SUPPLEMENTARY DATA

Spinetti et al. Migratory activity of circulating mononuclear cells is associated with cardiovascular mortality in type 2 diabetic patients with critical limb ischemia

Supplementary Table 1. Clinical outcomes

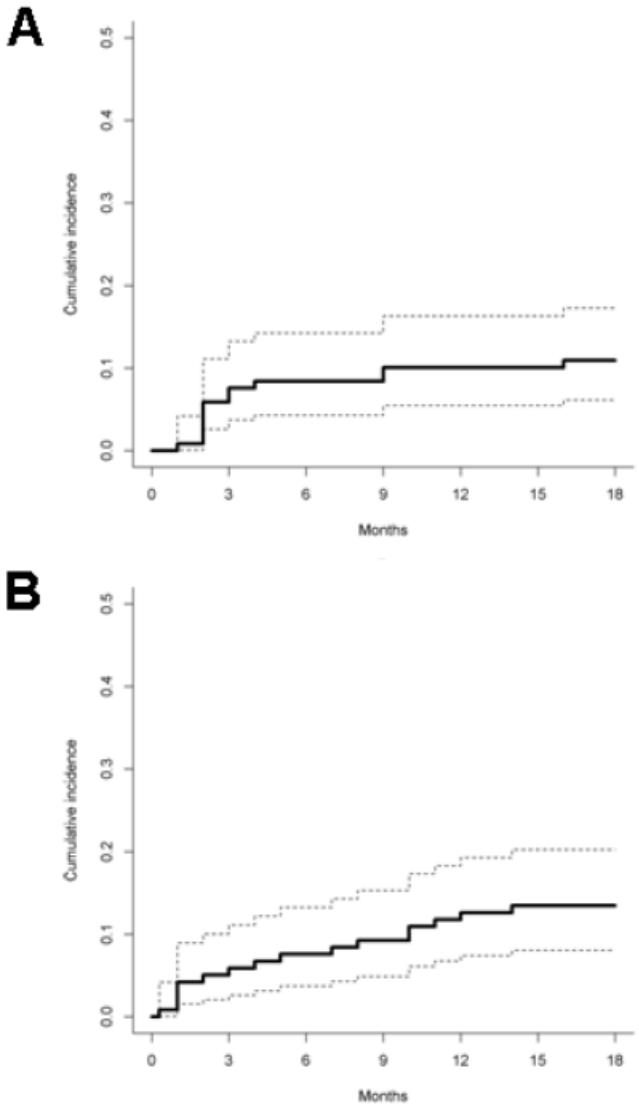
Events	N (%*)
Event-free	87 (73.1)
Amputation only	9 (7.6)
Death only (cardiovascular)	13 (10.9)
Death only (other)	6 (5.0)
Amputation and death (cardiovascular)	3 (2.5)
Amputation and death (other)	1 (0.8)

*because of rounding, not all percentages total 100

Frequency of single and combined events registered during the 18-month follow-up.

