

**Table 1:** Observational studies reviewed in this systematic review regarding the expression of matrix metalloproteinases and tissue inhibitors of metalloproteinases in chronic kidney disease and acute kidney injury.

Ref	Year/ study type	Group studied, age and sex†	Fluid sample/ MMP/ TIMP studied	Main findings
10	2006*	60 CKD (60.5±1.9, 29/31) 40 CS (40.4±2.7, 20/20)	<sup>p</sup> MMP-2 <sup>¶</sup> <sup>p</sup> MMP-9 <sup>¶</sup>	↑ MMP-2 in CKD compared to CS ↓ MMP-9 in CKD compared to CS ↗ MMP-2 with SCr ↘ MMP-9 with SCr
11	2007*	93 T1DM (19.3±6.3, 49/44) 50 HC (24.1±6.8, 24/26)	<sup>p</sup> MMP-2 <sup>¶</sup> <sup>p</sup> MMP-2 <sup>¶</sup> <sup>p</sup> TIMP-1 <sup>¶</sup> <sup>p</sup> TIMP-2 <sup>¶</sup>	↑ <sup>u</sup> MMP-2 level in T1DM compared to HC ↑ <sup>u</sup> MMP-2 activity in T1DM compared to HC ↗ <sup>u</sup> MMP-2 and <sup>u</sup> MMP-2/Cr ↔ <sup>u</sup> TIMP-1 and <sup>u</sup> TIMP-2 in T1DM compared to HC ↘ <sup>u</sup> MMP-2/Cr and total MMP-2 with age ↑ <sup>u</sup> MMP-2/Cr and total MMP-2 in T1DM >3 years of duration compared to ≤3 years of duration
12	2007*	20 CRF (61.2±12.3, 5/15) 16 T2DM (58.1±6.7, 9/7) 14 DN (T2DM+CRF) (59.2±8.0, 9/5) 20 HC (55.4±11.0, 9/11)	<sup>s</sup> MMP-2 <sup>¶</sup> <sup>s</sup> MMP-9 <sup>¶</sup> <sup>s</sup> TIMP-1 <sup>¶</sup> <sup>s</sup> TIMP-2 <sup>¶</sup>	↓ TIMP-1 and TIMP-2 in DN compared to T2DM ↑ MMP-9/TIMP-1 and MM-2/TIMP-2 in DN compared to T2DM ↓ TIMP-1 and TIMP-2 in DN compared to CRF ↑ MMP-9/TIMP-1 and MMP-2/TIMP-2 in DN compared to CRF ↓ MMP-2, TIMP-2 and MMP-2/TIMP-2 in T2DM compared to HC
13	2008*	29 AKI (59.0±3.6, 19/10) 30 NS (40.8±2.4, 15/15) 15 CKD (69.2±2.4, 10/5) 10 UTI (49.8±8.1, 2/8)	<sup>u</sup> MMP-9 <sup>¶</sup>	↑ MMP-9 in AKI compared to NS+CKD ↑ MMP-9 in UTI compared to AKI
14	2009*	44 HC age-matched (58±10, 19/25) 80 CKD patients not yet dialyzed (52±16, 37/43)	<sup>s</sup> MMP-2 <sup>¶</sup> <sup>s</sup> MMP-9 <sup>¶</sup>	↑ MMP-2 in CKD compared to HC ↔ MMP-9 in CKD compared to HC ↑ MMP-2 and MMP-9 in CKD with DM compared to CKD without DM
15	2010*	121 T1DM (20.8±7.6, 59/62) 55 HC (24.3±7.6, 24/31)	<sup>p</sup> MMP-9 <sup>¶</sup> <sup>u</sup> MMP-9 <sup>¶</sup> <sup>p</sup> TIMP-1 <sup>¶</sup>	↑ <sup>u</sup> MMP-9 in T1DM compared to HC ↑ <sup>u</sup> MMP-9 in female subjects compared to male subjects across the entire population, T1DM and HC ↔ <sup>u</sup> MMP-9 and TIMP-1 in HC compared to T1DM ( ) <sup>u</sup> MMP-9 and glucose in females with T1DM
