

Supplementary Online Content

Benzian-Olsson N, Dand N, Chaloner C, et al; the ERASPEN Consortium and the APRICOT and PLUM Study Team. Association of clinical and demographic factors with the severity of palmoplantar pustulosis. *JAMA Dermatol*. Published online September 16, 2020. doi:10.1001/jamadermatol.2020.3275

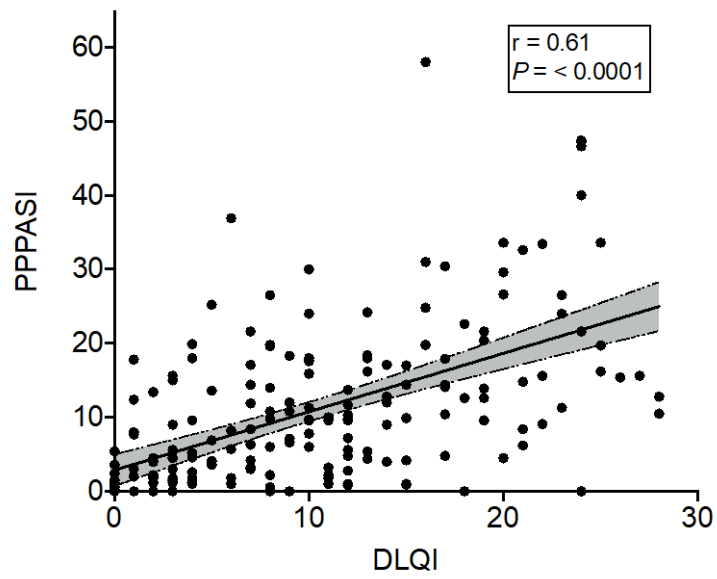
eFigure 1. Correlation Between PPPASI and DLQI

eFigure 2. DLQI Scores in Females and Males

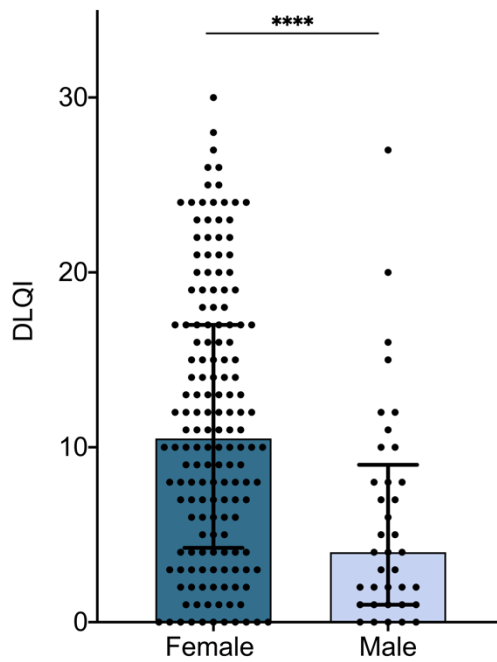
eFigure 3. DLQI Scores in Current, Former and Never Smokers

eTable. Summary of Regression Analysis Results

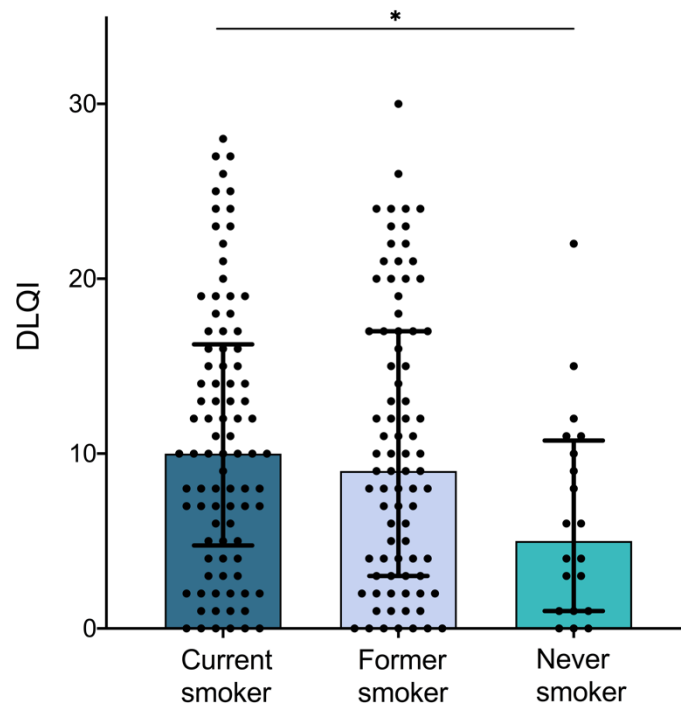
This supplementary material has been provided by the authors to give readers additional information about their work.



eFigure 1. Correlation between PPPASI and DLQI. Each point represents a patient. Regression lines are plotted with their 95% confidence intervals (grey areas).



eFigure 2. DLQI scores in females and males. In the UK cohort, PPPASI scores are significantly higher in females than males. Data are presented as median +/- IQR. **** $P < 0.0001$ (Mann-Whitney test).



eFigure 3. DLQI scores in current, former and never smokers. In the UK cohort, DLQI scores are highest in current smokers, intermediate in former smokers and lowest in never smokers. Data are presented as median +/- IQR. * $P < 0.05$ (Kruskal-Wallis test).

eTable: Summary of effect sizes observed by regression analysis

<i>Analysis</i>	<i>Beta (reference category)^a</i>	<i>95% CI</i>	
		<i>Lower bound</i>	<i>Upper bound</i>
Age of onset vs PPPASI	-0.016	-0.03	-0.0008
Sex vs PPPASI	0.60 (male)	0.05	1.14
Smoking status vs PPASI	1.21 (never smoker) ^b	0.48	1.95
	1.05 (never smoker) ^c	0.31	1.79
Sex vs DLQI	1 (male)	0.5	1.5
Smoking status vs DLQI	0.84 (never smoker) ^b	0.16	1.53
	0.79 (never smoker) ^c	0.1	1.48

Systemic treatment was included as a co-variate in all analyses. ^aFor categorical variables; ^bSmokers vs never smokers; ^cFormer vs never smokers. CI: confidence intervals.