

Supplementary files (Elevated sPAP in early EUSTAR database).

EUSTAR CO-AUTHORS

- Gabriele Valentini (5).
- Jörg Henes (21). Medizinische Universitätsklinik Abt. II (Onkologie, Hämatologie, Rheumatologie Immunologie, Pulmonologie), Tübingen, Germany.
- Armando Gabrielli (22). Istituto di Clinica Medica Generale, Ematologia ed Immunologia Clinica, Università Politecnica delle Marche, Polo Didattico. University of Ancona, Italy.
- Giovanni Lapadula (23). Rheumatology Unit-DiMIMP, School of Medicine University of Bari, Italy.
- Stefan Heitmann (24). Department of Rheumatology, Marienhospital Stuttgart, Germany.
- Guido Valesini (25). Divisione di Reumatologia, Università di Roma La Sapienza, Dipartimento di Clinica e Terapia medica applicata, Policlinico Umberto I, Roma, Italy.
- Carlos Alberto von Mühlen (26). Rheuma Clinic, Porto Alegre, Brazil.
- Eugene J. Kucharz (27). Department of Internal Medicine and Rheumatology. Medical University of Silesia, Katowice, Poland.
- Franco Cozzi (28). Rheumatology Unit, Department of Clinical and Experimental Medicine University of Padova, Italy.
- Blaz Rozman (29). University Medical Center Ljubljana, Division of Internal Medicine, Department of Rheumatology, Ljubljana, Slovenia.
- Raffaele Pellerito (30). Ospedale Mauriziano, Centro di Reumatologia, Torino, Italy.
- Ulf Müller-Ladner (31). Lehrstuhl für Innere Medizin mit Schwerpunkt Rheumatologie der Justus-Liebig-Universität Giessen Abteilung für Rheumatologie und Klinische Immunologie Kerckhoff-Klinik Bad Nauheim, Bad Nauheim, Germany.
- C. Montecucco (32). Unita' Operativa e Cattedra di Reumatologia, IRCCS Policlinico S. Matteo, Pavia, Italy.
- Vanessa Smith (33). University of Ghent, Department of Rheumatology, Ghent, Belgium.
- Sergio Jimenez (34). Scleroderma Center, Thomas Jefferson University, Philadelphia, USA.
- Duska Martinovic (35). Department of Internal Clinic, Clinical Hospital of Split Spinciceva, Split, Croatia.
- Srđan Novak (36). Department of Rheumatology and Clinical Immunology, Internal Medicine KBC Rijeka, Croatia.
- Harald Burkhardt (37). Klinikum der Johann Wolfgang Goethe Universität Medizinische Klinik III, Rheumatologische Ambulanz, Frankfurt am Main, Germany.
- Carmen M. Mihai (38). Department of Internal Medicine and Rheumatology Clinic, Ion Cantacuzino Clinical Hospital, Bucharest, Romania.
- Susanne Ullman (39). University Hospital of Copenhagen, Department of Dermatology D-40, HS-Bispebjerg Hospital, Copenhagen, Denmark.
- Maria Rosa Pozzi (40). Dipartimento di Medicina, Ospedale San Gerardo, Monza (MI), Italy.
- Alessandra Vacca (41). II Chair of Rheumatology, University of Cagliari-Policlinico Universitario, S.S., Monserrato (CA), Italy.
- Sebastião Cezar Radominski (42). Hospital de Clínicas da Universidade Federal do Paraná, Curitiba - Paraná, Brasil.
- Carlo Chizzolini (43). Immunology and Allergy, University Hospital, Geneva, Switzerland.
- Dorota Krasowska (44). Department of Dermatology, Medical University of Lublin, Lublin, Poland.
- Luc Mouthon (45). Department of Internal Medicine of Pr Loïc Guillevin, Hôpital Cochin, Paris, France.
- Rene Westhovens (46). Catholic University of Leuven, Department of Rheumatology, Leuven, Belgium.
- Carmel Mallia (47). "Stella Maris", Balzan, Malta.
- Piotr Wiland (48). Department of Rheumatology and Internal Diseases, Wrocław University of Medicine, Wrocław, Poland.
- Brigitte Krummel-Lorenz (49). Endokrinologikum Frankfurt, Germany.
- P. Vlachoyiannopoulos (50). Department of Pathophysiology, Medical School, National University of Athens, Greece.
- Eric Hachulla (51). Department of Internal Medicine, Hôpital Claude Huriez, Lille cedex, France.
- Maria Üprus (52). Department of Rheumatology, East-Tallin Central Hospital, Tallin, Estonia.
- Alberto Sulli (53). Research Laboratory and Division of Rheumatology, Department of Internal Medicine, University of Genova, Italy.
- Jiri Stork (54). Department of Dermatology, the 1st faculty of Medicine, Charles University, Prague, Czech Republic.
- Christopher Denton (55). Centre for Rheumatology, Royal Free and University College London, Medical School, London, United Kingdom.
- Vera Ortiz (56). Rheumatology Granollers General Hospital, Barcelona, Spain.
- Bojana Stamenkovic (57). Institute for prevention, treatment and rehabilitation rheumatic and cardiovascular disease Niska Banja, Niska Banja, Serbia and Montenegro.
- Carlos de la Puente (58). Servicio de Reumatología, Hospital Ramon y Cajal, Madrid, Spain.
- Pierluigi Meroni (59). Dipartimento e Cattedra di Reumatologia, Università degli Studi di Milano, Istituto Ortopedico "Gaetano Pini", Milano, Italy.
- Sergei Popa (60). Department of Rheumatology, Republican Clinical Hospital, Chisinau, Republic of Moldova.
- Kamal Solanki (61). Rheumatology Unit, Waikato University Hospital, Hamilton City, New Zealand.
- Radim Becvar (62). Institute of Rheumatology, 1st Medical School, Charles University, Praha, Czech Republic.
- Matthias Seidel (63). Department of Rheumatology, Medizinische Universitäts-Poliklinik, Bonn, Germany.
- José Antonio Pereira Da Silva (64). Rheumatology Department, Hospitais da Universidade, Coimbra, Portugal.
- Carlo Francesco Selmi (65). Division of Rheumatology and Clinical Immunology, Humanitas Clinical and Research Center, BIOMETRA Department, University of Milan, Italy.
- Henrik Nielsen (66). Department of Rheumatology, University Hospital of Gentofte, Hellerup, Denmark.
- Martin Aringer (67). Division of Rheumatology, Department of Medicine III, University Medical Center Carl Gustav Carus, Technical University of Dresden, Germany.
- Branimir Anic (68). Division of Clinical Immunology and Rheumatology, Department of Medicine, University Hospital Centre Zagreb, Croatia.
- Sule Yavuz (69). Department of Rheumatology, University of Marmara, Istanbul, Turkey.

