRD. In multivariable regression models, incorporation of these two pathologic variables rendered interstitial fibrosis no longer significant. Segmental sclerosis and extracapillary hypercellularity may be prognostic of clinical course at later stages of diabetic kidney disease. Re-examination in larger cohorts will determine their clinical utility and whether they represent distinct phenotypes of diabetic kidney disease.