

Supplementary Table S1. Summary of published studies or series on the use of leflunomide to treat vasculitis.

Year	Authors	Type of vasculitis	No. of patients treated with LEF	Study design	Results
2003	Metzler <i>et al.</i> (6)	GPA	20	Open label prospective study	Effective for partial or complete remission (over a period of 2.5 years: 1 major relapse and 8 minor relapses occurred). AE: 30–40% with doses starting at 20mg/d and increased to 30 and 40mg/d.
2007	Metzler <i>et al.</i> (5) ⁵	GPA	26	Randomized controlled trial	When compared to MTX (7.5–20mg/week), LEF (30 mg/day) had lower rate of relapse: 6/26 patients in the LEF-limb relapsed at 6 months vs. 13/28 in the MTX arm ($p=0.037$). AEs: 34 in the LEF arm vs. 17 in the MTX arm ($p=0.09$).
2012	de Souza <i>et al.</i> (9)	TAK	15	Open label prospective study	Effective in reducing the proportion of patients with active disease (93% to 20% at 9 months) and acute phase reactants. 13.3% had new angiographic lesions on follow-up MR-angiography. 20% had mild AEs (dose of 20 mg daily).
2012	Adizie <i>et al.</i> (14)	GCA	9	Case series	Effective as an adjunctive therapy (with MTX) or monotherapy. All 9 patients had a complete (6) or partial response (3). One AE reported.
2013	Diamantopoulos <i>et al.</i> (8)	GCA	11	Case series	LEF (10–20 mg daily) was effective as a glucocorticoid-sparing agent in difficult-to-treat GCA and led to a reduction in daily prednisolone dose of 6.6 mg (and in CRP level value of 12.4 mg/dL). Three AEs reported.
2016	de Souza <i>et al.</i> (18)	TAK	12	Open label prospective study	Effective in leading to sustained remission in half of the patients at 12 months. One AE reported. Dose of 20mg/d.
2019	Tengesdal <i>et al.</i> (15)	GCA	27	Retrospective comparative study	Patients treated with LEF achieved remission earlier than MTX, mostly in patients with higher disease activity at baseline ($p=0.02$). No difference in AEs.
2019	Hočevár <i>et al.</i> (16)	GCA	30	Open label prospective study	Effective in reducing the rate of relapse when compared to monotherapy with glucocorticoids (46 patients); 13.3% vs. 39.1%, when LEF (10 to 20 mg daily) was started at 12 weeks after diagnosis, with a follow-up period of 48 weeks.
2019	Cui <i>et al.</i> (19)	TAK	56	Case series	Clinical remission in 68% at 6 months, and 55% at 12 months (included 15 patients with active disease despite treatment with cyclophosphamide). Good tolerance in 87% of cases.
Current Study	Mustapha <i>et al.</i>	Various	93	Case series	Safe and effective for various vasculitides, especially for non-severe refractory or relapsing ANCA vasculitis or LVV, with remission induction or maintenance at 6 months for 62 (67%) patients. No major AEs with average dose of 20 mg daily.

AE: adverse event; GCA: giant cell arteritis; GPA: granulomatosis with polyangiitis; LEF: leflunomide; MTX: methotrexate; TAK: Takayasu's arteritis.