APPENDIX.

ADDITIONAL METHODS AND RESULTS

METHODS

sQCT Assessments

All radiologists were blinded to the lung function or any other indicator of disease severity. Inter and intra-observer variability was previously published (1).

Statistical Analysis

Multivariate Cox analysis tested the weight of CPFE compared to other relevant variables (i.e. presence of ILD, emphysema, age, disease duration, autoimmune profile).

RESULTS

TABLE 1s
Predictors of Mortality in patients with SSc using multivariate Cox analysis.

	Hazard Ratio	IC 95%	p
CPFE (presence)	2.19	1.13 - 4.22	0.0195
ILD (presence)	-	-	nss
Emphysema (presence)	-	-	nss
Age	1.05	1.03 - 1.08	<0.0001
Sex (male)	1.74	1.04 - 2.92	0.0354
Disease duration	-	-	nss
Autoimmune profile	-	-	nss

I interval of confidence; nss not statistically significance

FIGURES

Figure 1s

Gender prevalence in the four subgroups.

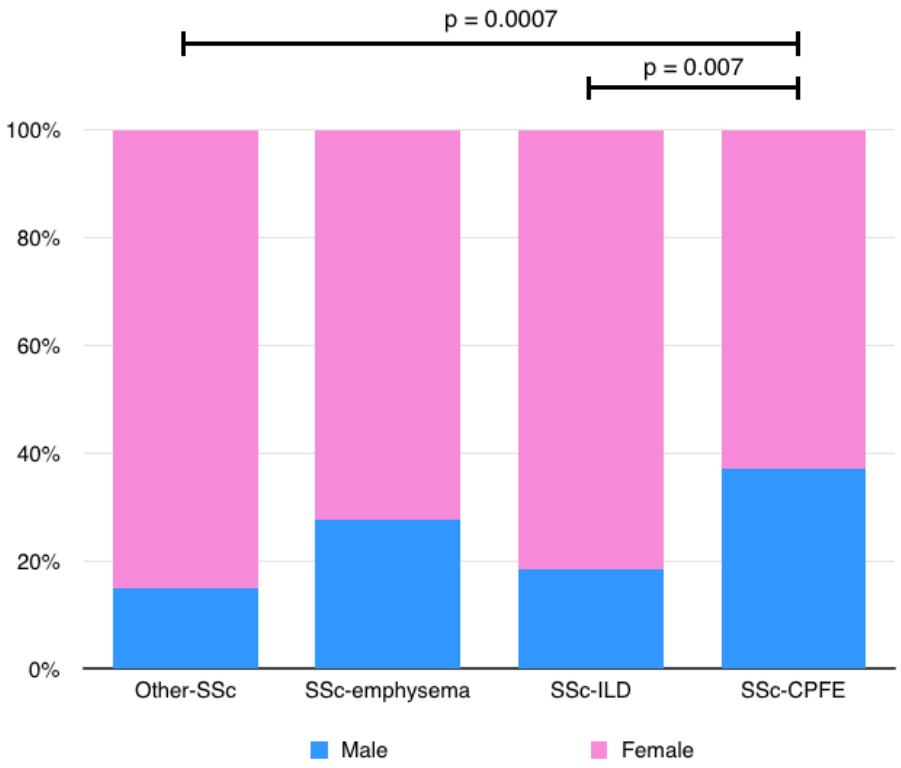


Figure 2s

Smoke habit prevalence in the four subgroups. Ten patients had an unknown smoke habit.

