Methods:

Definition of composite prothrombotic genotype constellations:

$P^{FGB\ rs1800790G>A}$	FGB rs1800790A & F13A 34Val/Val	vs. other constellations
$P^{FGA\ rs6050A>G}$	FGA rs6050AA & F13A 34Val/Val	vs. other constellations
$P^{FGB\ rs1800788C>T}$	FGB rs1800788CC & F13A 34Val/Val	vs. other constellations
$P^{FGA\ rs2070006G>A}$	FGA rs2070006GG & F13A 34Val/Val	vs. other constellations
$P^{FGA\ rs2070016T>C}$	FGA rs2070016C & F13A 34Val/Val	vs. other constellations
$P^{FGG\ rs2066861C>T}$	FGG rs2066861TT & F13A 34Val/Val	vs. other constellations

Statistics:

In linear regression analyses using $CRP_{baseline}$ (≥10 mg/L) as risk covariable, adjustments were performed for presence of syndesmophytes at baseline, current smoking, presence of definite radiographic sacroiliitis according to modified New York criteria and sex as done for logistic regression analyses. The linear regression analyses were performed separately for subgroups defined by those genotypes identified in logistic regression analyses. Regression coefficients and 95% CIs were calculated. Heterogeneity between genotype-defined subgroups was assessed by including the interaction term between CRP and genotype in the linear regression model and the p-value of the interaction term was given as p for homogeneity. Results of linear regression analyses are given in **supplementary table S2**.

Results:

Analyses on the relation between fibrinogen, factor XIII and α_2-antiplasmin genotypes to CRP and radiographic spinal progression

Overall, genotypes of FGA, FGB, FGG, F13A, F13B or A2AP were not directly associated with CRP levels or radiographic spinal progression **(supplementary table**

S3). However, when differentiating analyses in nr-axSpA or r-axSpA, for FGA rs6050G>A some differences could be found. Thus, in r-axSpA, FGA rs6050A>G was associated with a lower odds of having elevated CRP (≥10 mg/L) (OR: 0.38, 95% CI: 0.16-0.88) or mSASSS progression (OR: 0.24, 95% CI: 0.06-0.81), while in nr-axSpA these associations were missing.