TABLE S1: Treatment practices in incident patients with Pulmonary Arterial Hypertension within three months following the diagnostic assessment

	Kylhammar			*Hoeper*			*Boucly*	*Hurdman*
	Swedish registry			**COMPERA**			**French registry**	**ASPIRE**
Patients,n	530			1588			1017	598
Data collection	2008-2016			2009-2016			2006-2016	1998-2006
Therapy at risk level								
	Low	Interm	High	Low	Interm	High	-	-
No treatment	6	3	2	0	0	0	3	11
CCB	6	5	4	9	4	1	7	2
ERA	57	48	27	43	36	45	30	-
PDE5i/sGC	24	26	18	63	72	78	15	-
PGI2	0	1	4	1	2	7	2	10
Combination therapy	6	15	44	19	14	27	43	28

Data are presented as frequencies. ASPIRE = Assessing the Spectrum of Pulmonary hypertension Identified at a Referral centre; CCB = Calcium channel blockers; COMPERA = Comparative, Prospective Registry of Newly Initiated Therapies for Pulmonary Hypertension; ERA = Endothelium receptor blockers; PDE5I = Phosphodiesterase type 5 inhibitors; soluble guanylate cyclase; PGI_2 = prostaglandine inhibitor type 2. Patients are categorized as 'Low risk', 'Intermediate risk', or 'High risk' according to cut-off values for FC, 6MWD, NT-proBNP, right atrial area, mean right atrial pressure, pericardial effusion, CI, and S_vO_2 defined in the risk assessment instrument from the 2015 guidelines. These guidelines recommend that patients with low or intermediate risk first receive either oral monotherapy or oral. Patients with high risk are recommended to receive initial combination therapy including intravenous prostacyclin.