

## **SUPPLEMENTARY MATERIAL**

**Table S1.** International Myositis Classification Criteria Project questionnaire

**Table S2.** Clustering of the most frequent combinations of items within subgroups

**Table S3.** Observation frequencies for the International Myositis Classification Criteria Project questionnaire

**Table S1.** International Myositis Classification Criteria Project questionnaire

<b>Item</b>	<b>Alternatives</b>
Have you received approval from your local IRB or ethics committee for participation in this project?	<input type="checkbox"/> Yes <input type="checkbox"/> Exempt <input type="checkbox"/> No
Has your patient been diagnosed with the diagnosis relevant for this study for more than 6 months? (A yes is required, if No select a new case)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Center (name of university or hospital from where data is entered)	
Clinician submitting case	
Case number	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Age (years) at onset of first symptom assumed to be related to the disease	
Age (years) at diagnosis	
Age (years) at last evaluation	
Ethnicity	<input type="checkbox"/> Caucasian <input type="checkbox"/> Of African descent <input type="checkbox"/> Of Asian descent <input type="checkbox"/> Of Native American descent <input type="checkbox"/> Of Pacific Island descent <input type="checkbox"/> Of Hispanic descent <input type="checkbox"/> Of Mixed descent <input type="checkbox"/> Unknown
Study diagnosis according to the clinician submitting the case	<input type="checkbox"/> Idiopathic inflammatory myopathy (IIM) adults or children <input type="checkbox"/> Not Idiopathic inflammatory myopathy (Not IIM) adults or children
Study diagnosis: Idiopathic Inflammatory Myopathy (IIM) in adults or children	<input type="checkbox"/> Polymyositis <input type="checkbox"/> Dermatomyositis <input type="checkbox"/> Amyopathic dermatomyositis <input type="checkbox"/> Hypomyopathic dermatomyositis <input type="checkbox"/> Inclusion body myositis <input type="checkbox"/> Immune-mediated necrotizing myopathy <input type="checkbox"/> Juvenile dermatomyositis <input type="checkbox"/> Juvenile polymyositis <input type="checkbox"/> Other diagnosis, specify diagnosis below <input type="checkbox"/> Not Idiopathic Inflammatory Myopathy (IIM)
Not Idiopathic Inflammatory Myopathy (Not IIM), adults or children, but in which the diagnosis of idiopathic myositis was considered in the differential diagnosis	<input type="checkbox"/> Becker's dystrophy <input type="checkbox"/> Duchenne's dystrophy <input type="checkbox"/> Fascioscapulohumeral dystrophy <input type="checkbox"/> Limb-girdle dystrophy <input type="checkbox"/> Myotonic dystrophy <input type="checkbox"/> Non-inflammatory inclusion body myopathy <input type="checkbox"/> Other dystrophy, specify diagnosis <input type="checkbox"/> Dysferlinopathy <input type="checkbox"/> Acid maltase deficiency <input type="checkbox"/> Allergies <input type="checkbox"/> Bacterial myopathy <input type="checkbox"/> Carnitine deficiency <input type="checkbox"/> Celiac disease <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Cushing syndrome <input type="checkbox"/> Cysticercosis <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Drug or toxin associated myopathy, specify diagnosis <input type="checkbox"/> Exogenous steroid myopathy

