Supplementary Table S1. STROBE statement: checklist of items that should be included in reports of cross-sectional studies.

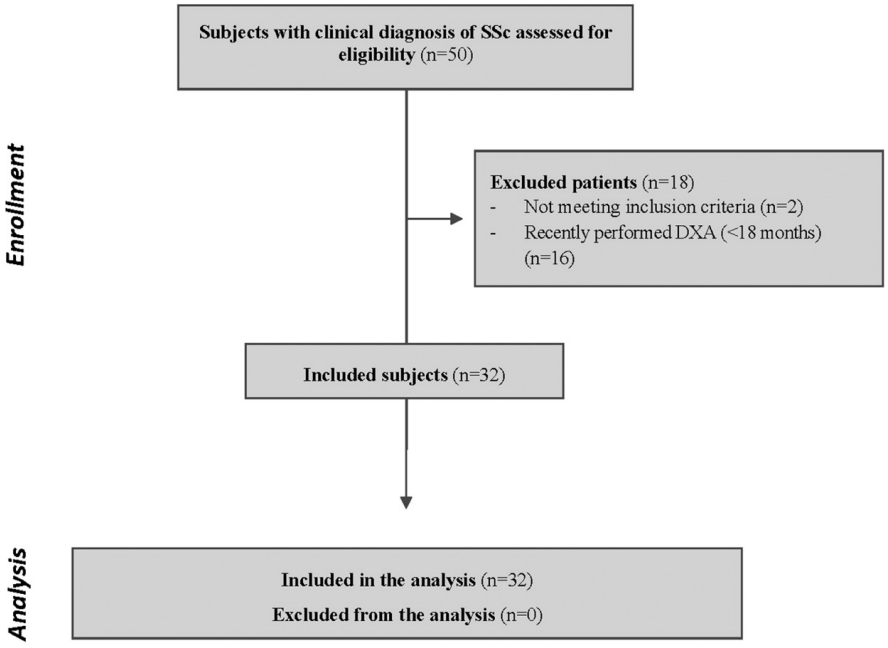
	Item No.	Recommendation	Page No.
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1,2
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	1,2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3
Objectives	3	State specific objectives, including any prespecified hypotheses	3
Methods			
Study design	4	Present key elements of study design early in the paper	3,4
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	4,5
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants	3-5
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	4-6
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	10
Study size	10	Explain how the study size was arrived at	4 and table I
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	4-6
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	6
		(*b*) Describe any methods used to examine subgroups and interactions	6
		(*c*) Explain how missing data were addressed	NA
		(*d*) If applicable, describe analytical methods taking account of sampling strategy	NA
		(*e*) Describe any sensitivity analyses	NA
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study (*e.g.*, numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed)	
		(b) Give reasons for non-participation at each stage	
		(c) Consider use of a flow diagram	Supplementary File II
Descriptive data	14*	(a) Give characteristics of study participants (*e.g.*, demographic, clinical, social) and information on exposures and potential confounders	(Table 1)
		(b) Indicate number of participants with missing data for each variable of interest	NA
Outcome data	15*	Report numbers of outcome events or summary measures	(Table II)
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (*e.g.*, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	5-8
		(*b*) Report category boundaries when continuous variables were categorised	(Table II)
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA
Other analyses	17	Report other analyses done (e.g., analyses of subgroups and interactions and sensitivity analyses)	NA
Discussion			
Key results	18	Summarise key results with reference to study objectives	8-10
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	9-10
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	8-10
Generalisability	21	Discuss the generalisability (external validity) of the study results	10
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	11

*Give information separately for exposed and unexposed groups.
An explanation and elaboration article discusses each checklist item and gives methodological background and published examples of transparentreporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

Supplementary Table S2. Comparisons of Hand DEXA BMDa and BMCb values in SSc patients.

