D-dimer predicts 30 days in-hospital adverse outcomes in patients with AAV / J.Y. Pyo et al.



Supplementary Fig. S1. Cut-off D-dimer levels for predicting in-hospital adverse outcomes. A cut-off Ddimer level of 0.699 mg/dL was considered for predicting adverse outcomes with a 70.0% sensitivity and 67.5% specificity.

Supplementary	Table S1.	The clinical	data of patients	experiencing	in-hospital	mortality.
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Episode	Age/Sex	Diagnosis	Main symptoms	D-dimer (mg/dL)	Time to death (day)	Cause of death/ Precipitating events	Conco- mitant infection	Organ involvement	Treatment
1	54/Female	GPA	Purpura, dyspnoea	4.695	2	Alveolar haemorrhage due to vasculitis involvement	No	Skin, Lung, Kidney	High dose steroid
2	67/Male	MPA	Fever, syncope	2.465	6	Macrophage activation syndrome due to vasculitis	No	Kidney, CNS	Steroid pulse
3	77/Male	MPA	Purpura	2.391	9	Respiratory failure due to aggravation of lung involvement	Yes	Skin, Lung, Kidney	High dose steroid
4	78/Female	MPA	Fever, dyspnoea	2.526	15	C. difficile infection	Yes	Lung, Kidney	High dose steroid
5	82/Female	MPA	Fever	2.071	18	Aspiration pneumonia	Yes	Kidney, CNS	High dose steroid
6	69/Female	GPA	Purpura, altered mental status	0.702	67	Mental change and shock due to disease aggravation	Yes	Skin, Lung, Kidney, CNS	High dose steroid, Rituximab
7	80/Male	MPA	Haemoptysis	2.153	94	Gastrointestinal bleeding, septic shock	Yes	Lung, Kidney	Plasmapheresis
8	68/Male	MPA	Fever, dyspnoea	3.128	140	Gastrointestinal bleeding	Yes	Lung, Kidney	High dose steroid
9	71/Female	GPA	Dyspnoea	0.549	179	Biliary tract infection, aspiration pneumonia	Yes	Lung, Kidney	Steroid pulse, CYC, AZA

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Episode	Age/Sex	Diagnosis	Main symptoms	D-dimer (mg/dL)	Time to ICU admission (day)	J Cause of ICU admission/ Precipitating events	Organ involvement	Treatment
1	67/Female	MPA	CKD aggravation	0.380	5	Mental change requiring ventilator	Kidney, Lung,	High dose steroid
2	39/Female	EGPA	Eosinophilic myocarditis	1.721	0	Heart failure	Heart, Nerve	High dose steroid
3	72/Female	GPA	Fever, dyspnoea	2.070	0	Ventilator apply due to aggravation of lung involvement	Kidney, Lung,	High dose steroid
4	72/Female	GPA	AKI	0.422	2	Ventilator apply due to aggravation of lung involvement	Kidney, Lung	High dose steroid
5	69/Male	MPA	Fever, dyspnoea	3.128	2	Ventilator apply due to aggravation of lung involvement	Kidney, Lung	High dose steroid
6	67/Male	MPA	Fever, syncope	2.465	43	Macrophage activation syndrome due to vasculitis	Kidney, CNS	Steroid pulse
7	72/Male	MPA	Haemoptysis	2.153	2	Massive haemoptysis	Kidney, Lung	High dose steroid
8	68/Male	EGPA	Abdominal pain	3.128	1	Shock due to intestinal obstruction	GI, Kidney	High dose steroid
9	54/Female	GPA	Purpura, dyspnoea	4.695	1	Ventilator apply due to alveolar haemorrhage	Skin, Kidney, Lung	High dose steroid
10	69/Female	GPA	Purpura, Altered mental status	0.702	1	Mental change and shock due to disease aggravation	Skin, Lung, Kidney, CNS	High dose steroid, Rituximab
11	80/Female	MPA	Dyspnoea	4.959	1	Ventilator apply due to aggravation of lung involvement	Kidney, Lung, Nerve	High dose steroid, Hemodialysis
12	30/Male	GPA	Fever, dyspnoea, purpura	1.966	8	Ventilator apply due to alveolar haemorrhage	Skin, Kidney, Lung	Steroid pulse, Cyclophosphamide
13	52/Male	GPA	Fever, dyspnoea	0.715	0	Pancytopenia, Shock	Lung	High dose steroid
14	31/Male	GPA	Haemoptysis	1.620	0	Ventilator apply due to alveolar haemorrhage	Lung, ENT	Steroid pulse
15	54/Male	GPA	Haemoptysis	0.300	55	Ventilator apply due to aggravation of lung involvement	Kidney, Lung	Steroid pulse

Supplementary Table S2. The clinical data of patients admitted to the intensive care unit (ICU).

GPA: granulomatosis with polyangiitis; MPA: microscopic polyangiitis; CKD: chronic kidney disease; AKI: acute kidney injury; GI: gastrointestinal; ENT: ear, nose, throat.