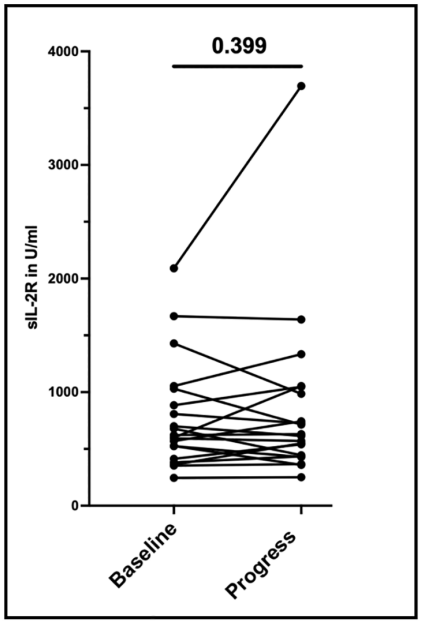
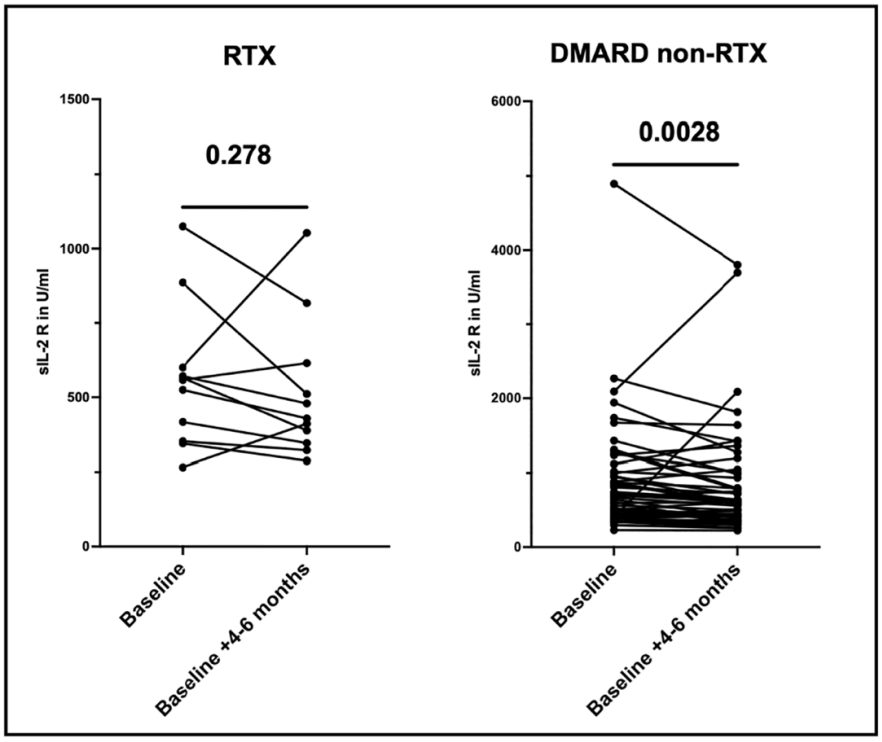
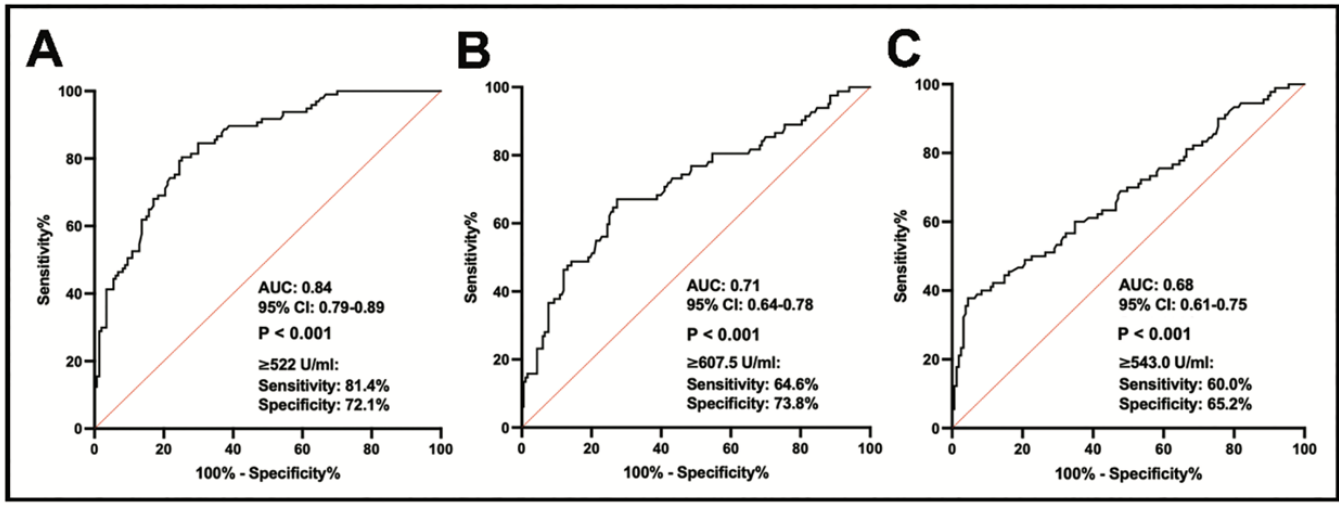