Table I. Baseline characteristics of 656 SSc patients with less than 3 years from the first SSc symptom, including Raynaud's phenomenon.

Quantitative variables, mean (SD)	
Age at first SSc symptom, including RP (y)	49.1 (14.7)
Age at first EUSTAR entry (y)	51.1 (14.7)
Disease duration from the first SSc symptom, including RP (y)*	1.5 (0.8)
Time between onset of RP and non-RP event (y)	0.3 (0.7)
mRSS (n=654)	13.7 (10.5)
DLCO (% of predicted) (n=452)	70.5 (19.9)
Qualitative variables, n (percentage, %)	
Sex (women) (n=653)	504 (77.2%)
Anti-Scl-70 (n=640)	256 (40.0%)
ACA (n=616)	118 (19.2%)
Disease subset (n=603)	
Diffuse cutaneous systemic sclerosis	283 (46.9%)
Limited cutaneous systemic sclerosis	320 (53.1%)
Active disease (n=631)	303 (48.0%)
Elevated acute phase reactants (n=638)	249 (39.0%)
Digital ulcers (n=655)	181 (27.6%)
Synovitis (n=655)	129 (19.7%)
Joint contractures (n=654)	216 (33.0%)
Tendon friction rubs (n=650)	115 (17.7%)
CK elevation (n=642)	109 (17.0%)
Digestive tract involvement [†] (n=636)	427 (67.1%)
Elevated sPAP [‡] (n=638)	106 (16.6%)
Pulmonary fibrosis (n=640)	215 (33.6%)
Lung restrictive defect (n=640)	194 (30.3%)
Cardiac conduction blocks (n=638)	56 (8.8%)
Diastolic dysfunction (n=639)	102 (16.0%)
LVEF <55% (n=633)	27 (4.3%)
Renal crisis (n=655)	25 (3.8%)
Proteinuria (n=634)	55 (8.9%)