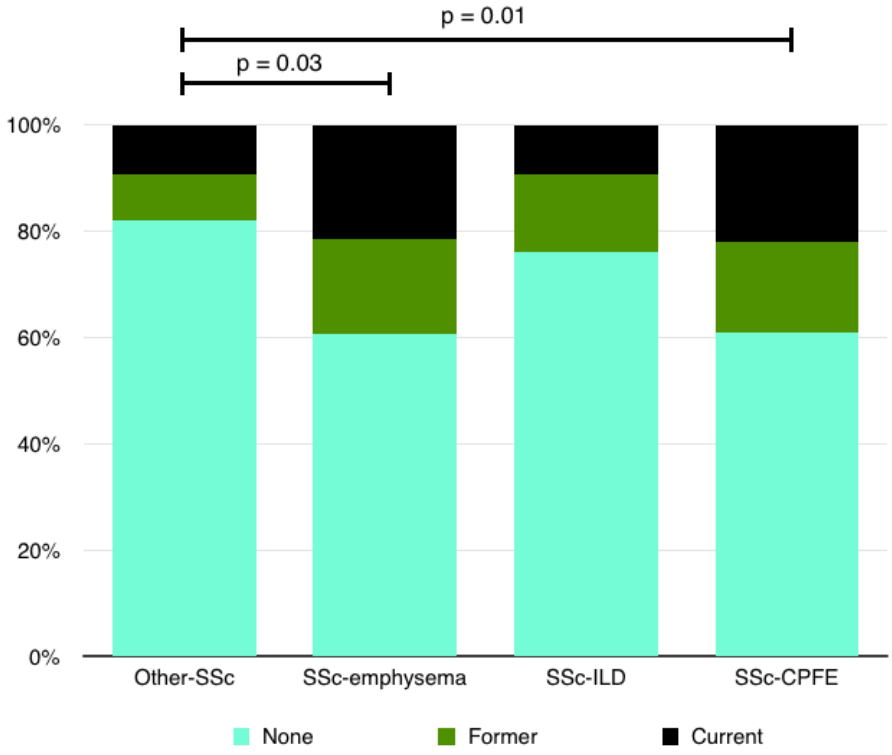


Figure 3s

ACA prevalence in in the four subgroups [ACA, anti centromere antibodies]