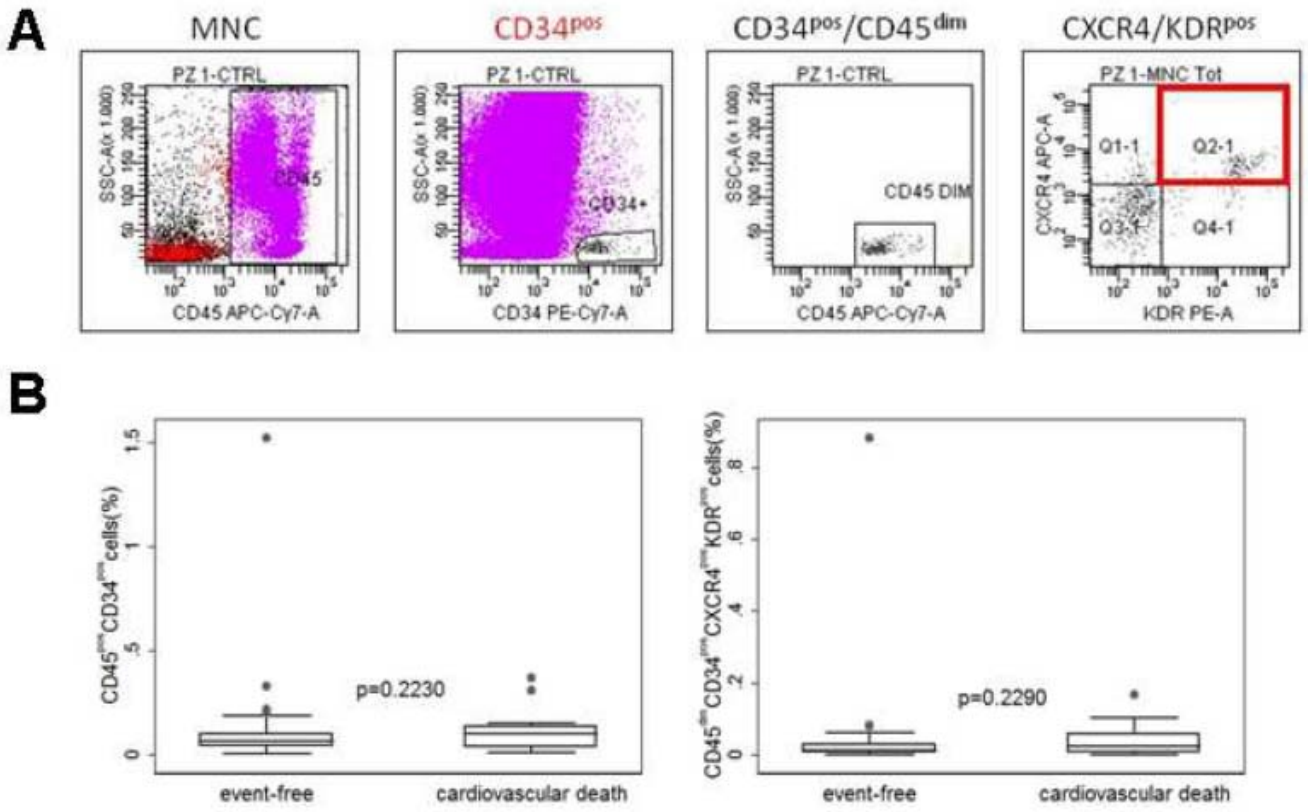
SUPPLEMENTARY DATA

Supplementary Figure 1. Cumulative incidence of amputation (A) and cardiovascular death (B) during 18 months follow- up.



SUPPLEMENTARY DATA

Supplementary Figure 2. Flow cytometry characterization of circulating MNCs. (A) Representative scattergrams of the gating strategy used to detect cells of interest within the total mononuclear cells (MNCs). $CD45^{dim}CD34^{pos}CXCR4^{pos}KDR^{pos}$ cells (red square, Q2-1) were identified following the ISHAGE guidelines. (B) Box plots showing the distribution of $CD45^{pos}CD34^{pos}$ cells and $CD45^{dim}CD34^{pos}CXCR4^{pos}KDR^{pos}$ cells assessed by flow cytometry at the occasion of revascularization of CLI in patients dead for cardiovascular causes (N=16) and event-free patients (N=96). Boxes are bordered at the 25th and the 75th percentiles of the predictor variable and a median line at the 50th percentile. Whiskers extend from the box to the upper and lower adjacent values and are capped with an adjacent line.



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Supplementary Figure 3. Superiority of the predictive model comprising clinical variables in combination with cell migration over the model using clinical variables only. The 18-month risks predicted by a clinical model considering age, coronary artery disease, CRP and eGFR and a full model comprising the same parameters plus $CD45^{dim}CD34^{pos}CXCR4^{pos}KDR^{pos}$ cell migration towards vehicle (A) or SDF-1α (B) are compared in cardiovascular death (red square) and event-free subjects (black circle). A correct reclassification by the full model occurs when a patient who had an event shows a higher predicted risk (thus falling above the bisector), or a patient who did not have an event shows a lower predicted risk (thus falling below the bisector).