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Familial periodic paralysis</li> <li><input type="checkbox"/> Fibromyalgia</li> <li><input type="checkbox"/> Filiarisis</li> <li><input type="checkbox"/> Glucocorticoid induced myopathy</li> <li><input type="checkbox"/> Gullain-Barre syndrome</li> <li><input type="checkbox"/> Hypercalcemia</li> <li><input type="checkbox"/> Hypereosinophilic syndrome</li> <li><input type="checkbox"/> Hypersensitivity conditions</li> <li><input type="checkbox"/> Hyperthyroidism</li> <li><input type="checkbox"/> Hypocalcemia</li> <li><input type="checkbox"/> Hypokalemia</li> <li><input type="checkbox"/> Hypothyroidism</li> <li><input type="checkbox"/> Immune mediated skin conditions, specify diagnosis below</li> <li><input type="checkbox"/> Juvenile idiopathic arthritis</li> <li><input type="checkbox"/> Kearns-Sayre syndrome</li> <li><input type="checkbox"/> Mc Ardle’s disease</li> <li><input type="checkbox"/> Metabolic myopathy, specify diagnosis</li> <li><input type="checkbox"/> Mitochondrial encephalomyopathy, lactic acidosis, stroke (MELAS)</li> <li><input type="checkbox"/> Mitochondrial myopathy, specify diagnosis</li> <li><input type="checkbox"/> Mixed connective tissue disease</li> <li><input type="checkbox"/> Motor neuron diseases, specify diagnosis</li> <li><input type="checkbox"/> Multiple sclerosis</li> <li><input type="checkbox"/> Myasthenia gravis</li> <li><input type="checkbox"/> Myoadenylate deaminase deficiency</li> <li><input type="checkbox"/> Myoclonic epilepsy, ragged red fibers (MERRF)</li> <li><input type="checkbox"/> Palmityltransferase deficiency</li> <li><input type="checkbox"/> Parasitic myopathy</li> <li><input type="checkbox"/> Phosphofructokinase deficiency</li> <li><input type="checkbox"/> Psoriasis</li> <li><input type="checkbox"/> Seborrheic dermatitis</li> <li><input type="checkbox"/> Statin induced myopathy</li> <li><input type="checkbox"/> Systemic lupus erythematosus (SLE)</li> <li><input type="checkbox"/> Systemic sclerosis</li> <li><input type="checkbox"/> Systemic vasculitis, specify diagnosis below</li> <li><input type="checkbox"/> Toxoplasmosis</li> <li><input type="checkbox"/> Trichinosis</li> <li><input type="checkbox"/> Trypanosoma</li> <li><input type="checkbox"/> Ulcerative colitis</li> <li><input type="checkbox"/> Verrucae vulgaris</li> <li><input type="checkbox"/> Viral myopathy</li>   <li><input type="checkbox"/> Other dermatologic disease, specify diagnosis below</li> <li><input type="checkbox"/> Other endocrine myopathy, specify diagnosis</li> <li><input type="checkbox"/> Other infectious myopathy, specify diagnosis</li> <li><input type="checkbox"/> Other neuromuscular disease, specify diagnosis below</li> <li><input type="checkbox"/> Other systemic autoimmune disease, specify diagnosis below</li> <li><input type="checkbox"/> Other diagnosis, specify</li> <li><input type="checkbox"/> None applicable (Inflammatory Myopathy)</li> </ul>
Basis for study diagnosis (check all supporting reasons)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Muscle weakness</li> <li><input type="checkbox"/> Muscle biopsy abnormalities</li> <li><input type="checkbox"/> Elevated muscle enzymes</li> <li><input type="checkbox"/> EMG abnormalities</li> <li><input type="checkbox"/> Rashes</li> <li><input type="checkbox"/> Skin biopsy</li> <li><input type="checkbox"/> Autoantibodies</li> <li><input type="checkbox"/> MRI</li> </ul>

	<input type="checkbox"/> Other, please specify
Other diagnoses in this case: (check all that apply)	<input type="checkbox"/> Non applicable <input type="checkbox"/> Systemic sclerosis <input type="checkbox"/> Sjögren's syndrome <input type="checkbox"/> Mixed connective tissue disease <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Systemic lupus erythematosus <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Type I diabetes <input type="checkbox"/> Juvenile idiopathic arthritis <input type="checkbox"/> Malignancy <input type="checkbox"/> Other, please specify
<i>Clinical Muscle Variables – present at any time during the disease course</i>	
1M. Objective symmetric weakness, usually progressive, of the proximal upper extremities	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
2M. Objective shoulder abductor weakness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
3M. Objective elbow flexor weakness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
4M. Objective elbow extensor weakness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
5M. Wrist and finger flexors are relatively weaker than shoulder abductors on the same side	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
6M. Wrist flexors are relatively weaker than wrist extensors on the same side	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
7M. Objective finger flexor weakness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
8M. Objective symmetric weakness, usually progressive, of the proximal lower extremities	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
9M. Objective hip flexor weakness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
10M. Objective hip abductor weakness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
11M. Objective knee extensor weakness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
12M. Knee extensors are as weak or relatively weaker	<input type="checkbox"/> Present

