

Figure S1: Stabilization of Hif- α and PEPCK-cre mediated inactivation of *Hif1a* in renal tubular epithelial cells in UUO kidneys. (A) Western analysis for Hif-2 α in nuclear fractions from CTL and UUO kidneys 1 day (1), 4 days (4), and 8 days (8) post-ligation, + indicates positive control for Hif-2 α (Vhlh-deficient liver tissue). Ponceau staining is shown as loading control. Graph shows densitometric analysis for HIF-2 α protein normalized for protein loading and compared to sham operated (S) kidney level, which was arbitrarily set to 1 (a.u.: arbitrary units). (B) Hif-1 α immunostaining in normal non-hypoxic kidney (nl. ki.), CTL and UUO kidneys 1 day post ligation (same animal processed identically). Arrows highlight epithelial cells with positive nuclear staining, magnification x400. (C) The extent of *PEPCK*-cre mediated recombination in 8 day CTL and UUO murine kidneys was detected using the ROSA26RlacZ reporter transgene. Approximately 50-70% of proximal tubular epithelial cells stained positive for β -gal (blue staining) confirming presence of active cre-recombinase, magnification x200. (D) *Hif1a* exon 2 mRNA levels in *Hif1a*^{+/+} and *Hif1a*^{-/-} contralateral (CTL) and obstructed (UUO) kidneys. Exon 2 is flanked by loxP sites and is deleted upon cre-mediated recombination. Note, *PEPCK*-cre activity reduced *Hif1a* mRNA levels by approximately 25%, this reduction was not detected in UUO kidneys possibly due to infiltrating cells which express wild type *Hif1a*. **P*<0.05.

Figure S2: HIF-1 α staining in IgA nephropathy. Shown is a Masson Trichrome (MT) stain and immunohistochemical staining for HIF-1 α in adjacent tissue sections of renal

tissue from a patient with IgA nephropathy, magnification x200. Arrows depict HIF-1 α expressing cells.

Figure S3: Hierarchical cluster analysis of HIF-1 regulated gene expression in diabetic nephropathy. Micro-dissected tubulointerstitial compartments of renal biopsies from 13 patients with an initial histological diagnosis of diabetic nephropathy (DN) and 7 control patients (4 patients with minimal change disease and normal renal function (MCD1-4) and 3 pre-transplant biopsies from related living donors (LD1-3)) were analyzed as previously described using an Affymetrix based microarray platform (64). The total number of differentially regulated genes between DN and control was 1,349. Shown are relative expression values of published (*) (59) or putative HIF-1 regulated genes, that we have identified as potentially HIF-1 regulated in *Hif1a*^{+/+} PTECs, VHL and VHL/HIF deficient kidney or liver tissue using microarray analysis (28, 56). Serum creatinine mg/dl (bottom) and urine protein concentrations in g/dl (top) for each individual patient are shown in brackets. Although the expression levels of certain HIF-targets such as *VEGF* are expected to be increased in an hypoxic environment, *VEGF* was found to be down regulated in patients with DN (58), suggesting that *VEGF* regulation by HIF may be context-dependent. Clinical follow-up of patients revealed that DN14 had light chain deposit disease and DN15 had unclassified nodular glomerulosclerosis with mesangial matrix expansion.

Figure S4: Hypoxia decreases *E-cadherin* mRNA levels in PTECs. Quantitative real time PCR analysis of *E-cadherin* (*E-cad*), *Cadherin 16* (*Cad16*), *hepatocyte nuclear*

factor-1 β , (*HNF-1 β*), Notch target *Hey-1* and transcriptional repressors *TCF3*, *ZFHX1A*, *ZFHX1B*, *Snail*, and *Twist-1* mRNA levels in *Hif1a*^{+/+} (+/+) or *Hif1a*^{-/-} (-/-) PTECs exposed to normoxia (Nx) or short term hypoxia (Hx, 1% O₂, 6h). Shown are relative gene expression levels normalized to *18S* rRNA.

