Supplementary Table S1. Demographic characteristics of patients who started mycophenolate mofetil according to diagnosis.

	N (%)	Female (%)	Age mean ± SD
SSc	35 (32)	32 (91)	61±16
ILD	24	24 (100)	
Myositis	1	1 (100)	
Skin disease	3	2 (67)	
Renal disease	1	1 (100)	
Constitutional symptoms/arthritis	1	1 (100)	
Haematologic involvement	1	0 (0)	
Intolerability/AE of other DMARDs	4	3 (75)	
SLE	18 (17)	17 (94)	53±19
ILD	2	2 (100)	
Myositis	1	1 (100)	
Alveolar haemorrhage	1	0 (0)	
Constitutional symptoms/arthritis	2	2 (100)	
Haematologic involvement	3	3 (100)	
Pulmonary hypertension	1	1 (100)	
Cystitis Peritonitis	1	1 (100)	
Vasculitis	1	1 (100)	
	2	1 (100)	
Intolerability/AE of other DMARDs PNS involvement	1	2 (100) 1 (100)	
CNS involvement	1	1 (100)	
	17 (16)	9 (53)	58+20
ILD	8	4 (50)	30120
Myositis	4	3 (75)	
Skin disease	4	2 (59)	
Intolerability/AE of other DMARDs	1	0 (0)	
ASS	13 (12)	9 (69)	54±13
ILD	11	7 (64)	
Myositis	2	2 (100)	
SS	10 (9)	8 (80)	60±14
ILD	5	4 (80)	
Myositis	1	1 (100)	
Renal disease	1	1 (100)	
Constitutional symptoms/arthritis	1	1 (100)	
Ophthalmologic involvement	1	0 (0)	
PNS involvement	1	1 (100)	
IPAF	2 (2)	2 (100)	79±6
ILD	2	2 (100)	
UCTD	4 (4)	3 (75)	62±10
ILD	3	2 (67)	
PNS involvement	1	1 (100)	
MCTD	3 (3)	3 (100)	40±7
ILD	1	1 (100)	
Myositis	1	1 (100)	
Intolerability/AE of other DMARDs	1	1 (100)	
Overlap syndromes	5 (5)	3 (60)	66±20
ILD	4	2 (50)	
Myositis	1	1 (100)	
IgG4-RD	1(1)	0 (0)	49
Idiopathic retroperitoneal fibrosis	1	0 (0)	
retopatine retroperitoriear norosis			

SSc: systemic sclerosis; ILD: interstitial lung disease; AE: adverse events; DMARDs: disease-modifying antirheumatic drugs; SLE: systemic erythematosus lupus; PNS: peripheral nervous system; CNS: central nervous system; IIM: idiopathic inflammatory myopathies; ASS: antisynthetase syndrome; SS: Sjögren's syndrome; IPAF: interstitial pneumonia with autoimmune features; UCTD: undifferentiated connective tissue disease; MCTD: mixed connective tissue disease; IgG4-RD: IgG4 related disease.

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 $\begin{tabular}{ll} \textbf{Supplementary Table S2}. Reasons for discontinuation of treatment with mycophenolate mofetil. \end{tabular}$

Reasons for discontinuation of treatment with MMF	N	(%)	
Adverse events/intolerability	20	(53)	
GI intolerability	12		
Cutaneous adverse drug reaction/Toxidermia/Pruritus	3		
Headache	1		
Infection	1		
Alopecia	1		
Leukopenia	2		
Lack of efficacy	6	(16)	
Comorbidities	2	(5)	
Neoplasia de novo diagnosis	1		
Pregnancy or plans of pregnancy	1		
Self-suspension	3	(8)	
For unknown reasons	1		
For concern about SARS-CoV-2 infection	2		
Death	5	(13)	
Unknown	2	(5)	
Total	38	(100)	

Supplementary Fig. S1. Survey.