than hip girdle muscle on the same side	<input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
13M. Objective muscle weakness of distal lower extremities	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
14M. Objective axial weakness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
15M. Objective neck flexor weakness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
16M. Neck flexors are relatively weaker than neck extensors	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
17M. In the legs proximal muscles are relatively weaker than distal muscles	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
18M. In the arms proximal muscles are relatively weaker than distal muscles	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
19M In the legs distal muscles relatively weaker than proximal muscles	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
20M In the arms distal muscles are relatively weaker than proximal muscles	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
21M. Muscle tenderness	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
22M. Muscle atrophy of distal forearms	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
23M. Muscle atrophy of thighs	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
<i>Skin Variables – present at any time during the disease course</i>	
1S. Heliotrope rash	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
2S. Gottron´s papules	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
3S. Gottron´s sign	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available

	<input type="checkbox"/> Comments
4S. Erythema of the back of neck and shoulders (Shawl sign)	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
5S. Erythema of the neck (V-sign)	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
6S. Periorbital edema	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
7S. Linear extensor erythema	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
8S. Calcification	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
9S. Periungual erythema or nailfold capillary abnormality	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
10S. Mechanic's hands	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
11S. Photodistributed violaceous erythema	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
12 S. Raynaud's phenomenon	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
13S. Cuticular overgrowth	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
14S Poikiloderma	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
<i>Other Clinical Variables – present at any time during the disease course</i>	
10. Family history of autoimmune disease (see Appendix A)	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
20. Family history of muscle disease (See Appendix B)	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
30a. Acute onset (days to 2 weeks) of symptoms	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
30b. Subacute onset (> 2 weeks to ≤2 months) of	<input type="checkbox"/> Present

symptoms	<input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
3Oc. Insidious onset of symptoms > 2 months to years	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
4O. History of episodic weakness associated with exercise or fasting	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
5O. Arthritis	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
6O. Polyarthralgia	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
7O. Joint contractures	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
8O. Unexplained Fevers	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
9O. Interstitial lung disease	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
1O. Dysphagia or esophageal dysmotility	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
13O. Objective improvement in strength or other disease manifestation after an adequate trial of glucocorticoids and/or other immunosuppressive or immune modulating therapy for at least 8 w. Check all that apply. - prednisone $\geq 0.75$ -2 mg/kg/day (or equivalent) - methotrexate $\geq 10$ mg/week (children: $\geq 0.3$ mg/kg/week) - azathioprine 75 mg/d (or 2 mg/kg/day) - Other	<input type="checkbox"/> Improved <input type="checkbox"/> Not improved <input type="checkbox"/> Unknown <input type="checkbox"/> Inadequate trial <input type="checkbox"/> Not used
<i>Muscle Biopsy Variables – from any biopsy</i>	
Muscle biopsy performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
1B. Necrosis of type I and type II muscle fibers, phagocytosis, degeneration of myofibers	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
2B. Regeneration of myofibers	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
3B. Endomysial infiltration of mononuclear cells surrounding, but not invading, myofibers	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available

	<input type="checkbox"/> Comments
4B. Non-necrotic fibers surrounded and invaded by mononuclear cells	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
5B. Perimysial and/or perivascular infiltration of mononuclear cells	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
6B. Perifascicular atrophy	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
7B. Vacuolated muscle fibers	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
8B. Rimmed vacuoles	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
9B. Ragged red fibers, or cytochrome C oxidase-negative fibers	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
10B. Many necrotic muscle fibers as the predominant feature. Inflammatory cells are sparse; perimysial infiltrate is not evident.	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
11. Immunohistochemistry data available	<input type="checkbox"/> Yes <input type="checkbox"/> No
12B. MHC Class I antigen present on scattered or more muscle fibers	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
13B. Endomysial CD8+ cells surrounding myofibers with MHC Class I expression on myofibers	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
14B. Membrane attack complex (MAC) depositions on small blood vessels	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
15B. Reduced capillary density	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
16B. MHC-1 expression of perifascicular fibers	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
17B. Electron microscopy available	<input type="checkbox"/> Yes <input type="checkbox"/> No
18B. Tubuloreticular inclusions in endothelial cells on electron microscopy	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
19B. Intracellular amyloid deposits	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available