16	2010*	28 HC age-matched with DM excluded [57,51-61, 24/4] 48 T2DM with normoalbuminuria [62, 53-69, 26/22] 27 T2DM with albuminuria [69,58-73, 18/9]	<sup>u</sup> MMP-2 <sup>¶</sup> <sup>u</sup> MMP-8 <sup>¶</sup> <sup>u</sup> MMP-9 <sup>¶</sup> <sup>u</sup> MMP-9 <sup>¶</sup>	-MMP-8 and MMP-9, but not MMP-2, differed among groups, and are highest in albuminuria patients -MMP-9 activity is detectable in 89% of albuminuria patients, 74% of normoalbuminuria and 25% of HC
17	2010*	38 Recovery AKI with renal replacement therapy (52.2±15.7, 23/15) 38 Non-recovery AKI with renal replacement therapy (64.7±16.2, 23/15)	<sup>u</sup> NGAL, MMP-9 <sup>¶</sup>	∅ Predict renal recovery
18	2012*	98 ESKD (50±9, 81/17) 38 HC (51±11, 19/19)	<sup>p</sup> MMP-2 <sup>¶</sup> <sup>p</sup> TIMP-2 <sup>¶</sup>	↑ MMP-2 in ESKD compared to HC ↑ TIMP-2 in ESKD compared to HC ↓ MMP-2 after hemodialysis ↔ TIMP-2 after hemodialysis
19	2012*	200 CKD (69±11, 144/56) 152 HS (68±12, 103/49)	<sup>s</sup> MMP-2 <sup>¶</sup>	↑ MMP-2 in CKD compared to HS
20	2012*	20 DKD with normoalbuminuria (72 ±8.8/12) 48 DKD with microalbuminuria (73±9.31/17) 34 DKD with macroalbuminuria (63±11.27/7) 21 DM without KD disease) (65±13, 12/9) 21 HC [42.5, 29-56, 8/13]	<sup>u</sup> MMP-1 <sup>¶</sup> <sup>u</sup> MMP-2 <sup>¶</sup> <sup>u</sup> MMP-8 <sup>¶</sup> <sup>u</sup> MMP-9 <sup>¶</sup> <sup>u</sup> MMP-1 <sup>¶</sup>	↑ Overall MMP activity in DKD patients compared to DM and HC ↑ Total MMP activity in normoalbuminuric and microalbuminuric DKD compared to macroalbuminuric DKD ↗ Total MMP activity with interstitial collagenase activity, gelatinase activity and HbA1c
21	2014*	52 Hypertensive GFR< 60 (66.6±11.0, 31/21) 335 Hypertensive GFR≥ 60 (53.8±10.2, 206/102)	<sup>s</sup> MMP-2 <sup>¶</sup> <sup>s</sup> MMP-9 <sup>¶</sup> <sup>s</sup> TIMP-1 <sup>¶</sup>	↑ TIMP-1 low GFR ↔ MMP-2 and MMP-9 in low GFR ↓ MMP-9/TIMP-1 ratio in low GRF - MMP-9/TIMP-1 ratio is an independent predictor of lower eGFR and albuminuria
22	2015*	141 DKD (57±8, 78/63)	<sup>s</sup> MMP-7 <sup>¶</sup> <sup>u</sup> MMP-7 <sup>¶</sup>	( ) <sup>u</sup> MMP-7 with mortality after adjustment for demographic and clinical covariates and <sup>u</sup> MMP-7
23	2015*	37 SA-AKI surgical patients [70.0, 61.5-75.0, 19/18] 16 NSA-AKI surgical patients [70.0, 57.5-77.25, 9/7] 50 controls without sepsis [65.0, [57.75-74.0, 22/28]	<sup>s</sup> MMP-9 <sup>¶</sup> <sup>s</sup> TIMP-1 <sup>¶</sup>	↑ MMP-9 in SA-AKI compared to NSA-AKI and controls ↑ TIMP-1 and MMP-9/TIMP-1 ratio in SA-AKI compared to NSA-AKI and controls