MMF off-label use, a ReCONNET Survey

	-label use of mycophenolate mofetil (MMF) in the treatment of rheumatic connective sue diseases
* (Obrigatório
1.	Name of your center *
	Your name As some centers might have multiple answers
	How many patients with diffuse connective tissue disease were followed in your center during the last 5 years? *
	O valor tem de ser um número
	How many patients have been treated with MMF in your center during the ast 5 years? *
(O valor tem de ser um número
	How many patients have been treated with MMF in your center during the ast year? st
5. 9	Select all the options that are indications you've used MMF in st
	☐ Interstitial lung disease
	Skin disease
	Muscle involvement
	Central nervous system involvement
	Peripheral nervous system involvement
	□ Nephritis
	Other less frequent manifestations of connective tissue disease

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7. Please specify	12. Select the diagnoses in w	hich you'	ve used MN	1F *		
Specify which involvement and underlying disease (e.g. ILD in SSc)	☐ Idiopathic Inflammatory N	Ivopathies				
	☐ Antisynthetase Syndrome	, ,				
	Sjögren Syndrome					
	Systemic Lupus Erythemat	tosus				
	Systemic Sclerosis					
	☐ IgG4-related disease					
	Relapsing Polychondritis					
8. Is Lupus Nephritis the most common indication for MMF off-label use in your center? *	Other					
○ Yes	13. If "other" please specify					
○ No	13.11 Other please specify					
O Not sure						
9. Excluding Lupus Nephritis, select 2 other options you feel are the most frequent indications you've used MMF in *						
☐ Interstitial lung disease						
☐ Skin disease						
☐ Muscle involvement	44 Barrellia Edit	1.1.1.				
Central nervous system involvement	Report the 5 diagnoses i of frequency	n wnich y	ou ve usea	MMF more	rrequently	in order
Peripheral nervous system involvement	select only the 5 more frequen	nt diagnose:	in your expe	rience		
Other less frequent manifestations of connective tissue disease		1st	2nd	3rd	4th	5th
	Idiopathic Inflammatory Myopathies	\circ	\circ	\circ	\circ	\circ
10. Select the 3 top options that are indications you've used MMF most frequently in *	Antisynthetase	0	0	0	0	0
☐ Interstitial lung disease	Syndrome					
Skin disease	Sjögren Syndrome		0	0	0	
Muscle involvement	Systemic Lupus Erythematosus	\circ	0	0	0	\circ
Central nervous system involvement	Systemic Sclerosis	\circ	\circ	\circ	\circ	\circ
Peripheral nervous system involvement	IgG4-related disease	\circ	\circ	\circ	\circ	\circ
Nephritis	Relapsing Polychondritis	\circ	\circ	\circ	\circ	\circ
Other less frequent manifestations of connective tissue disease	Other	0	0	0	0	0
11. If "other" please specify						
	15. If "other" please specify					

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16. Please name the specific which you've used MMF * comment how many patients a	k				20. In your expert opinion, in the mentioned disease involvement, does the majority of patients treated with MMF respond?				
question						Complete response	Partial response	Stabilize	Worsen
					Interstitial lung disease	\circ	0	\circ	0
					Skin disease	\circ	0	\circ	\circ
					Muscle involvement	\circ	0	\circ	\circ
					Central nervous system involvement	0	0	0	0
17. How many patients appro	ovimately ha	ve vou treated us	sing MME wit	th the	Peripheral nervous system involvement	0	0	0	0
before mentioned uncom			-		Nephritis	\circ	\circ	\circ	\circ
					Other less frequent manifestations of connective tissue	0	0	0	0
O valor tem de ser um número					disease				
Stabilize Worsen 19. In your expert opinion, patients treated with MN			, does the m	najority of					
	Complete response	Partial response	Stabilize	Worsen	22. How safe do you feel M (1 - not safe at all with frequ		fects; 10 - safe drug	g, with very fev	w adverse effects
Idiopathic Inflammatory Myopathies	0	0	0	0	1 2 3 4 5		8 9 10		
Antisynthetase Syndrome	0	0	0	0	23. Has the use of MMF inc	reased in yo	our center in the	e last couple	e of years? *
Sjögren Syndrome	\circ	\circ	\circ	\circ	Increased substancially				
Systemic Lupus Erythematosus	\circ	0	\circ	0	Increased slightly Maintained				
Systemic Sclerosis	\circ	\circ	\circ	\circ	Decreased slightly				
IgG4-related disease	\circ	0	\circ	\circ	Decreased slightly Decreased substancially				
Relapsing Polychondritis	0	0	0	0	Decreased substancially				
Other	0	0	0	0					