	<input type="checkbox"/> Comments
20B.15-18 nm tubulofilaments by electron microscopy (EM)	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
<i>Laboratory Variables – record the most abnormal test values during the disease course</i>	
1L. Serum creatine kinase (CK) activity	<input type="checkbox"/> Value <input type="checkbox"/> Upper normal limit <input type="checkbox"/> Units
2L. Serum lactate dehydrogenase (LDH) activity	<input type="checkbox"/> Value <input type="checkbox"/> Upper normal limit <input type="checkbox"/> Units
3L. Serum aspartate aminotransferase (ASAT/AST/SGOT) activity	<input type="checkbox"/> Value <input type="checkbox"/> Upper normal limit <input type="checkbox"/> Units
4L. Serum alanine aminotransferase (ALAT/ALT/SGPT) activity	<input type="checkbox"/> Value <input type="checkbox"/> Upper normal limit <input type="checkbox"/> Units
5L. Serum Aldolase activity	<input type="checkbox"/> Value <input type="checkbox"/> Upper normal limit <input type="checkbox"/> Units
6L. Erythrocyte sedimentation rate (ESR)	<input type="checkbox"/> Value <input type="checkbox"/> Upper normal limit <input type="checkbox"/> Units
7L. C-reactive protein (CRP)	<input type="checkbox"/> Value <input type="checkbox"/> Upper normal limit <input type="checkbox"/> Units
Autoantibody tests available	<input type="checkbox"/> Yes <input type="checkbox"/> No
9L. Autoantibodies ANA Anti-Jo-1 (anti-His) Anti-Mi-2 Anti-SRP Anti-Ku Anti- PL7 Anti- PL-12 Anti PM-Scl Anti-SSA Anti-Ro52/SSA Anti-Ro60/SSA Anti-La/SSB Anti-ribonucleoprotein (RNP)-70K (U1snRNP) Anti-RNP-A Anti-RNP-C Anti-Centromere B (ACA) Anti-Topoisomerase-1/Scl70, Anti-Ribosomal P antigen Anti-Sm Anti-SmB Anti-SmD RF Anti-CCP Other, please specify below	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
EMG performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Electromyogram (EMG) - Increased insertional and spontaneous activity in the form of fibrillation potentials, positive sharp waves, or complex repetitive	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available

discharges	<input type="checkbox"/> Comments
1L. EMG - Morphometric analysis reveals the presence of short duration, small amplitude, polyphasic motor unit action potentials (MUAPs)	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
MRI of muscles performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Muscle edema on STIR or T2-weighted magnetic resonance imaging (MRI)	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
2. Muscle atrophy and/or increased muscle fat content on T1-weighted MRI scanning consistent with myositis	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
13L. Skin biopsy compatible with dermatomyositis (or lupus)	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Information not available <input type="checkbox"/> Comments
Other features important in making the diagnosis not listed above – please specify	
Other laboratory features important in making the diagnosis not listed above – please specify	

**Table S2.** Number of valid observations of all the variables contained in the International Myositis Classification Criteria Project questionnaire. Please see Table S1 for details about the meaning of the designators of each variable.

