

Supplemental Tables

Supplemental Table 1. Patients' baseline characteristics

Case #	Sex	BSA (m ²)	Age at enrollment (years)	Medications at baseline	Etiology of PAH	Genetic test	REVEAL 2.0 risk score ¹	Risk group*
1	F	1.61	55	None	CHD-PAH	No mutations	6	Low
2	F	1.58	46	Macitentan 10 mg Tadalafil 40 mg Beraprost 120 µg	CTD-PAH	Not tested	6	Low
3	F	1.73	34	Bosentan 250 mg Tadalafil 40 mg Beraprost 360 µg	IPAH	No mutations	3	Low
4	F	1.54	42	Bosentan 250 mg Beraprost 120 µg	IPAH	No mutations	6	Low
5	F	1.39	48	Tadalafil 20 mg Beraprost 360 µg	CTD-PAH	Not tested	10	High
6	M	1.58	59	Beraprost 60 µg	HPAH	<i>BMPR2</i> mutation	14	High
7	F	1.64	54	None	IPAH	No mutations	9	High

8	M	1.79	52	Sildenafil 180 mg	CTD-PAH	Not tested	6	Low
9	F	1.62	39	None	CHD-PAH	No mutations	7	Intermediate
10	M	1.41	71	None	CTD-PAH	No mutations	8	Intermediate
11	M	1.97	21	Macitentan 10 mg Tadalafil 80 mg Beraprost 360 µg	IPAH	No mutations	1	Low
12	F	1.43	37	None	CTD-PAH	No mutations	10	High
13	F	1.64	17	None	HPAH	<i>BMPR2</i> mutation	11	High
14	F	1.65	22	None	CTD-PAH	No mutations	12	High
15	M	1.78	49	None	IPAH	No mutations	7	Intermediate
16	M	1.74	45	Bosentan 250 mg Tadalafil 20 mg Beraprost 120 µg	HPAH	<i>BMPR2</i> mutation	15	High
17	F	1.30	19	None	IPAH	<i>RNF213</i> mutation	9	High
18	F	1.35	20	None	HPAH	<i>BMPR2</i> mutation	11	High
19	F	1.48	40	Bosentan 125 mg	CHD-PAH	Not tested	5	Low
20	M	1.40	23	None	IPAH	No mutations	7	Intermediate
21	F	1.71	36	None	HPAH	<i>ACVRL1</i> mutation	11	High

					<i>BMPR2</i> mutation			
22	F	1.53	23	None	CHD-PAH	No mutations	6	Low
23	F	1.36	44	None	IPAH	No mutations	3	Low
24	F	1.61	28	None	IPAH	No mutations	9	High
25	F	1.43	18	None	CTD-PAH	Not tested	10	High
26	F	1.36	23	None	IPAH	No mutations	5	Low

*Risk group was defined by three-category REVEAL 2.0 risk score.¹ The high-risk group was defined as patients with a predicted 1-year survival rate of <90% (REVEAL 2.0 risk score ≥ 9), the intermediate-risk group was defined as patients with a predicted 1-year survival rate of 90% to <95% (REVEAL 2.0 risk score =7 or 8), and the low-risk group was defined as patients with a predicted 1-year survival rate of $\geq 95\%$ (REVEAL 2.0 risk score ≤ 6).

ACVRL1, activin A receptor-like kinase 1; *BMPR2*, bone morphogenetic protein receptor type 2; BSA, body surface area; CHD, congenital heart disease; CTD, connective tissue disease; F, female; HPAH, heritable pulmonary arterial hypertension; IPAH, idiopathic pulmonary arterial hypertension; M, male; PAH, pulmonary arterial hypertension; *RNF213*, ring finger protein 213.

1 **Supplemental Table 2. Maximum tolerated dose of each drug**

Drugs	Maximum tolerated dose (per day)	Patients, n (%)
Macitentan	10.0 mg	25 (96.2)
Riociguat	3.0 mg	2 (7.7)
	7.5 mg	24 (92.3)
Selexipag	0.4 mg	2 (7.7)
	0.8 mg	1 (3.8)
	1.6 mg	2 (7.7)
	2.0 mg	1 (3.8)
	3.2 mg	20 (76.9)

- 2 In one patient, macitentan could not be tolerated because 10 mg of macitentan caused
3 suspected myelosuppression.

1 **Supplemental Table 3. Clinical parameters in low/intermediate risk and high risk at**
 2 **baseline and follow-up**

Variable	Low-/Intermediate-risk group (n=9)		High-risk group (n=9)	
	Baseline	Follow-up	Baseline	Follow-up
Mean RAP, mmHg	5.0 (4.0–7.0)	4.0 (3.0–4.0)	7.5 (6.5–13.3)	5.0 (4.0–6.0)
Mean PAP, mmHg	52.0 (44.0–66.0)	35.0 (28.0–40.0)	63.0 (49.5–64.5)	41.0 (40.0–49.0)
PAWP, mmHg	7.0 (6.0–8.0)	9.0 (8.0–11.0)	8.0 (5.5–9.3)	9.0 (8.0–11.0)
CO, L/min	4.5 (2.9–5.2)	6.4 (5.8–7.5)	2.3 (2.1–3.5)	5.1 (4.7–6.0)
CI, L/min/m ²	2.7 (2.1–3.6)	4.3 (3.4–4.7)	1.7 (1.3–2.1)	3.6 (3.1–4.2)
PVR, WU	11.3 (7.8–13.4)	3.9 (2.5–4.8)	20.2 (14.5–25.5)	6.8 (3.8–8.8)

3 Data are expressed as median (interquartile range). CI, cardiac index; CO, cardiac output;
 4 PAP, pulmonary arterial pressure; PAWP, pulmonary arterial wedge pressure; PVR,
 5 pulmonary vascular resistance; RAP, right atrial pressure; WU, Wood units.

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 8 **Supplemental Reference**

- 9 1. Benza RL, Gomberg-Maitland M, Elliott CG, et al. Predicting survival in patients with
 10 pulmonary arterial hypertension: The REVEAL risk score calculator 2.0 and comparison
 11 with ESC/ERS-based risk assessment strategies. *Chest*. 2019; 156: 323-337.