Abbreviations: y: year; SSc: systemic sclerosis; RP: Raynaud's Phenomenon; mRSS: modified Rodnan Skin Score; DLCO: diffusion capacity of the lung for carbon monoxide; ACA: anti-centromere autoantibody; CK: creatin kinase; LVEF: left ventricular ejection fraction; SD: standard deviation

[†]Digestive tract involvement includes oesophagus, stomach and gut symptoms

[‡]Elevated sPAP defined as estimated systolic pulmonary artery pressure >40 mm Hg on Transthoracic Doppler-Echocardiography.

Table II. Differences in clinical characteristics according to the presence of elevated sPAP, defined as an estimated systolic pulmonary artery pressure > 40 mm Hg on Doppler-echocardiography, in 656 SSc patients with less than 3 years from the first SSc symptom, including Raynaud's phenomenon.

	Elevated sPAP		p value
	No (n=532)	Yes (n=106)	
Age at first SSc symptom, including RP (y)	47.4 (14.3)	58.1 (13.3)	<0.0001
Age at first EUSTAR entry (y)	49.3 (14.3)	60.0 (13.3)	<0.0001
Disease duration (y)*	1.5 (0.8)	1.4 (0.8)	0.225
Time between RP and non-RP event (y)	0.3 (0.7)	0.2 (0.5)	0.264
mRSS	13.3 (10.3)	16.0 (11.5)	0.017
DLCO (% of predicted)	72.0 (19.1)	60.3 (22.1)	<0.0001
Sex (men)	122 (23.1%)	25 (23.6%)	0.907
Scl-70 positivity	203 (38.8%)	48 (46.6%)	0.140
ACA positivity	90 (17.8%)	23 (23.5%)	0.190
Active disease	230 (44.8%)	66 (64.7%)	<0.0001
Difuse cutaneous SSc	258 (49.0%)	56 (53.3%)	0.423
Limited cutaneous SSc	229 (43.5%)	46 (43.8%)	0.959
Elevated acute phase reactants	192 (36.8%)	50 (50%)	0.013
Digital ulcers	137 (25.8%)	41 (38.7%)	0.007
Synovitis	101 (19.0%)	26 (24.5%)	0.195
Joint contractures	161 (30.3%)	50 (47.6%)	0.001
Tendon friction rubs	92 (17.4%)	20 (19.2%)	0.647
CK elevation	88 (16.7%)	19 (18.6%)	0.641
Digestive tract involvement [†]	342 (64.5%)	85 (80.2%)	0.002
Pulmonary fibrosis	162 (30.7%)	49 (47.6%)	0.001
Lung restrictive defect	140 (26.7%)	50 (48.5%)	<0.0001
Cardiac conduction blocks	36 (6.8%)	20 (19.8%)	<0.0001
Left ventricular diastolic dysfunction	70 (13.2%)	32 (30.8%)	<0.0001
LVEF <55%	17 (3.2%)	10 (9.4%)	0.004
Scleroderma renal crisis	16 (3.0%)	9 (8.5%)	0.008
Proteinuria	35 (6.8%)	19 (18.6%)	<0.0001

Abbreviations: y: year; SSc: systemic sclerosis; RP: Raynaud's phenomenon; mRSS: modified Rodnan Skin Score; DLCO: diffusion capacity of the lung for carbon monoxide; ACA: anti-centromere autoantibody; CK: creatin kinase; LVEF: left ventricular ejection fraction.