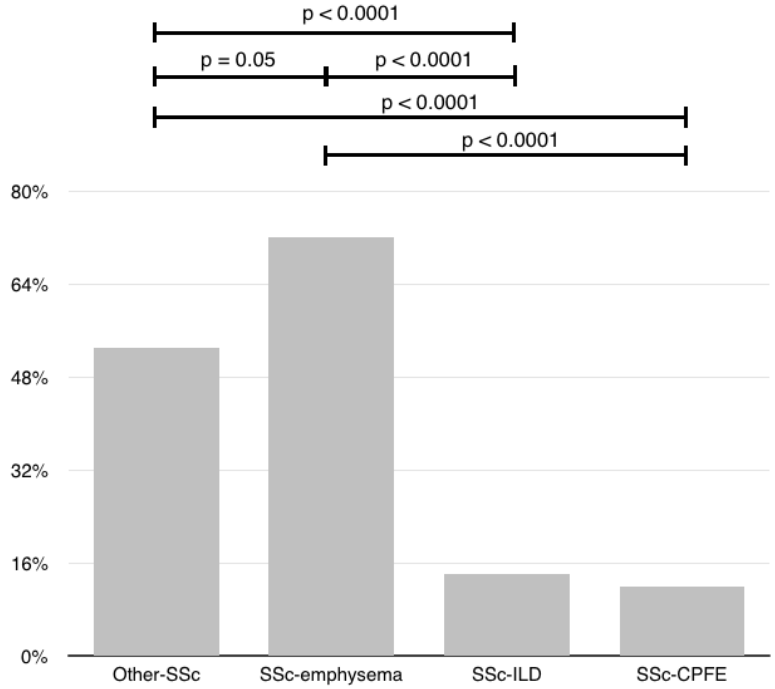


Figure 4s

Anti-topoisomerase III antibodies prevalence in in the four subgroups [

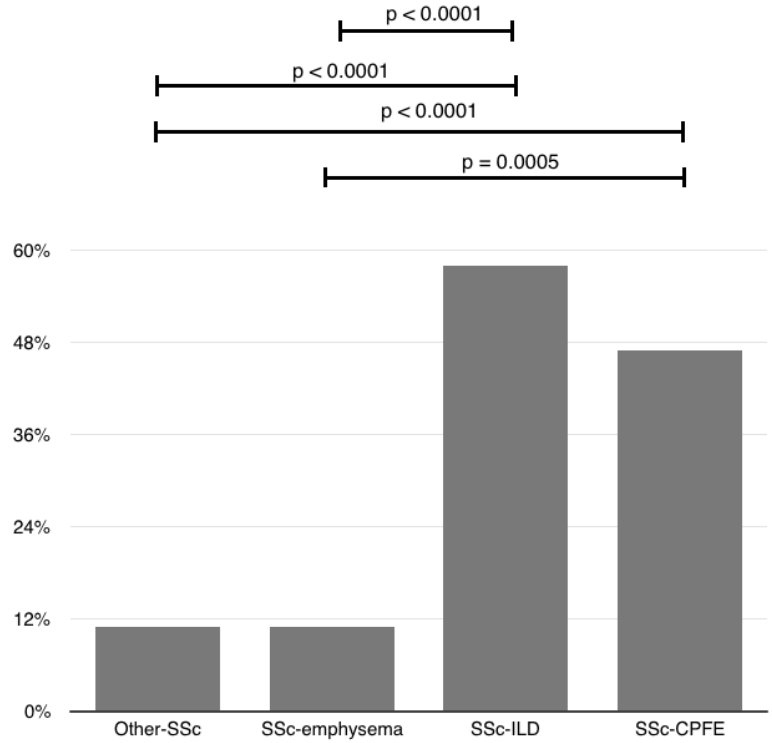


Figure 5s

FVC-predicted mean values in in the four subgroups

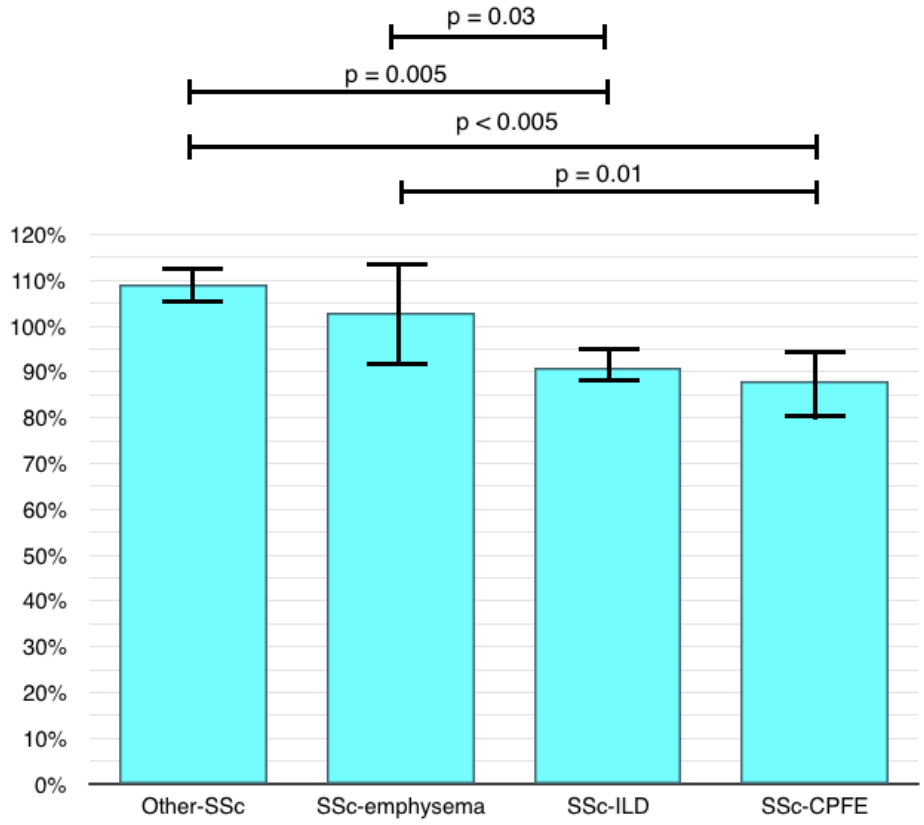


