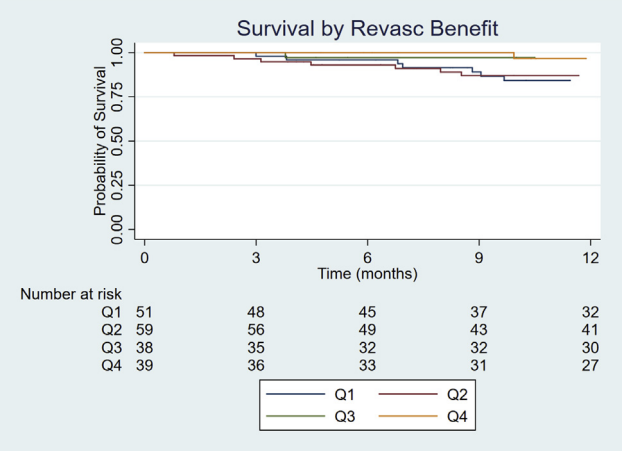

Supplementary Fig (online only). Kaplan-Meier curves showing survival for diabetic patients who had undergone lower extremity revascularization stratified by quartile of estimated benefit of revascularization. All standard errors were <10%.

Supplementary Table I (online only). WIfI scores categorized by estimated benefit of revascularization quartiles[a]

Revascularization benefit quartile	WIfI score
Q1 (highest benefit)	W1, I2, fI2; W1, I3, fI3; W2, I1, fI3; W3, I2, fI3; W1, I2, fI1; W1, I3, fI0; W2, I2, fI0; W2, I2, fI1; W1, I3, fI2; W3, I2, fI0; W1, I3, fI1; W2, I1, fI2
Q2 (moderate benefit)	W2, I3, fI0; W2, I2, fI2; W3, I3, fI1; W2, I3, fI1; W3, I2, fI1; W1, I1, fI2; W2, I2, fI3; W2, I3, fI2; W3, I3, fI0; W1, I2, fI0; W2, I1, fI1; W0, I3, fI0
Q3 (low benefit)	W2, I1, fI0; W3, I2, fI2; W0, I1, fI1; W0, I2, fI1; W0, I2, fI0; W2, I3, fI3; W1, I1, fI1; W0, I1, fI0; W1, I0, fI1; W2, I0, fI0; W2, I0, fI2; W1, I1, fI0
Q4 (questionable benefit)	W3, I1, fI0; W3, I3, fI2; W1, I0, fI0; W2, I0, fI1; W3, I3, fI3; W3, I0, fI1; W3, I1, fI2; W0, I0, fI0; W3, I1, fI1; W3, I1, fI3; W3, I0, fI0; W1, I0, fI2; W3, I0, fI2

fI, Foot infection; *I,* ischemia; *Q,* Quartile; *W,* wound; *WIfI,* Wound, Ischemia, and foot Infection.
[a]Data from Mayor J, Chung J, Zhang Q, Montero-Baker M, Schanzer A, Conte MS, et al. Using the Society for Vascular Surgery Wound, Ischemia, and foot Infection classification to identify patients most likely to benefit from revascularization. J Vasc Surg 2019;70:776-85.e1.

Supplementary Table II (online only). Distribution of treated limbs stratified by WIfI grade[a]

	Ischemia grade															
Grade	**0**				**1**				**2**				**3**			
Wound																
0	0	0	0	0	4	0	0	0	4	0	0	0	4	0	0	0
1	1	0	1	0	7	1	7	1	3	3	4	1	3	3	7	0
2	4	1	2	0	14	3	11	1	9	0	3	1	16	6	7	1
3	1	0	1	0	8	3	10	1	8	0	1	2	6	1	11	1
Foot infection	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

WIfI, Wound, ischemia, and foot infection.
[a]Mills JL Sr, Conte MS, Armstrong DG, Pomposelli FB, Schanzer A, Sidawy AN, et al. The Society for Vascular Surgery lower extremity threatened limb classification system: risk stratification based on Wound, Ischemia, and foot Infection (WIfI). J Vasc Surg 2014;59:220-34.e1-2.

Supplementary Table III (online only). Distribution of limbs requiring major amputation by 1 year (n = 16) stratified by WIfI grade[a]

	Ischemia grade															
Grade	**0**				**1**				**2**				**3**			
Wound																
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0
2	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
3	0	0	1	0	0	0	3	0	0	0	0	1	0	0	5	0
Foot infection	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

WIfI, Wound, ischemia, and foot infection.
[a]Mills JL Sr, Conte MS, Armstrong DG, Pomposelli FB, Schanzer A, Sidawy AN, et al. The Society for Vascular Surgery lower extremity threatened limb classification system: risk stratification based on Wound, Ischemia, and foot Infection (WIfI). J Vasc Surg 2014;59:220-34.e1-2.

Supplementary Table IV (online only). Observed vs expected[a] rates of 1-year major amputation using different clinical scoring systems

Classification system	1-Year major amputation		
	Observed, %	Expected, %	O/E ratio (95% CI)
WIfI stage (major amputation)			
1	8.3	10.8	0.93 (0.02-3.42)
2	5.6	4.9	1.46 (0.04-5.38)
3	0	5.1	0 (0-0)
4	16.7	13.4	1.24 (0.68-1.97)
WIfI stage (revascularization benefit)			
1	18.2	ND	NA
2	10.0	ND	NA
3	7.9	ND	NA
4	12.7	ND	NA
Estimated benefit of revascularization (Mayor et al)			
Q1	8.8	4.4	2.01 (0.41-4.83)
Q2	4.8	14.8	0.32 (0.04-0.90)
Q3	6.7	28.1	0.24 (0.03-0.66)
Q4	29.0	51.2	0.57 (0.26-0.99)

NA, Not applicable; *ND*, not defined; *Q*, quartile; *WIfI*, wound, ischemia, foot infection.
[a]Expected rate of 1-year major amputation determined from those reported by Mayor et al (Mayor J, Chung J, Zhang Q, Montero-Baker M, Schanzer A, Conte MS, et al. Using the Society for Vascular Surgery Wound, Ischemia, and foot Infection classification to identify patients most likely to benefit from revascularization. J Vasc Surg 2019;70:776-85.e1).