*Disease duration was calculated from the onset of the first SSc symptom, including RP.

[†]Digestive tract involvement includes oesophagus, stomach and gut symptoms.

Table III. Bivariate and multivariate analysis for elevated sPAP, defined as an estimated systolic pulmonary artery pressure > 40 mm Hg on Doppler echocardiography, in 656 SSc patients with less than 3 years from the first SSc symptom, including Raynaud's phenomenon.

	Bivariate		Multivariate	
	OR (CI 95%)	p value	OR (CI 95%)	p value
Age at first SSc symptom, including RP (y)	1.06 (1.04-1.08)	<0.0001	1.06 (1.03-1.09)	<0.0001
Age at first EUSTAR entry (y)	1.06 (1.04-1.07)	<0.0001	-	-
Disease duration (y)*	0.85 (0.66-1.10)	0.225	0.67 (0.45-0.99)	0.048
Time between RP and non-RP event (y)	0.86 (0.63-1.18)	0.356	-	-
mRSS	1.02 (1.00-1.04)	0.018	-	-
DLCO (% of predicted)	0.97 (0.96-0.98)	<0.0001	0.97 (0.95-0.99)	0.001
Sex (men)	1.03 (0.63-1.68)	0.907	-	-
Scl70 positivity	1.37 (0.90-2.10)	0.141	-	-
ACA positivity	1.41 (0.84-2.38)	0.191	-	-
Active disease	2.26 (1.45-3.51)	<0.0001	-	-
SSc subset (Diffuse vs Limited)	1.08 (0.70-1.66)	0.723	-	-
Elevated acute phase reactants	1.72 (1.12-2.64)	0.014	-	-
Digital ulcers	1.81 (1.17-2.81)	0.007	2.16 (1.08-4.34)	0.030
Synovitis	1.38 (0.84-2.26)	0.196	-	-
Joint contractures	2.09 (1.36-3.20)	0.001	-	-
Tendon friction rubs	1.13 (0.66-1.94)	0.647	-	-
CK elevation	1.14 (0.66-1.97)	0.641	-	-
Digestive tract involvement [†]	2.22 (1.34-3.70)	0.002	-	-
Pulmonary fibrosis	2.04 (1.33-3.14)	0.001	-	-
Lung restrictive defect	2.59 (1.68-4.00)	<0.0001	-	-
Cardiac conduction blocks	3.38 (1.86-6.13)	<0.0001	-	-
Diastolic dysfunction	2.93 (1.80-4.76)	<0.0001	-	-
LVEF <55%	3.11 (1.38-6.99)	0.006	-	-
Scleroderma renal crisis	2.99 (1.28-6.95)	0.011	-	-
Proteinuria	3.15 (1.72-5.77)	<0.0001	3.13 (1.16-8.43)	0.024
Constant			0.05 (0.01-0.39)	0.004

Abbreviations: y: year; SSc: systemic sclerosis; RP: Raynaud's phenomenon; mRSS: modified Rodnan Skin Score; DLCO: diffusion capacity of the lung for carbon monoxide; ACA: anticentromere autoantibody; CK: creatin kinase, LVEF: left ventricular ejection fraction; OR: odds ratio; CI: confidence interval.

*Disease duration was calculated from the onset of the first SSc symptom, including RP.

[†]Digestive tract involvement includes oesophagus, stomach and gut symptoms.

Table IV. Bivariate associations for elevated sPAP, defined as an estimated systolic pulmonary artery pressure >40 mm Hg on Doppler echocardiography, according to SSc subset, in 656 SSc patients with less than 3 years from the first SSc symptom, including Raynaud's phenomenon.

