Supplementary Table S1. ACR/EULAR 2016 classification criteria for primary Sjögren's syndrome.

The classification of primary Sjögren's syndrome (pSS) applies to any individual who meets the inclusion criteria.
Inclusion criteria
Any patient with at least one symptom of ocular or oral dryness or suspicion of SS from ESSDAI questionnaire (at least one domain with a positive item)
Exclusion criteria
Prior diagnosis of any of the following conditions : History of neck and head radiation treatment Active hepatitis C infection AIDS Sarcoidosis Amyloidosis Graft-versus-host disease IgG4-related disease
Five criteria items and score should be ≥4
Item Labial salivary gland with focal lymphocytic sialadenitis and focus score of ≥1 foci/4mm2 Anti-SSA/Ro-positive Ocular Staining Score ≥1 at least one eye Schirmer's test ≤5 mm/5 min at least one eye Unstimulated whole saliva flow rate ≤ 0.1ml/min *Adapted from (5)*

Supplementary Table S2. ESSDAI index definitions of central nervous and peripheral system involvements (adapted from (6).

Nervous system involvement	Activity level	Definition
PNS Rate as 'No activity 'stable long-lasting features related to damage or PNS involvement not related to the disease	No=0	Absence of currently active PNS involvement
	Low=5	Mild active PNS involvement, such as pure sensory axonal polyneuropathy shown by NCS or trigeminal (V) neuralgia *Proven small fibre neuropathy
	Moderate=10	Moderately active PNS involvement shown by NCS, such as axonal sensory–motor neuropathy with maximal motor deficit of 4/5, pure sensory neuropathy with presence of cryoglobulinaemic vasculitis, ganglionopathy with symptoms restricted to mild/moderate ataxia, inflammatory demyelinating polyneuropathy (CIDP) with mild functional impairment (maximal motor deficit of 4/5 or mild ataxia) Or cranial nerve involvement of peripheral origin (except trigeminal (V) neuralgia)
	High=15	Highly active PNS involvement shown by NCS, such as axonal sensory–motor neuropathy with motor deficit≤3/5, peripheral nerve involvement due to vasculitis (mononeuritis multiplex, etc), severe ataxia due to ganglionopathy, inflammatory demyelinating polyneuropathy (CIDP) with severe functional impairment: motor deficit≤3/5or severe ataxia
CNS Rate as 'No activity 'stable long-lasting features related to damage or CNS involvement not related to the disease	No=0	Absence of currently active CNS involvement
	Moderate=10	Moderately active CNS features, such as cranial nerve involvement of central origin, optic neuritis or multiple sclerosis-like syndrome with symptoms restricted to pure sensory impairment or proven cognitive impairment
	High=15	Highly active CNS features, such as cerebral vasculitis with cerebrovascular accident or transient ischemic attack, seizures, transverse myelitis, lymphocytic meningitis, multiple sclerosis-like syndrome with motor deficit