

Supplementary material

Table S1 Underlying diseases in cases of PCP among HIV-negative patients

| Diseases | N = 503 |
|---|-------------|
| Nephrotic syndrome | 57 (11.3%) |
| Malignancies | 205 (40.8%) |
| Autoimmune / Inflammatory diseases ^a | 216 (42.9%) |
| Post-transplantation | 13 (2.6%) |
| Others ^a | 12 (2.4%) |

^a Nephrotic syndrome may be secondary to systemic inflammatory disorders and others. Only those cases without nephrotic syndrome development were counted.

Table S2 Overall mortality and mortality in subgroups of the studied population

| | Mortality |
|------------------------|---------------|
| Death | 19/57 (33.3%) |
| ICU admission | 18/37 (48.6%) |
| Mechanical ventilation | 18/30 (60.0%) |

Data were presented as fractions and percentages.

Table S3 Performance of models regarding the prediction of PCP mortality

| | AUC | Standard Error | 95% CI |
|-------------------------------------|-------|----------------|-------------|
| CD4 ⁺ T lymphocyte count | 0.871 | 0.064 | 0.745-0.997 |
| T lymphocyte count + CD4/CD8 ratio | 0.889 | 0.065 | 0.763-1.000 |
| T lymphocyte count | 0.820 | 0.065 | 0.693-0.947 |
| CD4/CD8 ratio | 0.820 | 0.072 | 0.678-0.962 |

Abbreviations: AUC area under the curve (receiver operating characteristic).

Table S4 Potential alternative cut-off values of CD4⁺ T lymphocyte count and corresponding statistics related to the prediction of mortality in nephrotic syndrome patients with PCP

| Cutpoint | Sensitivity | Specificity | LR+ | LR- |
|----------|-------------|-------------|-------|-------|
| ≥ 40 | 96.77% | 41.67% | 1.659 | 0.077 |
| ≥ 63 | 93.55% | 66.67% | 2.806 | 0.097 |
| ≥ 71 | 90.32% | 83.33% | 5.419 | 0.116 |
| ≥ 174 | 51.61% | 91.67% | 6.194 | 0.528 |

Abbreviations: LR+ positive likelihood ratio, LR- negative likelihood ratio.

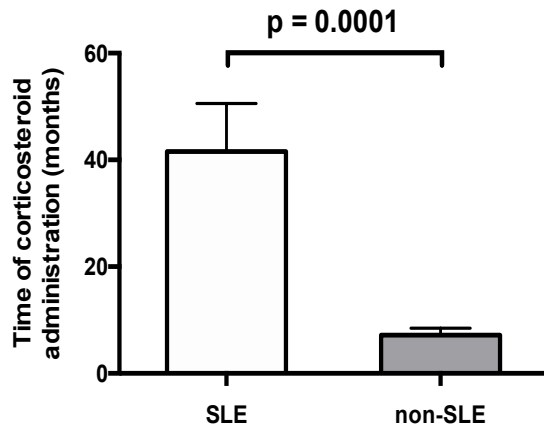


Fig. S1 Duration of corticosteroid administration before PCP diagnosis in SLE and non-SLE patients (Error bars, mean \pm SEM)