Figure S1 Generation of γ -GT DTR transgenic mice. (A) Schematic construct of the transgene. (B) PCR identified expected hHB-EGF band (left panel) and HA tag band (right) in kidneys of transgenic (TG) mice but not wild type (WT) mice. (C) PCR demonstrated expected hHB-EGF band in kidney but not liver of transgenic mice.

Figure S2 Macrophages/dendritic cells played key roles in recovery from ischemia/reperfusion injury. Macrophage/dendritic cell depletion with clodronate delayed kidney functional and histologic recovery from ischemia/reperfusion injury (arrows). H&E staining: 5 days after injury, original magnification: x 160.

Figure S3 DT induced epithelial apoptosis in γ -GT DTR mice. Immunohistochemistry demonstrated increased nucleus cleaved caspase-3 staining (a marker of apoptosis) in kidney epithelial cells 2 days after DT injection (arrow). Original magnification: x250.

Figure S4 Kidney functional recovery was delayed in DT-mediated acute kidney injury. 24-hour urinary albumin excretion (UAE) was still elevated in γ -GT DTR mice after 4 weeks of DT administration (100 and 1000 ng/kg) (*P<0.01 vs. wild type, †P<0.01 vs. TG-100 group, n = 6 in each group).

Figure S5 Clodronate effectively depleted macrophages in different organs. (A) Three days after clodronate injection (40 mg/kg, i.p.), the animals were perfused and paraffin slides were stained with F4/80, a marker of macrophage. Clodronate effectively depleted F4/80 positive cells in kidney, liver, and spleen. Original magnification: x 160. (B) Quantitative data indicates that vehicle (liposome) did not deplete kidney macrophages/dendritic cells while clodronate depleted kidney macrophages/dendritic cells by $\sim 80\%$ (*P<0.01 vs. control and liposome, n = 4 in each group).

Figure S6 Diphtheria toxin induced more severe acute kidney injury in γ -GT/CD11c DTR mice than in γ -GT DTR mice. Both γ -GT DTR mice and γ -GT/CD11c DTR mice were injected with 1000 ng/kg

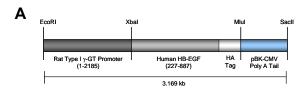
DT, and sacrificed 10 days later. Histological injury was more severe in γ -GT/CD11c DTR mice than in γ -GT DTR mice (arrow). Original magnification: x100.

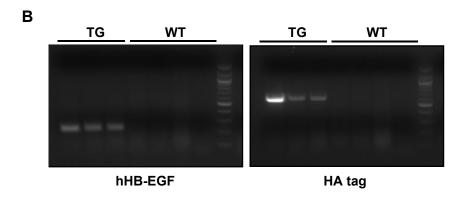
Figure S7 Expression of Markers of M1 and M2 macrophages in macrophages isolated with CD11c beads from kidney of AKI. (A) Macrophage/dendritic cell depletion with clodronate had no effect on the mRNA levels of iNOS, CCL3 and IL-23, but significantly reduced mRNA levels of arginase (Arg), mannose receptor (MR), and IL-4Rα in macrophages/dendritic cells isolated with CD11c beads from kidneys after DT administration 4 days (*P<0.01 vs. control, ** P<0.01 vs. corresponding liposome group, n = 3-5). The expression levels in macrophages isolated from non-DT treated group was treated as 100%. (B) Renal macrophages/dendritic cells isolated with CD11b beads from 5 different control mice were pooled, and macrophages/dendritic cells from 3 DT-treated mice (5 d) were pooled (2 sets, 6 mice). Renal macrophage/dendritic cell arginase protein expression increased markedly after DT injection.

Figure S8 Splenectomy had no effect on kidney function and kidney macrophage and neutrophil number in DT-mediated AKI. γ -GT DTR mice with or without splenectomy were injected with DT (100 ng/kg, i.p.). (A) Splenectomy had no effect on DT-mediated BUN increases (n = 6 in each group). (B) Flow cytometry indicated that splenectomy had no effect on kidney macrophage and neutrophil infiltration 5 days after DT injection (n=6 in each group).