24	2016*	17 Normoalbuminuric hypertensive patients under long-term RAS blockade (62.24±8.80, 7/10) 22 Moderate and severe resistant albuminuric hypertensive patients under long-term RAS blockade, which 14 are moderate (65.72±8.29, 8/6) and 8 are severe (65.72±8.29, 6/2)	<sup>p</sup> MMP-2 <sup>¶</sup> <sup>p</sup> MMP-9 <sup>¶</sup> <sup>p</sup> MMP-1 <sup>¶</sup> <sup>p</sup> MMP-9/TIMP-1 <sup>¶</sup>	^ MMP-2 in conditions of albuminuria ↓ MMP-9/TIMP-1 in normoalbuminuric compared to resistant albuminuric ↔ MMP-2 and MMP-9 levels in normoalbuminuric compared to resistant albuminuric ↑ Total MMP-2 and total MMP-9 activity in normoalbuminuric compared to resistant albuminuric ↑ MMP-9 active form levels in normoalbuminuric compared to resistant albuminuric
25	2016*	80 CKD (67.2±11.7, 45/35) 24 HS (61.2±9.6, 7/17)	<sup>s</sup> MMP-2 <sup>¶</sup> <sup>s</sup> MMP-9 <sup>¶</sup> <sup>s</sup> TIMP-1 <sup>¶</sup> <sup>s</sup> TIMP-2 <sup>¶</sup> <sup>s</sup> MMP-2 <sup>¶</sup>	↘ GFR and MMP-9 levels ↑ MMP-2 in CKD compared to HC ↑ MMP-2/TIMP-2 ratio in CKD compared to HC ↓ TIMP-1 in CKD compared to HC ↔ MMP-9 and TIMP-2 in CKD compared to HC ( ) Presence of MMP-2 or both and gelatinases and arbitrary units of activity ≥P90 with microalbuminuria ( ) Presence of MMP-2 with hyperuricemia
6	2017*	28 WRI (55.9±11.5, 7/21) 106 NRI (41.2±13.7, 23/83)	<sup>u</sup> MMP-2 <sup>¶</sup> <sup>u</sup> MMP-9 <sup>¶</sup>	

\*: The data indicate single measurement. †: cross-sectional study referred by authors; ‡: case-control study referred by authors; ¶: prospective observational study referred by authors. †: (mean ± standard deviation, No of males/No of females), [median, interquartile range, No of males/No of females], AKI: acute kidney injury, CKD: chronic kidney disease, CRF: chronic renal failure, Cr: creatinine, CS: control subjects, DM: diabetes mellitus, DKD: diabetic kidney disease, DN: diabetic nephropathy, ESKD: end-stage kidney disease, GFR: glomerular filtration rate, N: normal subjects, HC: healthy controls, HS: healthy subjects, NRI: no renal impairment, GFR ≥60 mL/min/1.73 m<sup>2</sup> and ≤2.9 mg/dL urinary albumin, NSA: non-sepsis associated, P: plasma, S: serum, SA: sepsis associated, U: urine, T1DM: type 1 diabetes mellitus, T2DM: type 2 diabetes mellitus, UTI: urinary tract infection, WRI: with renal impairment, GFR ≥60 mL/min/1.73 m<sup>2</sup> and ≥3.0 mg/dL urinary albumin or with GFR ≤59 mL/min/1.73 m<sup>2</sup>, regardless of the level of urinary albumin, NGAL: neutrophil gelatinase-associated lipocalin, SCr: serum creatinine, U: urine. ‡: enzyme-linked immunosorbent assay, ¶: zymography, ¶: fluorokine multianalyte profiling assay, †: biotrack activity assay system, †: Total MMP activity assay, †: Gelatinase/collagenase assay, †: immunoblotting and immunoprecipitation, †: MMP/TIMP interaction assay, †: increase, †: decrease, ↔: no difference, †: positive correlation, †: inverse correlation, †: no correlation, ( ): associated, ( ): non-associated, ∅: area under the curve, †: non-active enzyme, - : other types of findings.