<b>diagnosis</b>	1602	<b>M1</b>	1561	<b>S1</b>	1576	<b>O3</b>	1528	<b>B1</b>	1140	<b>Ld1</b>	1458	<b>L8_1</b>	1342	<b>E2</b>	892
<b>subgroups</b>	1599	<b>M2</b>	1458	<b>S2</b>	1548	<b>O4</b>	1395	<b>B2</b>	1028	<b>Ld2</b>	1094	<b>L8_2</b>	1062	<b>E3</b>	880
<b>center</b>	1602	<b>M3</b>	1388	<b>S3</b>	1560	<b>O5</b>	1554	<b>B3</b>	1036	<b>Ld3</b>	1316	<b>L8_3</b>	334	<b>E4</b>	468
<b>gendermale</b>	1602	<b>M4</b>	1333	<b>S4</b>	1525	<b>O6</b>	1536	<b>B4</b>	979	<b>Ld4</b>	1359	<b>L8_4</b>	283	<b>E5</b>	620
<b>adultonset</b>	1602	<b>M5</b>	1302	<b>S5</b>	1522	<b>O7</b>	1486	<b>B5</b>	1026	<b>Ld5</b>	544	<b>L8_5</b>	308	<b>E6</b>	299
<b>ethnicity</b>	1602	<b>M6</b>	1210	<b>S6</b>	1491	<b>O8</b>	1519	<b>B6</b>	998	<b>Ld6</b>	1111	<b>L8_6</b>	268		
<b>ageatonsset</b>	1565	<b>M7</b>	1310	<b>S7</b>	1463	<b>O9</b>	1549	<b>B7</b>	983	<b>Ld7</b>	1063	<b>L8_7</b>	268		
<b>ageatdiagnosis</b>	1594	<b>M8</b>	1520	<b>S8</b>	1496	<b>O10</b>	1549	<b>B8</b>	978			<b>L8_8</b>	375		
<b>ageatlasteval</b>	1505	<b>M9</b>	1453	<b>S9</b>	1448	<b>O11</b>	1016	<b>B9</b>	946			<b>L8_9</b>	1028		
<b>basis1</b>	1602	<b>M10</b>	1331	<b>S10</b>	1501	<b>O12</b>	573	<b>B10</b>	1003			<b>L8_10</b>	463		
<b>basis2</b>	1602	<b>M11</b>	1394	<b>S11</b>	1494	<b>O13</b>	228	<b>B12</b>	368			<b>L8_11</b>	426		
<b>basis3</b>	1602	<b>M12</b>	1280	<b>S12</b>	1518			<b>B13</b>	279			<b>L8_12</b>	1016		
<b>basis4</b>	1602	<b>M13</b>	1453	<b>S13</b>	1424			<b>B14</b>	263			<b>L8_13</b>	950		
<b>basis5</b>	1602	<b>M14</b>	1367	<b>S14</b>	1443			<b>B15</b>	190			<b>L8_14</b>	297		
<b>basis6</b>	1602	<b>M15</b>	1394					<b>B16</b>	285			<b>L8_15</b>	273		
<b>basis7</b>	1602	<b>M16</b>	1168					<b>B18</b>	127			<b>L8_16</b>	651		
<b>basis8</b>	1602	<b>M17</b>	1455					<b>B19</b>	118			<b>L8_17</b>	746		
<b>basis9</b>	1602	<b>M18</b>	1448					<b>B20</b>	119			<b>L8_18</b>	321		
		<b>M19</b>	1454									<b>L8_19</b>	948		
		<b>M20</b>	1445									<b>L8_20</b>	273		
		<b>M21</b>	1409									<b>L8_21</b>	270		
		<b>M22</b>	1399									<b>L8_22</b>	923		
		<b>M23</b>	1417									<b>L8_23</b>	368		

**Table S3.** Comparison of physician-diagnosed idiopathic inflammatory myopathies (IIM) subgroups with IIM subgroups defined according to the classification tree among patients meeting the EULAR/ACR classification criteria for IIM

<b>Physician-diagnosed subgroups</b>	<b>Classification tree subgroups*</b>					<b>Total</b>
	JDM	DM	ADM	IBM	PM	
JDM	235	0	0	0	0	235
DM	0	191	6	2	15	214
ADM	1	1	30	0	0	32
IBM	0	0	0	66	5	71
PM	0	7	0	3	131	141
IMNM	0	0	0	0	10	10
<b>Total</b>	236	199	36	71	161	703

\* Classification of IIM by the EULAR/ACR classification criteria for IIM, using a 55% probability cutoff for classification, followed by the classification tree for sub-classification.

JDM, juvenile dermatomyositis; DM, dermatomyositis; ADM, amyopathic dermatomyositis; IBM, inclusion body myositis; PM, polymyositis; IMNM, immune-mediated necrotizing myopathy.