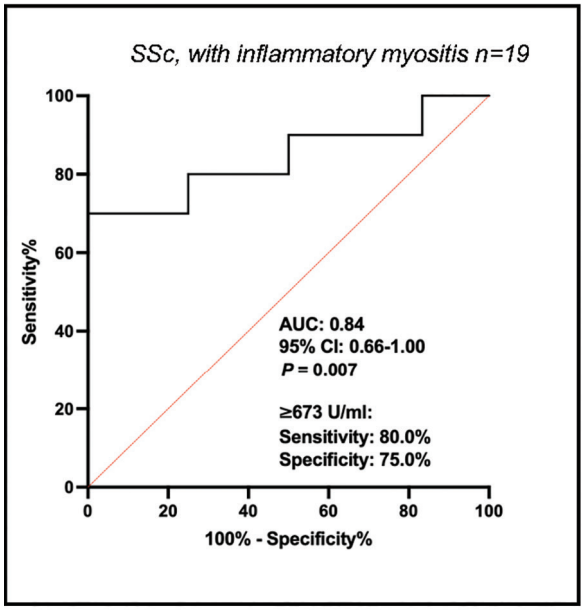
Supplementary Fig. S1. Concentrations of sIL-2R in SSc displayed no changes in patients with clinical progress.



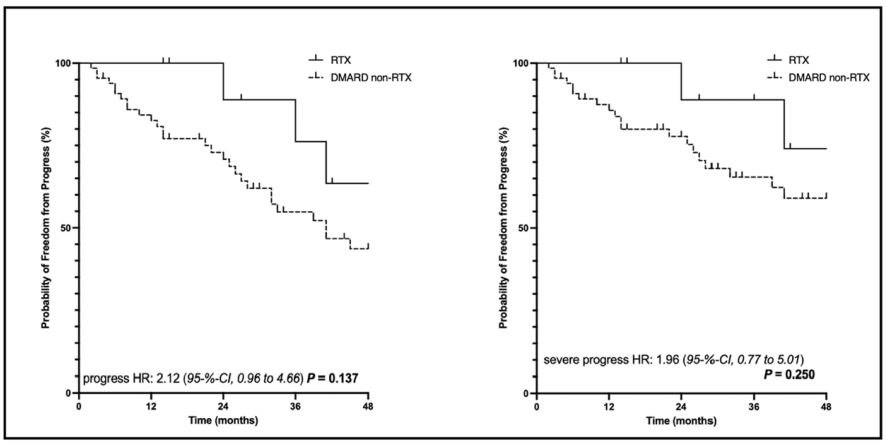
Supplementary Fig. S2. Subgroup analysis showed no therapeutic effects of a reduced sIL-2 concentration in SSc patients following rituximab (RTX) therapy (left). Pooled SSc patients with DMARD non-RTX therapy presented reduced levels of sIL-2R (right), mainly in patients in remission (Fig. 1).



Supplementary Fig. S3. Associations between soluble interleukin-2 receptor (sIL-2R) with lymphocyte activation and turnover (beta2-microglobulin), hs-CRP and cardiac involvement (NT-proBNP) in systemic sclerosis (SSc). In SSc, elevated sIL-2R concentrations discriminated normal from pathological values of beta2-microglobulin (**A**), hs-CRP (**B**) and NT-proBNP (**C**).
AUC: area under the curve; CI: confidence interval; hs-CRP: high-sensitivity C-reactive protein; NT-proBNP: N-terminal pro-B-type natriuretic peptide.



Supplementary Fig. S4. Correlation between soluble interleukin-2 receptor (sIL-2R) and hs-troponin T (hs-TnT) concentrations in systemic sclerosis (SSc) with inflammatory myositis. Increased concentrations of sIL-2R ≥673U/ml correlated with an increase of hs-TnT (AUC: 0.84, $P = 0.007$; sensitivity 80.0%, specificity 75.0%; n = 19).
AUC: area under the curve; CI: confidence interval.



Supplementary Fig. S5. Kaplan-Meier survival analyses for the whole SSc group divided into RTX-based therapy and DMARD non-RTX. Kaplan-Meier analysis confirmed no superiority of RTX-based therapy compared to other DMARDs in this retrospective cohort.