Supplemental material

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Supplementary Material 1. Diagnostic accuracy of a proposed modified 2022 ACR/EULAR GCA criteria including not only bilateral axillar involvement, but also subclavian or carotid involvement, whether unilateral or bilateral. Clinical diagnosis was used as the external criteria. GCA, giant cell arteritis; LV, large vessel; Sens, sensitivity; Spec, specificity; LR+, positive likelihood ratio; LR−, negative likelihood ratio; AUC: area under the ROC curve analysis.

		Sens	Spec	LR+	LR-	AUC
All GCA (n = 188) vs controls (n = 131)	Modified 2022 ACR/EULAR criteria	94.7%	71.8%	3.36	0.07	0.940 (0.914 − 0.966)
Isolated cranial GCA (n = 83) vs controls (n = 131)	Modified 2022 ACR/EULAR criteria	96.4%	71.8%	3.41	0.05	0.961 (0.930 − 0.993)
Isolated LV-GCA (n = 37) vs controls (n = 131)	Modified 2022 ACR/EULAR criteria	73%	71.8%	2.59	0.38	0.738 (0.644 − 0.833)
Biopsy proven GCA (n = 21) vs controls (n = 131)	Modified 2022 ACR/EULAR criteria	100%	71.8%	3.55	0	0.993 (0.984 − 1)
LV-GCA (with or without cranial GCA) (n = 105) vs controls (n=131)	Modified 2022 ACR/EULAR criteria	93.3%	71.8%	3.31	0.09	0.923 (0.887 − 0.960)