Figure S1

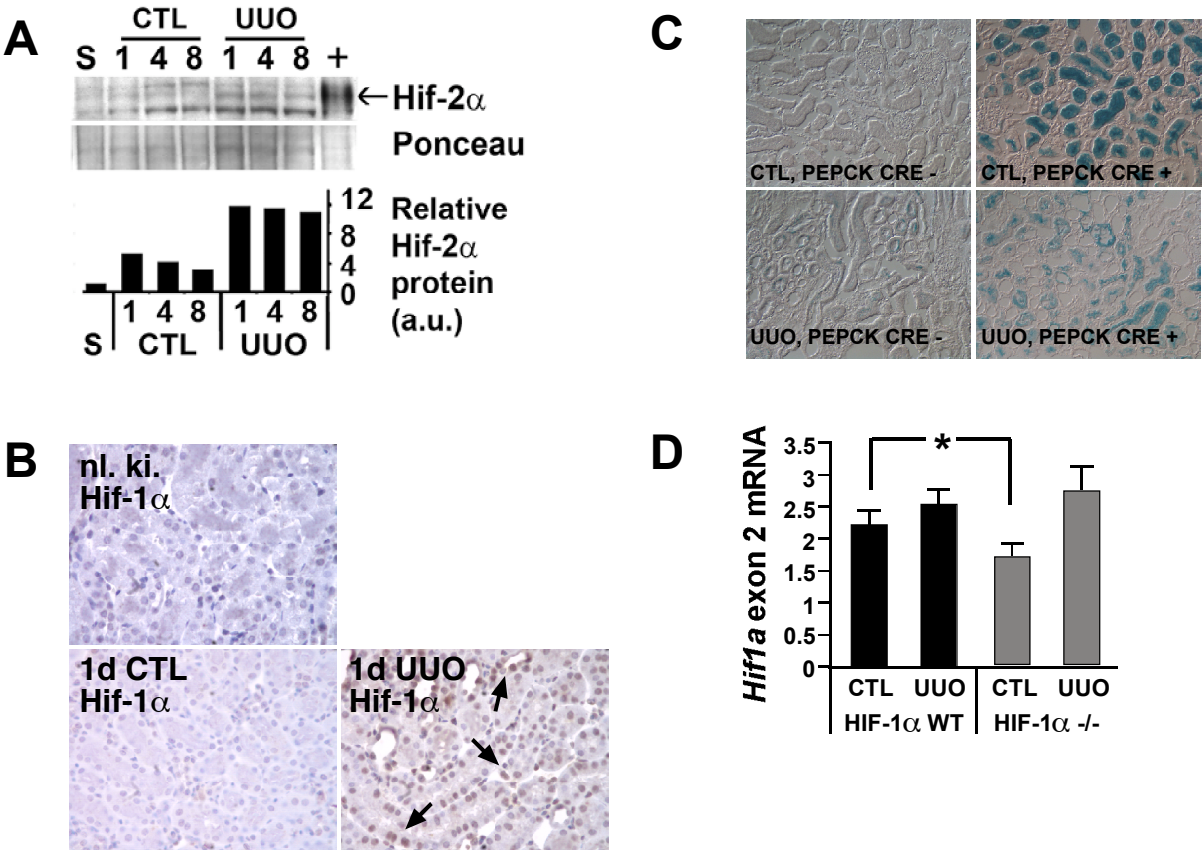


Figure S2

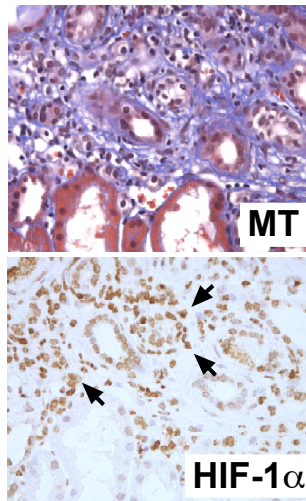