Figure 6s

TLC-predicted mean values in in the four subgroups [

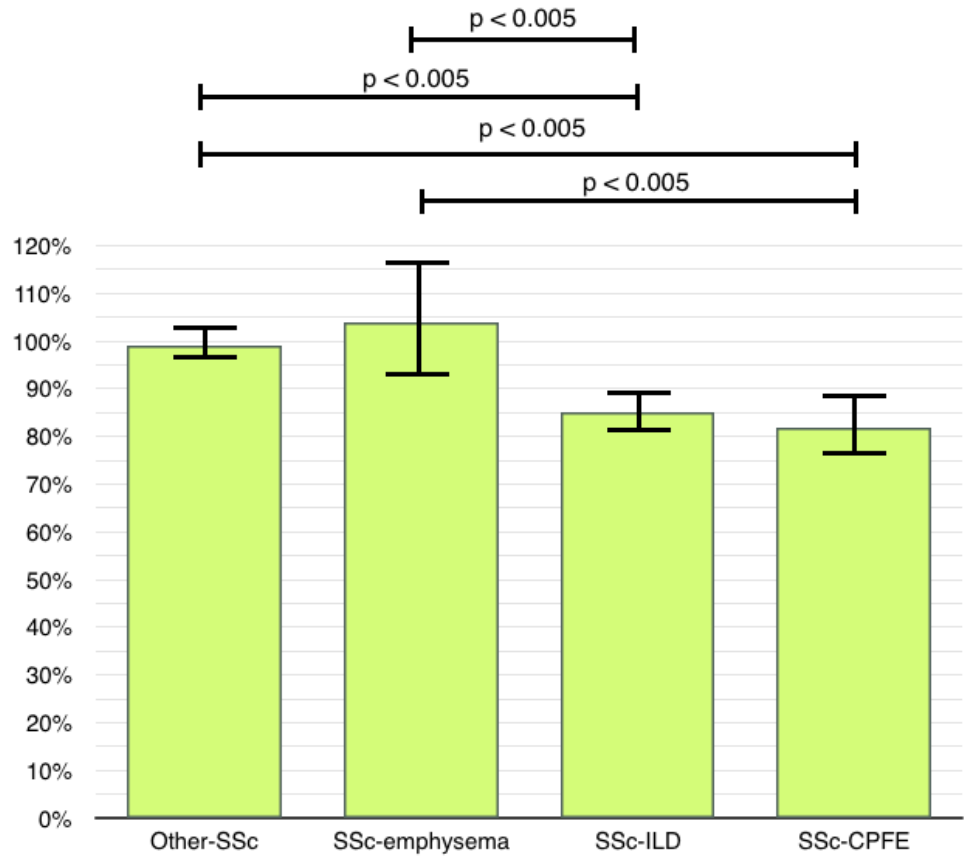


Figure 7s

DLco-predicted mean values in in the four subgroups

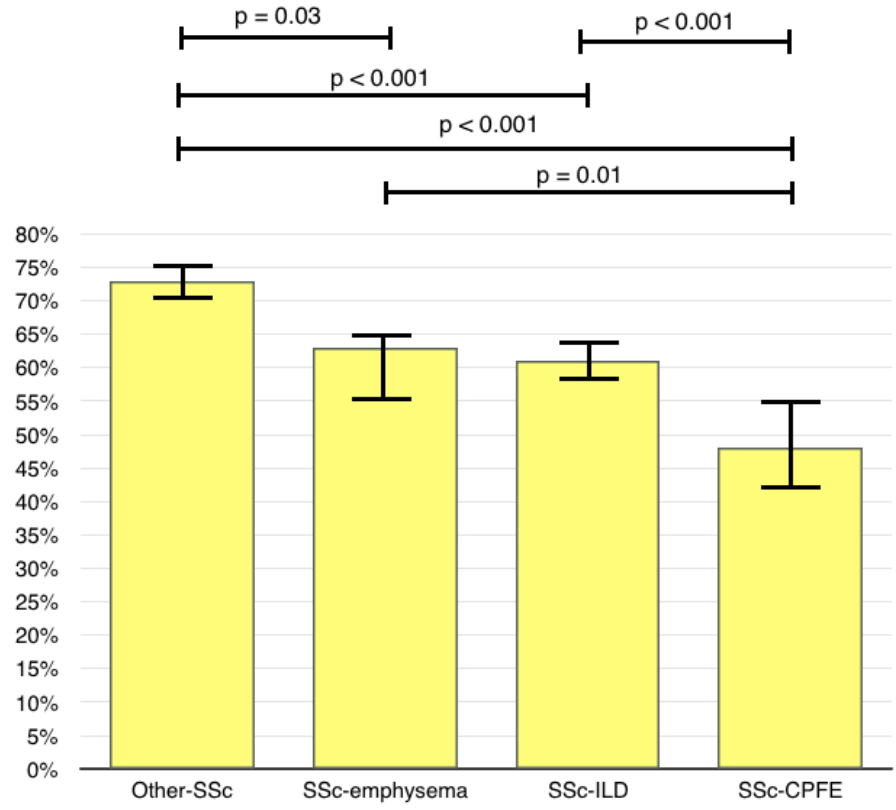


Figure 8s

DLco/VA-predicted mean values in in the four subgroups

