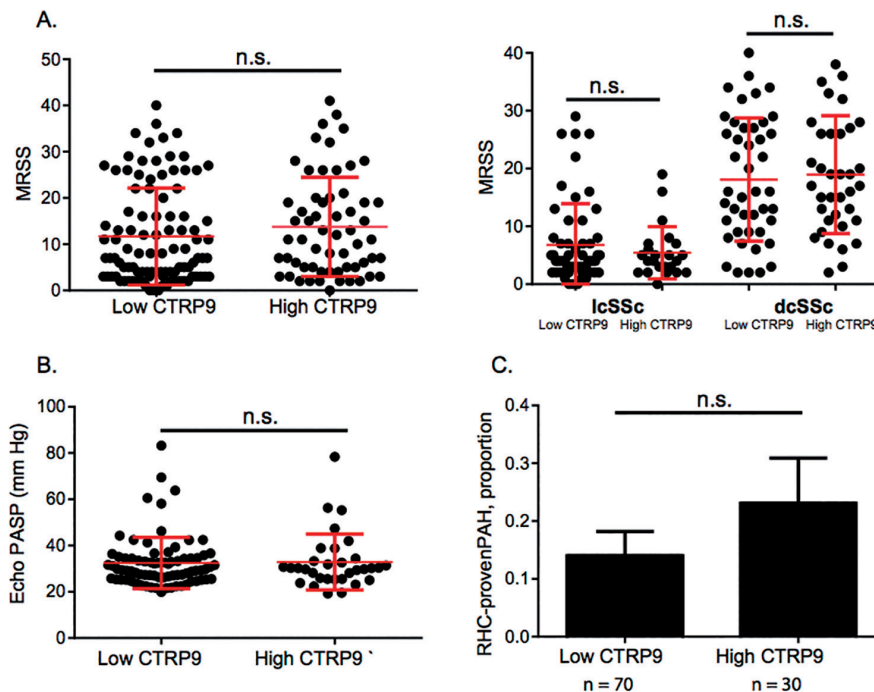


Supplemental Table. Clinical characteristics of 126 SSc patients included in the study.

	SSc (n=126) Mean \pm SD	dcSSc (n=56) Mean \pm SD	lcSSc (n=70) Mean \pm SD
Age	52.0 \pm 11.0	48.6 \pm 11.5	54.6 \pm 9.9
BMI	25.9 \pm 5.6	26.2 \pm 5.2	25.7 \pm 5.9
Sex (% female)	74.1	69.6	87.1
ANA (%)	95.2	96.4	94.1
ACA (%)	20.3	5.4	32.3
ATA (%)	28.6	30.3	26.8
RNAP3 (%)	25.3	36.9	13.3
Disease Duration	9.7 \pm 8.4	3.6 \pm 4.3	14.6 \pm 7.7
Immunomodulators (%)	31.5	50.0	16.9
MRSS	11.0 \pm 10.3	19.0 \pm 10.4	4.5 \pm 3.5
FVC	77.7 \pm 18.6	73.3 \pm 17.1	81.3 \pm 19.2
DLCO	58.7 \pm 19.2	60.7 \pm 20.7	57.1 \pm 17.9
PASP	32.6 \pm 10.7	32.5 \pm 9.2	32.6 \pm 12.4
PAH (%)	16.8	2.7	25.0

BMI: body mass index; ANA: antinuclear antibodies; ACA: anticentromere antibodies; ATA: antitopoisomerase antibodies; RNAP3: anti-RNA polymerase III; MRSS: modified Rodnan skin score; FVC: forced vital capacity; DLCO: diffusing capacity for carbon monoxide; PASP: pulmonary artery systolic pressure; PAH: pulmonary arterial hypertension determined by right heart catheterisation.



Supplemental Figure. Lack of association between CTRP9 and skin fibrosis or pulmonary artery hypertension. Patients stratified by high/low CTRP9 levels were analyzed for association with (A) modified Rodnan skin score (MRSS) and MRSS stratified by disease subtype, (B) echocardiographic (Echo) pulmonary artery systolic pressure (PASP), (C) right heart catheterization (RHC)-proven pulmonary artery hypertension (PAH). Results are shown as mean \pm standard deviation. Student t test was performed to assess differences between CTRP9 levels and MRSS or PASP. Fischer exact test was used to assess association between RHC-proven PAH and CTRP9 levels. $p < 0.05$ was considered significant. n.s.: non significant.