Supplementary Table S1. Losses to follow-up at 2.5 years of follow-up.

	Total	RA	AS	PsA	Controls
Active, n (%)	2588 (88.9)	704 (91.2)	656 (89.2)	659 (91.8)	569 (84.5)
Withdrawals, n (%)	105 (3.6)	14 (1.8)	20 (2.7)	19 (2.6)	52 (7.7)
Lost to follow-up in the follow-up, n (%)	63 (2.2)	16 (2.1)	15 (2.0)	13 (1.8)	19 (2.8)
Without follow-up, n (%)	114 (3.9)	26 (3.4)	37 (5.0)	21 (2.9)	30 (4.4)
Other causes, n (%)	4 (0.1)	1 (0.1)	1 (0.1)	1 (0.1)	1 (0.1)

N: number; CV: cardiovascular; RA: rheumatoid arthritis; AS: ankylosing spondylitis; PsA: psoriatic arthritis. Withdrawals: patients who left the study voluntarily.

Supplementary Table S2. Main features in individuals who were lost in follow-up *vs.* those who were evaluated at 2.5 years of follow-up.

Variables	Individuals lost to follow-up (n=316)	Individuals who were seen at the 2.5 years follow-up visit (n=2595)	<i>p</i> -value
Age at the onset of the study (years), mean (SD)	51.4 (13.9)	52.4 (12.4)	0.27
Sex (woman), (%)	54.6	52.9	0.56
Educational level, (%)			
Elementary	71	75.7	0.83
Secondary	27.2	27.1	
University	26.8	26.3	
Diabetes mellitus, (%)	2.2	1.7	0.52
History of IHD prior to basal visit, (%)	8.9	7.9	0.50
Family history of CV disease, (%)	12.1	12.7	0.77
Hypercholesterolaemia, (%)	28.3	31.9	0.14
Hypertension, (%)	33	26.7	0.03
Smoking status, (%)			
Current smokers	30.8	24.9	< 0.03
Past smokers	23.2	29.7	
Never smoking	46	45.4	
SCORE at the basal visit, (%)			
Low	55.3	51.3	< 0.05
Moderate	28.3	35.8	
High	16.4	12.9	
Disease duration (years), median [p25-p75]	6 [2-14]	9 [3-16]	0.001
DAS28-ESR, mean (SD)	3.2 (1.1)	3.08 (1.3)	0.33
BASDAI, media (SD)	3.5 (2.3)	3.6 (2.2)	0.61
PASI, median [p25-p75]	0.6 [0.0-1.8]	0.6 [0.0-2.1]	0.85
HAQ, median [p25-p75]	0.5 [0.1-1.1]	0.5 [0.0-1.1]	0.46
RF positive, (%)	75	76.8	0.74
ACPA positive, (%)	63.2	59.4	0.54
HLA-B27, (%)	77.5	75.8	0.74
Erosions, (RA), (%)	28.3	26.8	0.79
Sacroiliitis, (%)	51.3	57.6	0.28
ESR (mm/1 st h), median [p25-p75]	11 [5.2-21]	12 [6-23]	0.03
CRP (mg/dl), median [p25-p75]	2.9 [1-7.2]	2.9 [1.1-6.5]	0.85

ACPA: anti-cyclic citrullinated peptide antibodies; BASDAI (0-10): Bath Ankylosing Spondylitis (AS) Disease Activity Score; BASFI (0-10): Bath AS Functional Index; BMI: body mass index; CRP: C-reactive protein; CV: cardiovascular; DAS28-ESR: Disease Activity Score using 28 joints-erythrocyte sedimentation rate; HAQ (0-3): Health Assessment Questionnaire; HLA-B27: histocompatibility antigen HLA-B27; IHD: ischaemic heart disease; PASI: Psoriasis Area Score Index; RA: rheumatoid arthritis; RF: rheumatoid factor; SCORE: Systematic Coronary Risk Evaluation model; SD: standard deviation. All variables were collected at the onset of the study.

First CV event in inflammatory arthritis / M.A. Martín-Martínez et al.

Supplementary Table S3. Effect of the biologic therapy on the incidence of cardiovascular events stratifying each one of the inflammatory arthritis included in our cohort separately.

	Crude HR	95%CI	<i>p</i> -value	Adj. HR	95%CI	<i>p</i> -value
RA	0.49	(0.10-2.43)	0.383	0.35	(0.04-3.10)	0.346
AS	0.52	(0.18 - 1.53)	0.283	0.67	(0.21 - 2.10)	0.489
PsA	0.91	(0.26-3.22)	0.885	1.54	(0.31-7.79)	0.595

RA: rheumatoid arthritis; AS: ankylosing spondylitis; PsA: psoriatic arthritis; HR: hazard ratio; CI: confidence interval; Adj.: adjusted.