	Limited cutaneous SSc (n=283)		Diffuse cutaneous SSc (n=320)	
	OR (95% CI)	p value	OR (95% CI)	p value
Age at first SSc symptom, including RP (y)	1.06 (1.04-1.09)	<0.0001	1.06 (1.03-1.09)	<0.0001
Age at EUSTAR entry (y)	1.06 (1.04-1.09)	<0.0001	1.06 (1.03-1.08)	<0.0001
Disease duration (y)*	0.87 (0.59-1.28)	0.482	0.88 (0.62-1.25)	0.479
Time between RP and non-RP event (y)	0.64 (0.39-1.04)	0.073	1.13 (0.72-1.77)	0.583
mRSS	1.03 (0.97-1.08)	0.338	1.03 (1.00-1.06)	0.034
DLCO (% of predicted)	0.96 (0.93-0.98)	<0.0001	0.97 (0.96-0.99)	0.013
Sex (men)	0.92 (0.38-2.22)	0.856	1.09 (0.59-2.03)	0.779
Scl-70 positivity	1.16 (0.58-2.33)	0.667	1.33 (0.73-2.43)	0.354
ACA positivity	1.84 (0.96-3.51)	0.065	0.80 (0.09-6.84)	0.843
Active disease	3.14 (1.60-6.18)	0.001	1.80 (0.90-3.60)	0.095
Elevated acute phase reactants	1.36 (0.68-2.71)	0.382	2.25 (1.21-4.19)	0.011
Digital ulcers	1.03 (0.50-2.13)	0.927	2.74 (1.51-4.95)	0.001
Synovitis	1.22 (0.54-2.73)	0.635	1.48 (0.77-2.83)	0.241
Joint contractures	2.43 (1.21-4.87)	0.012	2.02 (1.11-3.65)	0.020
Tendon friction rubs	1.76 (0.54-5.71)	0.350	1.03 (0.54-1.96)	0.919
CK elevation	1.67 (0.67-4.18)	0.272	1.02 (0.49-2.11)	0.963
Digestive tract involvement [†]	2.75 (1.27-5.97)	0.011	2.22 (1.04-4.76)	0.040
Pulmonary fibrosis	1.90 (0.96-3.78)	0.066	2.28 (1.25-4.15)	0.007
Lung restrictive defect	3.38 (1.74-6.57)	<0.0001	2.37 (1.30-4.33)	0.005
Cardiac conduction blocks	1.81 (0.62-5.27)	0.275	4.79 (2.20-10.4)	<0.0001
Diastolic dysfunction	2.97 (1.36-6.47)	0.006	3.40 (1.77-6.51)	<0.0001
LVEF <55%	1.67 (0.32-8.53)	0.540	5.04 (1.69-15.02)	0.004
Scleroderma renal crisis	1	-	3.91 (1.56-9.80)	0.004
Proteinuria	2.02 (0.68-5.98)	0.204	4.82 (2.20-10.5)	<0.0001

Abbreviations: y: year; SSc: systemic sclerosis; RP: Raynaud's phenomenon; mRSS: modified Rodnan Skin Score; DLCO: diffusion capacity of the lung for carbon monoxide; ACA: anticentromere autoantibody; CK: creatin kinase; LVEF: left ventricular ejection fraction; OR: odds ratio; CI: confidence interval.

*Disease duration was calculated from the onset of the first SSc symptom, including RP.

[†]Digestive tract involvement includes oesophagus, stomach and gut symptoms

Table V. Multivariate logistic regression models for the clinical associations of elevated sPAP, defined as estimated systolic pulmonary artery pressure > 40 mm Hg on Doppler echocardiography, in limited cutaneous SSc patients with less than 3 years from the first SSc symptom, including Raynaud's phenomenon.