Figure S9 Inhibition of CSF-1 pathway augmented DT-induced acute kidney injury in γ -GT DTR mice. (A) CSF-1 mRNA levels were increased as early as 2 days after DT injection (*P<0.01 vs. control, n = 4). Immunostaining indicates increased CSF-1 expression in the epithelial cells (arrow). Original magnification: x 250. (B) DT (100 ng/kg) treated γ -GT DTR mice were given either vehicle (water) or GW2580 (an inhibitor of CSF-1 receptor/c-fms) and were sacrificed at 12 days. GW2580 delayed histologic recovery and caused interstitial fibrosis (arrow). Original magnification: x160.

Figure S10 CSF-1 deficiency delayed functional recovery from ischemia/reperfusion injury as indicated by increased serum BUN (*P<0.05 vs. wild type, n = 4 in each group).





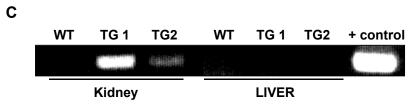
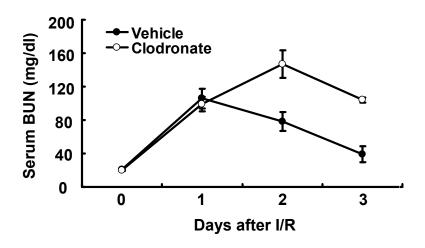


Figure S1



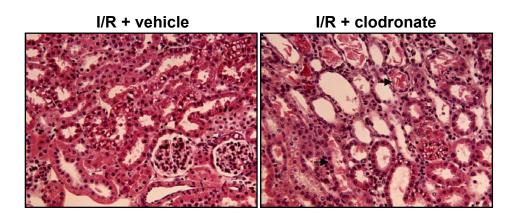


Figure S2

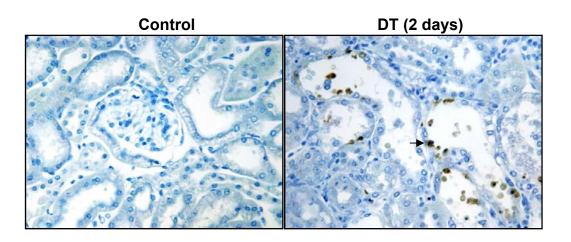


Figure S3

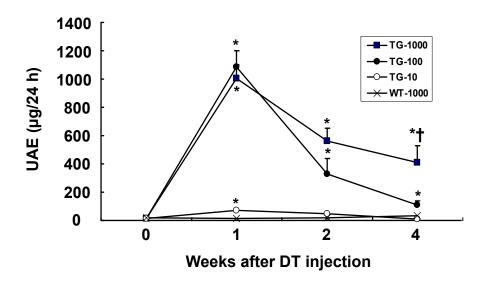


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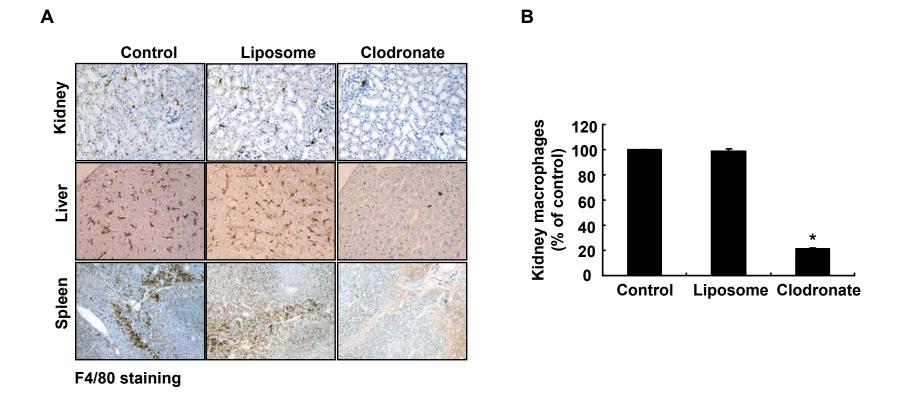