Figure S3

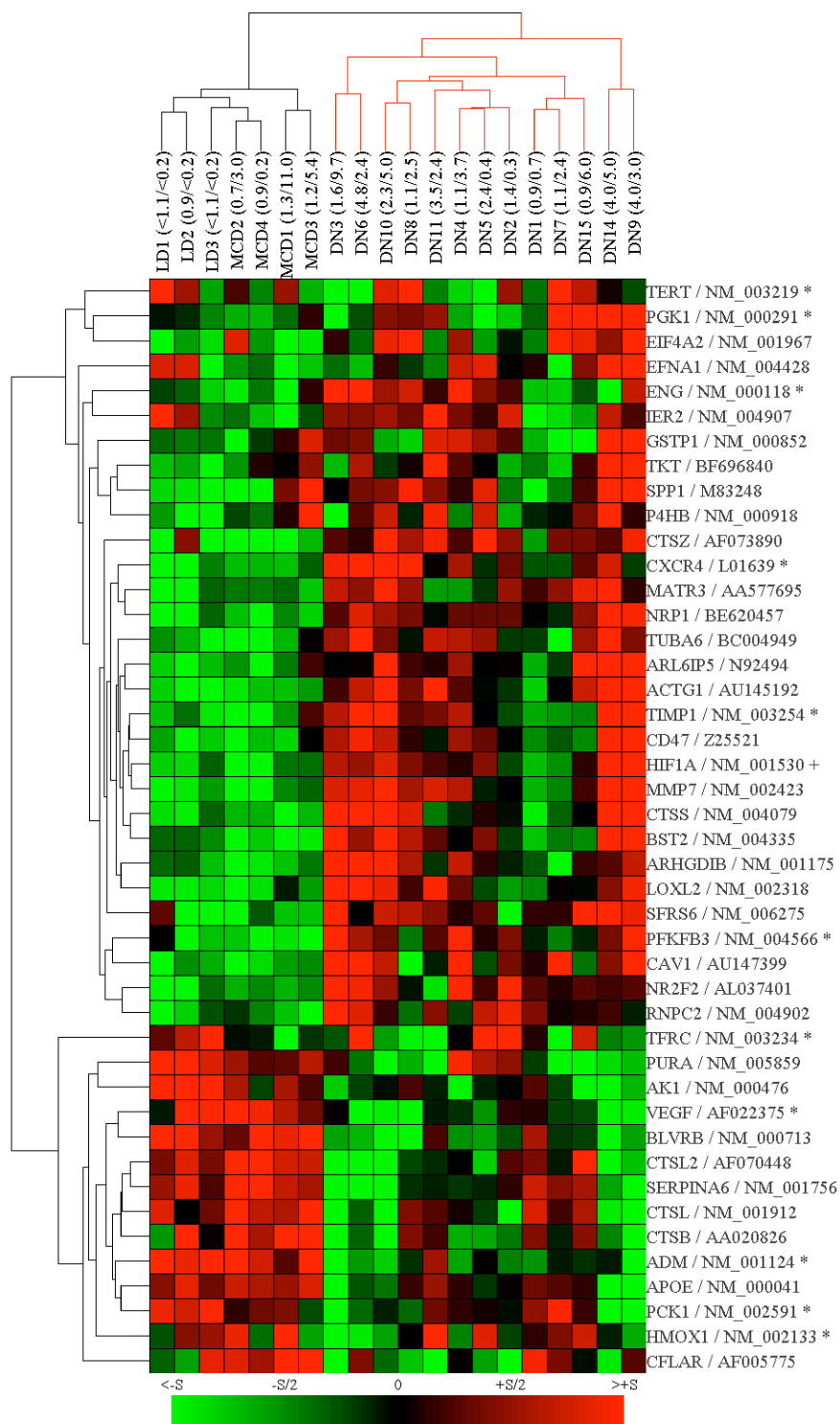


Figure S4

