Supplementary Table S1. Definitions of nail findings, either related or unrelated to RA, and of nail diseases.

Findings/Diseases	Definitions
Bywaters	Small, non-painful, purpuric lesions ranging from 0.5-1 mm; they may be found on the folds or edges of the nail, as well as on the finger pads.
Muehrcke	A set of one or more pale transverse bands extending all the way across the nail, parallel to the lunula.
Erythema of the proximal nail fold	Redness in the skin surrounding the nail, in the proximal fold.
Hapalonychia	A condition in which the top of a toe or finger nail becomes soft and thin, causing it to bend or break.
Traumatic melanonychia	Brown, black or grey pigmentation of the ungual lamina, secondary to chronic friction trauma.
Fungal melanonychia	Pigmentation produced mostly by dematiaceous fungi and by Trichophyton rubrum nigricans variety.
Short linear vessels	Non-specific vascular pattern of the proximal nail fold, mostly find in patients with rheumatoid arthritis.
Splinter haemorrhages	Extravasation of blood from the longitudinal vessels of the nail bed, transparent through the nail.
True Leukonychia	White colouration of the nail secondary to nail matrix damage, the most frequent aetiology is trauma.
Mycotic Leukonychia	White discolouration of the nail, secondary to fungal infection.
Longitudinal striations (ridging)	Change in the nail texture, characterised by longitudinal lines or fissures; may occur in early stages of lichen planus or as a change in old age.
Pachyonychia	Thickening of the nail.
Xanthonychia	Yellow colouring of the nail.
Subungual hyperkeratosis	Hyperplasia of the stratum corneum of the nail bed.
Distal onycholysis	Separation between the nail plate and the nail bed.
Beau lines	Transverse depression that affect all the nails at the same level and symmetrically.
Subungual haematoma	Blood accumulation under the nail.
Onychocryptosis	Penetration of the lateral edges of the nail plate in the soft parts of the finger.
Onicoatrophy	Decrease in size and thickness of the nail.
Yellow nail syndrome	At least 2 of the following 3 symptoms: slow-growing yellow nails, lymphedema and pleural effusions (32).
Transverse overcurvature nail	Increase in curvature that is confined to the transverse axis.
Longitudinal overcurvature nail	Increase in curvature that is confined to the longitudinal axis.
Frayed cuticles	Thickening and fine laceration of the cuticle

Racial melanonychia was defined as a physiological pigmentation detected in the nails of individuals with dark phototypes (IV to VI) and was not included as an alteration due to the ethnic characteristics of our patients.

Supplementary Table S2. Comparison of demographic and disease characteristics at study entry, in the subpopulations defined according to presence/absence of onychomycosis.

	Patients with nails findings and concomitant onychomycosis, n=16	Patients with isolated finger and toenails findings, n=60	*p*
Characteristics			
Age, years	52 (37.8-62.5)	50.5 (39.3-59)	0.59
Females[1]	12 (75)	56 (93.3)	0.06
Formal education, years*	11.5 (9-12)	12 (9-15)	0.59
Disease duration, years	10.5 (7.3-14)	10 (4-12.5)	0.27
RF+[1]*	15 (93.8)	46 (76.7)	0.17
ACPA+[1]*	15 (93.8)	52 (86.7)	0.68
Hand and/or feet erosive disease[1]	9 (56.3)	34 (56.7)	1
Isolated hand erosions[1]	8 (50)	20 (33.3)	0.25
Isolated feet erosions[1]	5 (31.3)	30 (50)	0.26
Incidental erosive disease[1],[2]	8 (50)	23 (38.3)	0.41
(Cumulative) DAS28 AUC	4.2 (3.6-5.2)	3.6 (2.8-4.7)	0.10
ESR, mm/H	5.5 (2-18.8)	3.5 (2-11.3)	0.42
CRP, mg/dL	0.42 (0.21-1.2)	0.4 (0.1-1)	0.66
HAQ	0 (0-0.3)	0 (0-0.94)	0.32
Charlson score	1 (1-1.8)	1 (1-1)	0.45
Corticosteroids[1]	9 (56.3)	34 (56.7)	1
DMARDs[1]	16 (100)	56 (93.3)	0.57
no. of DMARDs/patient	1 (1-2)	1 (1-2)	0.16

Data presented as median (IQR) unless otherwise indicated.
[1]Number (%) of patients. *Data at cohort entry. [2]Patients without erosions at cohort entry but who developed erosions at study entry.
RF: rheumatoid factor. ACPA: anti-citrullinated protein antibodies. DAS28: disease activity score on 28 joints. AUC: area under the curve. ESR: erythrocyte sedimentation rate. CRP: C reactive protein. HAQ: Health Assessment Questionnaire. SF-36: short form 36. DMARD: disease-modifying anti-rheumatic drugs.

Supplementary material: STROBE checklist for cross sectional for paper "Toenail abnormalities in rheumatoid arthritis patients are associated with radiographic damage and impact disability: a cross sectional study nested within a cohort".

STROBE Statement - Checklist of items that should be included in reports of cross-sectional studies

	Item No	Recommendation	Check
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	Done
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	Done
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Done
Objectives	3	State specific objectives, including any prespecified hypotheses	Done
Methods			
Study design	4	Present key elements of study design early in the paper	Done
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Done
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants	Done
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Done
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Done
Bias	9	Describe any efforts to address potential sources of bias	Partially done
Study size	10	Explain how the study size was arrived at	Done
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Done
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	Done
		(*b*) Describe any methods used to examine subgroups and interactions	Done
		(*c*) Explain how missing data were addressed	Done
		(*d*) If applicable, describe analytical methods taking account of sampling strategy	NA
		(*e*) Describe any sensitivity analyses	NA
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study, *e.g.* numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Done
		(b) Give reasons for non-participation at each stage	Done
		(c) Consider use of a flow diagram	Not done
Descriptive data	14*	(a) Give characteristics of study participants (*e.g.* demographic, clinical, social) and information on exposures and potential confounders	Done
		(b) Indicate number of participants with missing data for each variable of interest	Done
Outcome data	15*	Report numbers of outcome events or summary measures	Done
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (*e.g.* 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Done
		(*b*) Report category boundaries when continuous variables were categorised	Done
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA
Other analyses	17	Report other analyses done, *e.g.* analyses of subgroups and interactions, and sensitivity analyses	NA
Discussion			
Key results	18	Summarise key results with reference to study objectives	Done
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Done
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Done
Generalisability	21	Discuss the generalisability (external validity) of the study results	Done
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Done

*Give information separately for exposed and unexposed groups.