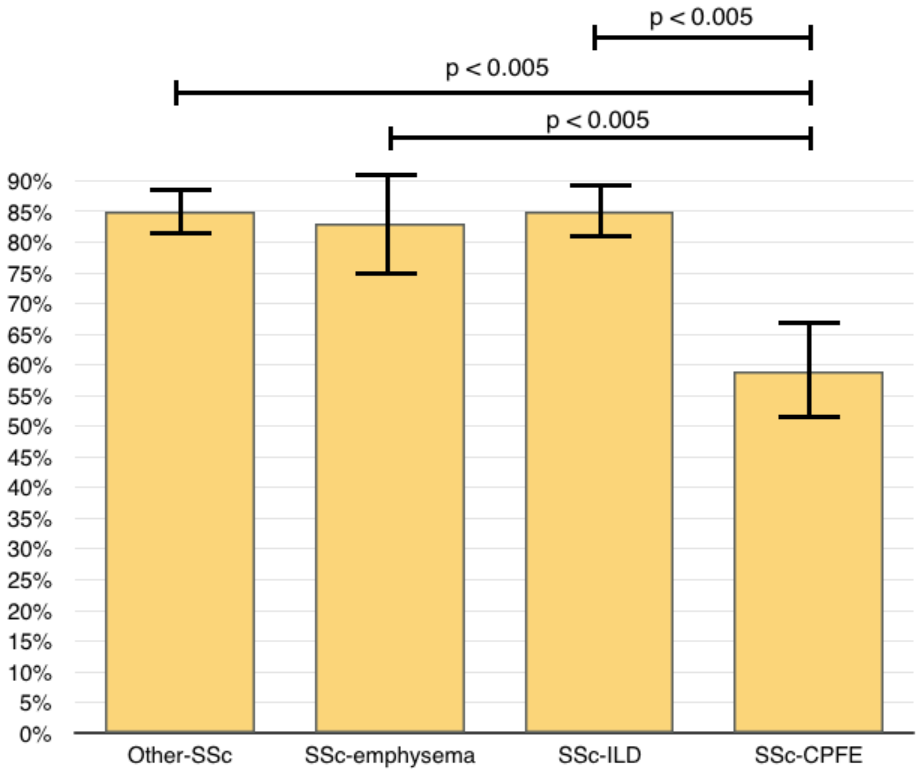


Figure 9s

sQCT of ILD median values in in the four subgroups

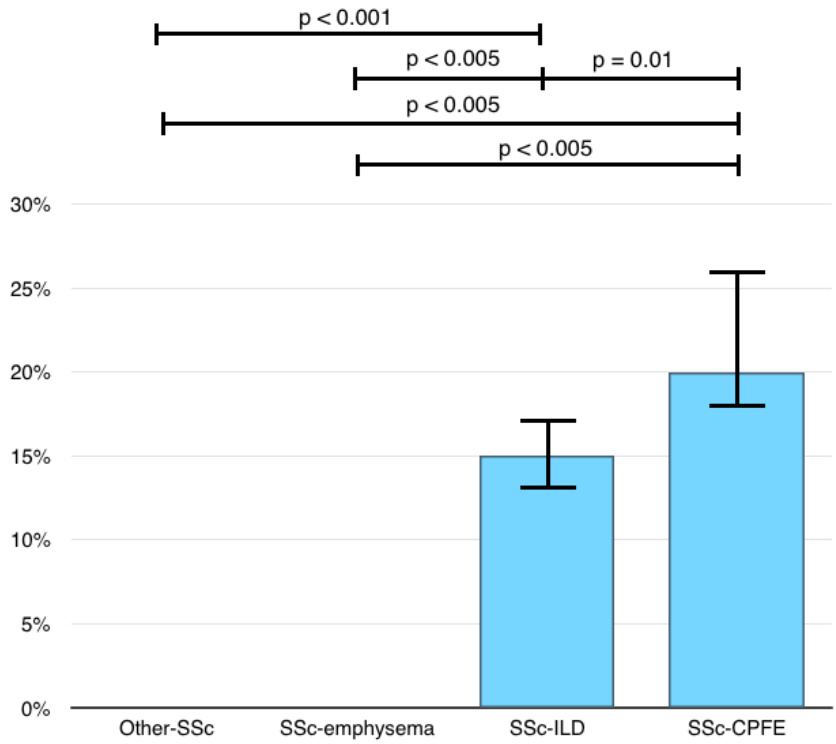
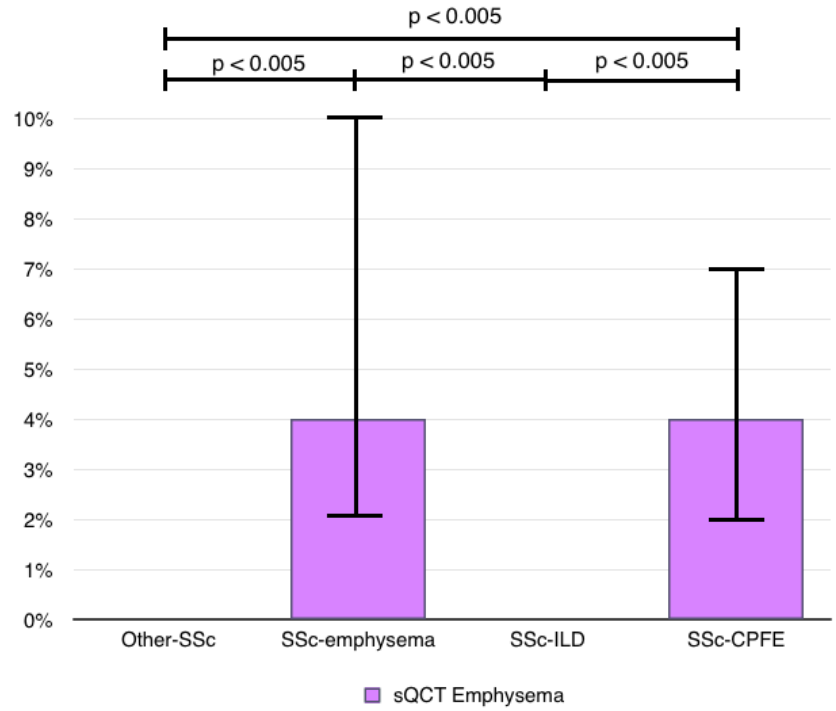


Figure 10s

sQCT of emphysema median values in in the four subgroups



REFERENCES

1. Ariani A, Silva M, Seletti V, et al. Quantitative chest computed tomography is associated with two prediction models of mortality in interstitial lung disease related to systemic sclerosis. Rheumatology (Oxford) 2017;56:922–7. doi:10.1093/ rheumatology/kew480