Figure S5

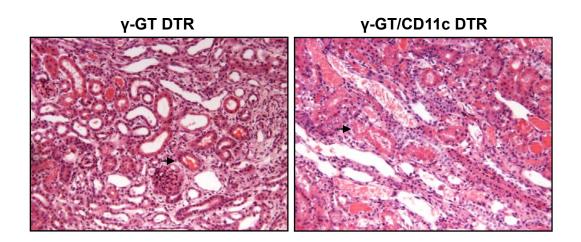
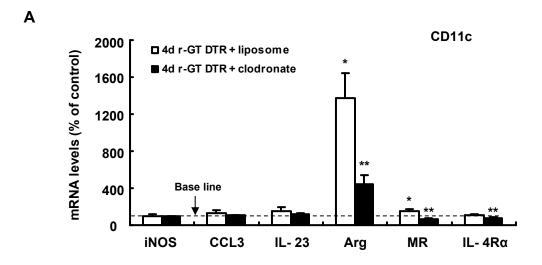


Figure S6



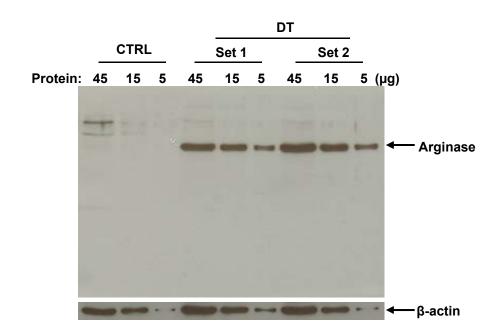
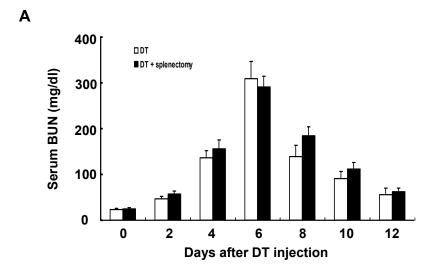


Figure S7

В



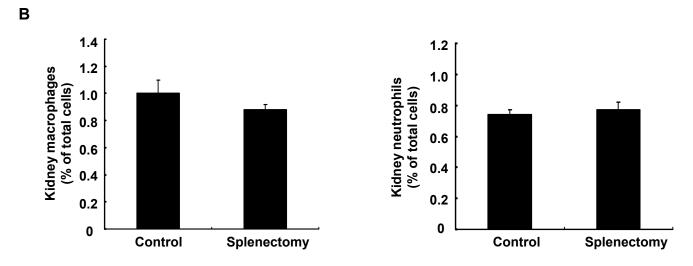


Figure S8

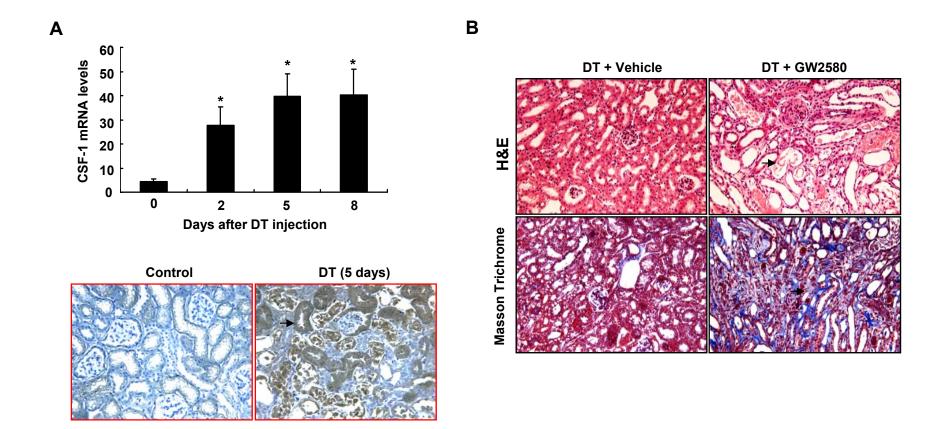


Figure S9

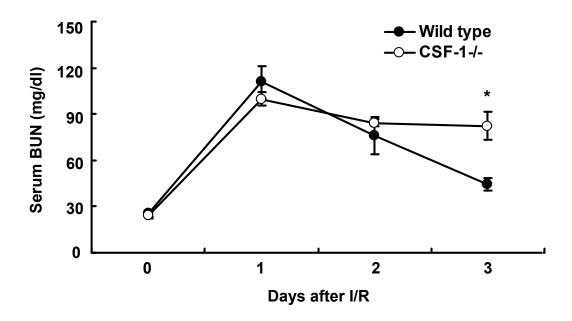


Figure S10