Variable	Model 1 Complete (n=170)		Model 2 Backward stepwise regression (n=170)	
	OR (95% CI)	p value	OR (95% CI)	p value
Age at first SSc symptom, including RP (y)	1.04 (0.99-1.08)	0.100	1.06 (1.01-1.10)	0.010
Time between RP and non-RP event (y)	0.39 (0.13-1.10)	0.076	-	-
DLCO (% of predicted)	0.95 (0.91-0.99)	0.008	0.96 (0.93-0.98)	0.003
ACA positivity	3.00 (0.73-12.4)	0.127	-	-
Active disease	4.45 (1.16-17.1)	0.029	3.97 (1.36-11.58)	0.011
Joint contractures	1.44 (0.38-5.37)	0.588	-	-
Digestive tract involvement [†]	2.00 (0.49-8.17)	0.330	-	-
Pulmonary fibrosis	0.32 (0.06-1.79)	0.194	-	-
Lung restrictive defect	1.52 (0.34-6.91)	0.584	-	-
Diastolic dysfunction	1.74 (0.37-8.15)	0.483	-	-
Proteinuria	4.49 (0.67-29.85)	0.120	-	-
Constant	0.12 (0.003-5.20)	0.270	0.08 (0.005-1.18)	0.066
AIC	107.13		102.07	
BIC	144.76		114.62	
BIC'	16.47		-13.67	

Abbreviations: y: year; SSc: systemic sclerosis; RP: Raynaud's phenomenon; DLCO: diffusion capacity of the lung for carbon monoxide; ACA: anticentromere autoantibody; OR: odds ratio; CI: confidence interval; AIC: Akaike information criteria; BIC: Bayesian information criteria.

[†]Digestive tract involvement includes oesophagus, stomach and gut symptoms.

Table VI. Multivariate logistic regression for the clinical associations of elevated sPAP, defined as estimated systolic pulmonary artery pressure > 40 mm on Doppler echocardiography in diffuse cutaneous SSc patients with less than 3 years from the first SSc symptom, including Raynaud's phenomenon.

Variable	Model 1 Complete (n=198)		Model 2 Backward stepwise regression (n=198)	
	OR (95% CI)	p value	OR (95% CI)	p value
Age at first SSc symptom, including RP (y)	1.07 (1.02-1.11)	0.002	1.07 (1.03-1.11)	<0.0001
mRSS	1.01 (0.95-1.07)	0.818		
DLCO (% of predicted)	0.99 (0.96-1.01)	0.313		
Active disease	0.89 (0.26-3.09)	0.861		
Acute phase reactants	1.07 (0.39-2.96)	0.892		
Digital ulcers	3.67 (1.26-10.68)	0.017	4.96 (1.93-12.75)	0.001
Synovitis	0.67 (0.18-2.49)	0.548		
Joint contractures	0.94 (0.34-2.59)	0.908		
Digestive tract involvement [†]	1.92 (0.47-7.85)	0.362		
Pulmonary fibrosis	0.76 (0.26-2.24)	0.616		
Lung restrictive defect	1.06 (0.37-2.96)	0.925		
Cardiac blocks	2.34 (0.52-10.8)	0.279		
Diastolic dysfunction	1.53 (0.48-4.83)	0.470		
LVEF <55%	1.97 (0.25-15.59)	0.521		
Renal crisis	2.31 (0.22-24.16)	0.486		
Proteinuria	5.89 (1.14-30.41)	0.034	9.20 (2.32-36.53)	0.002
Constant	0.003 (0.00-0.11)	0.001	0.002 (0.00-0.02)	<0.0001
AIC	154.39		135.65	
BIC	210.29		148.81	
BIC'	43.62		-17.86	

Abbreviations: y: year; SSc: systemic sclerosis; RP: Raynaud's phenomenon; mRSS: modified Rodnan Skin Score; DLCO: diffusion capacity of the lung for carbon monoxide; LVEF: left ventricular ejection fraction; OR: odds ratio; CI: confidence interval; AIC: Akaike information criteria; BIC: Bayesian information criteria.

[†]Digestive tract involvement includes oesophagus, stomach and gut symptoms.