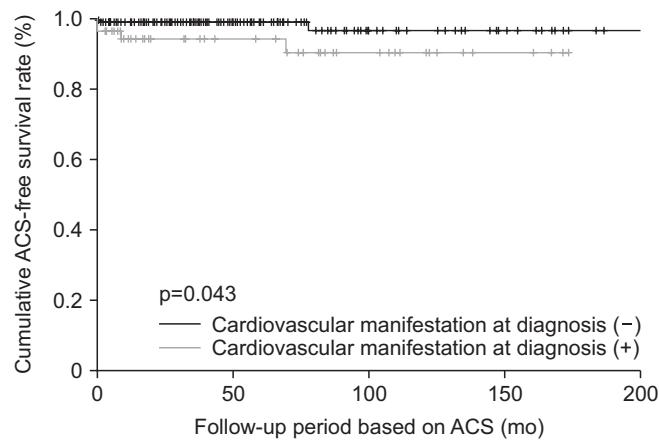


Supplementary Table 1. Cox hazards model analysis of variables at diagnosis for ACS occurrence during follow-up in AAV patients

Variables	Univariable		
	HR	95% CI	p-value
Age	1.011	0.957~1.067	0.702
Male, sex	5.506	1.058~28.667	0.043
MPA vs. others	2.282	0.442~11.771	0.324
EGPA vs. others	1.464	0.284~7.558	0.649
ANCA positivity	1.735	0.207~14.539	0.611
MPO-ANCA (or P-ANCA)	1.449	0.278~7.538	0.659
PR3-ANCA (or C-ANCA)	0.707	0.085~5.890	0.749
BVAS	1.042	0.942~1.153	0.422
FFS	2.005	0.993~4.050	0.052
HTN	3.413	0.661~17.633	0.143
DM	0.469	0.056~3.900	0.483
CKD	0.416	0.050~3.452	0.416
Dyslipidaemia	2.861	0.640~12.782	0.169
ESR (mm/h)	1.005	0.987~1.024	0.569
CRP (mg/L)	1.003	0.991~1.015	0.624

AAV: ANCA-associated vasculitis, ACS: acute coronary syndrome, ANCA: antineutrophil cytoplasmic antibody, BVAS: Birmingham vasculitis activity score, C: cytoplasmic, CI: confidence interval, CKD: chronic kidney disease, CRP: C-reactive protein, DM: diabetes mellitus, EGPA: eosinophilic granulomatosis with polyangiitis, ESR: erythrocyte sedimentation rate, FFS: five-factor score, HR: hazard ratio, HTN: hypertension, MPA: microscopic polyangiitis, MPO: myeloperoxidase, P: perinuclear, PR3: proteinase 3.



Supplementary Figure 1. Comparison of cumulative ACS-free survival rates according to the presence of cardiovascular manifestation at diagnosis. AAV patients with cardiovascular manifestations at diagnosis exhibited a significantly lower cumulative ACS-free survival rate than those without cardiovascular manifestations. ACS: acute coronary syndrome.