

**Supplementary Table 1.** Cox proportional hazards regression analyses of the capability of the study variables to predict 10-year all-cause mortality in PAD patients <75 years of age according to diabetes mellitus status (continuous variables not dichotomized – compared to the results in Table 2, in which the continuous variables age, ABI, eGFR, hs-CRP and NT-proBNP were dichotomized).

Predictor variables	<u>Non-diabetic PAD patients</u>		<u>Diabetic PAD patients</u>	
	N=216 (153 survivors vs. 63 decedents)		N=115 (48 survivors vs. 67 decedents)	
	<u>Univariate analyses</u>	<u>Multivariate analysis<sup>a</sup></u>	<u>Univariate analyses</u>	<u>Multivariate analysis<sup>a</sup></u>
	Risk ratios (95% CI); <i>p</i> value	Risk ratios (95% CI); <i>p</i> value	Risk ratios (95% CI); <i>p</i> value	Risk ratios (95% CI); <i>p</i> value
Patient age <sup>b</sup>	1.74 (1.24-2.44); <i>p</i> =0.001	1.66 (1.14-2.31); <i>p</i> =0.003	1.84 (1.23-2.75); <i>p</i> =0.003	n.e.
Arterial hypertension (vs. not)	1.31 (0.80-2.15); <i>p</i> =0.278	n.e.	2.25 (1.20-4.21); <i>p</i> =0.011	1.91 (1.02-3.58); <i>p</i> =0.045
Cardiovascular comorbidity <sup>c</sup> (vs. not)	1.90 (1.15-3.12); <i>p</i> =0.012	n.e.	1.66 (1.02-2.71); <i>p</i> =0.042	n.e.
Critical limb ischaemia (vs. claudication)	2.29 (1.16-4.50); <i>p</i> =0.016	n.e.	1.93 (1.18-3.15); <i>p</i> =0.009	n.e.
ABI	0.22 (0.07-0.64); <i>p</i> =0.006	n.e.	0.60 (0.27-1.32); <i>p</i> =0.205	n.e.
History of PAD-specific intervention <sup>d</sup> (vs. not)	1.87 (1.14-3.07); <i>p</i> =0.013	1.74 (1.06-2.86); <i>p</i> =0.028	1.18 (0.73-1.91); <i>p</i> =0.496	n.e.
eGFR <sup>b</sup>	0.75 (0.54-1.05); <i>p</i> =0.091	n.e.	0.68 (0.53-0.86); <i>p</i> =0.002	n.e.
hs-CRP <sup>b</sup>	2.53 (1.61-3.96); <i>p</i> <0.001	2.31 (1.50-3.56); <i>p</i> <0.001	1.48 (1.02-2.15); <i>p</i> =0.042	n.e.
NT-proBNP <sup>b</sup>	1.56 (1.19-2.04); <i>p</i> =0.001	n.e.	1.95 (1.47-2.58); <i>p</i> <0.001	1.89 (1.42-2.52); <i>p</i> <0.001

19 Abbreviations: ABI, ankle brachial index; CI, confidence interval; eGFR, estimated glomerular filtration rate; hs-CRP, high sensitivity C-reactive protein; n.e.,  
20 not entered into the model (i.e., stepwise entry limit of  $p < 0.05$  was exceeded for each of these variables); NT-proBNP, amino-terminal pro-B-type natriuretic  
21 peptide.

22 <sup>a</sup> Multivariate risk ratios were calculated with the Cox proportional hazards regression analysis using a conditional stepwise forward approach with all  
23 independent variables listed in Table 2. These variables were entered sequentially into the multivariate Cox proportional hazards regression analysis using a  
24 stepwise entry limit of  $p < 0.05$ .

25 <sup>b</sup> Continuous variables were not normally distributed and were normalized by log transformation. Risk ratios refer to a 1-SD increase in log transformed  
26 values.

27 <sup>c</sup> Cardiovascular comorbidity was defined as having coronary artery disease, cerebrovascular disease, or both.

28 <sup>d</sup> History of PAD-specific intervention before the index hospitalization was defined as at least one of the following: vascular surgery, percutaneous  
29 transluminal angioplasty with or without stenting, or amputation.

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35 **Supplementary Table 2.** Cox proportional hazards regression analyses of the capability of the study variables to predict 10-year all-cause mortality in PAD  
 36 patients  $\geq 75$  years of age according to diabetes mellitus status (continuous variables not dichotomized – compared to the results in Table 4, in which the  
 37 continuous variables LDL-cholesterol and NT-proBNP were dichotomized).

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39 Predictor variables	<u>Non-diabetic PAD patients <math>\geq 75</math> years of age</u>		<u>Diabetic PAD patients <math>\geq 75</math> years of age</u>	
	N=102 (34 survivors vs. 68 decedents)		N=54 (11 survivors vs. 43 decedents)	
	<u>Univariate analyses</u>	<u>Multivariate analysis<sup>a</sup></u>	<u>Univariate analyses</u>	<u>Multivariate analysis<sup>a</sup></u>
	Risk ratios (95% CI); <i>p</i> value	Risk ratios (95% CI); <i>p</i> value	Risk ratios (95% CI); <i>p</i> value	Risk ratios (95% CI); <i>p</i> value
43 Male gender (vs. not)	1.38 (0.86-2.22); <i>p</i> =0.188	n.e.	1.88 (0.98-3.62); <i>p</i> =0.059	2.20 (1.11-4.34); <i>p</i> =0.023
44 Symptomatic heart failure (vs. not)	3.33 (1.76-6.31); <i>p</i> <0.001	n.e.	4.86 (2.03-11.62); <i>p</i> <0.001	n.e.
45 Critical limb ischaemia (vs. claudication)	3.58 (1.19-6.45); <i>p</i> <0.001	3.13 (1.68-5.83); <i>p</i> <0.001	2.95 (1.58-5.50); <i>p</i> =0.001	2.89 (1.48-5.62); <i>p</i> =0.002
46 LDL-cholesterol <sup>b</sup>	0.71 (0.55-0.93); <i>p</i> =0.012	n.e.	0.73 (0.52-1.02); <i>p</i> =0.067	n.e.
47 NT-proBNP <sup>b</sup>	2.19 (1.65-2.91); <i>p</i> <0.001	2.05 (1.54-2.72); <i>p</i> <0.001	2.54 (1.68-3.83); <i>p</i> <0.001	2.33 (1.54-3.53); <i>p</i> <0.001

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49 Abbreviations: CI, confidence interval; LDL, low-density lipoprotein; n.e., not entered into the model (i.e., stepwise entry limit of  $p < 0.05$  was exceeded for  
 50 each of these variables); NT-proBNP, amino-terminal pro-B-type natriuretic peptide.

51 <sup>a</sup> Multivariate risk ratios were calculated with the Cox proportional hazards regression analysis using a conditional stepwise forward approach with all  
52 independent variables listed in Table 4. These variables were entered sequentially into the multivariate Cox proportional hazards regression analysis using a  
53 stepwise entry limit of  $p < 0.05$ .

54 <sup>b</sup> Continuous variables were not normally distributed and were normalized by log transformation. Risk ratios refer to a 1-SD increase in log transformed  
55 values.

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