**Supplementary Figure 1.** Correlation between plasma HGF and soluble cMet concentrations with survival rate in AKI patients undergoing CRRT. (A) Patients were classified into three groups based on their HGF concentrations. Patients in HGF groups 2 and 3 had a significantly lower survival rate than patients in group 1 on D0 (log-rank p = 0.04; Breslow p = 0.04). (B and C) Patients in group 3 had a significantly lower survival rate than those in group 1 and 2 according to plasma HGF concentrations on D2 (log-rank p = 0.02; Breslow p = 0.002) and D7 (log-rank p = 0.003; Breslow p = 0.001). Patients were classified into three groups based on plasma soluble cMet concentrations on D0, D2, and D7. (D and E) No difference in mortality rates was found among the three groups on D0 and D2. (F) The risk of all-cause mortality was significantly increased in the patient group with the highest D7 cMet level (p = 0.02; Breslow p = 0.02).

AKI, acute kidney injury; CRRT, continuous renal replacement therapy; D, day; HGF, hepatocyte growth factor.

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