Presence *vs.* absence	Left hand BMD (M ± SD)			Left hand BMC (M ± SD)			*p*-value[a]	*p*-value[b]
lcSSc vs dcSSc	0.3559 ± 0.0727	*vs.*	0.2904 ± 0.0617	24.9918 ± 7.2848	*vs.*	19.9105 ± 6.1598	***p*=0.014***	*p*=0.05
ILD	0.3107 ± 0.08	*vs.*	0.3284 ± 0.05	21.4664 ± 7.7632	*vs.*	23.3271 ± 3.9167	***p*<0.001***	***p*<0.001***
PAH	0.2894 ± 0.0634	*vs.*	0.3251 ± 0.0746	18.8188 ± 4.7924	*vs.*	23.0952 ± 7.4475	*p*=0.2	*p*=0.1
GI	0.2864 ± 0.077	*vs.*	0.3389 ± 0.0599	19.3071 ± 7.4106	*vs.*	23.9319 ± 5.8874	***p*=0.03***	*p*=0.05
Renal involvement	0.2944 ± 0.0824	*vs.*	0.3297 ± 0.0616	23.6065 ± 6.528	*vs.*	19.52 ± 7.2409	*p*=0.2	*p*=0.1
History of digital ulcers	0.304 ± 0.0785	*vs.*	0.3213 ± 0.0692	21.6492 ± 8.2422	*vs.*	21.8567 ± 6.1642	*p*=0.5	*p*=0.9
"Late" scleroderma pattern	0.2763 ± 0.0581	*vs.*	0.3548 ± 0.0648	18.0094 ± 7.0615	*vs.*	24.6257 ± 6.616	***p*=0.002***	***p*=0.01***
ACA	0.3457 ± 0.0532	*vs.*	0.297 ± 0.0804	23.9575 ± 5,1012	*vs.*	21.0281 ± 7.8356	*p*=0.08	*p*=0.2
SCL70	0.2829 ± 0.0688	*vs.*	0.3481 ± 0.0644	19.8346 ± 6,7702	*vs.*	24.406 ± 6.3834	***p*=0.01***	*p*=0.07
SCL70 vs ACA	0.2829 ± 0.0688	*vs.*	0.3457 ± 0.0532	19.8346 ± 6,7702	*vs.*	23.9575 ± 5.1012	***p*=0.02***	*p*=0.1
lcSSc *vs.* dcSSc	0.34 ± 0.07	*vs.*	0.32 ± 0.05	23.44 ± 7.3	*vs.*	22.03± 5.45	*p*=0.63	*p*=0.89
ILD	0.33 ± 0.06	*vs.*	0.31 ± 0.04	22.89 ± 6.68	*vs.*	21.4 ± 3.66	*p*<0.59	*p*<0.59
PAH	0.30 ± 0.06	*vs.*	0.33 ± 0.05	18.67 ± 4.92	*vs.*	24.26 ± 5.68	*p*=0.185	*p*=0.047
GI	0.31 ± 0.05	*vs.*	0.34 ± 0.06	20.98 ± 5.69	*vs.*	23.73 ± 6.12	*p*=0.18	*p*=0.497
Renal involvement	0.31± 0.06	*vs.*	0.33 ± 0.05	19.87 ± 4.65	*vs.*	24.29 ± 6.25	*p*=0.357	*p*=0.144
History of digital ulcers	0.304 ± 0.0785	*vs.*	0.3213 ± 0.0692	21.6492 ± 8.2422	*vs.*	21.8567 ± 6.1642	*p*=0.5	*p*=0.9
"Late" scleroderma pattern	0.3 ± 0.05	*vs.*	0.34 ± 0.06	21.05 ± 5.74	*vs.*	23.28 ± 6.25	*p*=0.152	*p*=0.557
ACA	0.32 ± 0.04	*vs.*	0.33 ± 0.07	21.19 ± 3.32	*vs.*	23.38 ± 7.27	*p*=1	*p*=0.324
SCL70	0.32 ± 0.06	*vs.*	0.33 ± 0.06	22.17 ± 6.2	*vs.*	22.74 ± 6.01	*p*=0.674	*p*=0.722
SCL70 vs ACA	0.32 ± 0.06	*vs.*	0.32 ± 0.04	22.17 ± 6.2	*vs.*	21.19 ± 3.32	*p*=0.905	*p*=0.447

[a]*p*-value for BMD comparison; univariate analysis.
[b]*p*-value for BMC comparison; Univariate analysis.
BMD: bone mineral density; BMC: bone mineral content; M±SD: mean ± standard deviation; lcSSc: limited cutaneous systemic sclerosis; dcSSc: diffuse cutaneous systemic sclerosis; ILD: interstitial lung disease; PAH: pulmonary arterial hypertension; GI: gastrointestinal involvement; ACA: anticentromere antibodies; SCL70: anti-topoisomerase I antibodies.



Supplementary Fig. S1. CONSORT-like flux diagram.