2022 AMERICAN COLLEGE OF RHEUMATOLOGY / EULAR

CLASSIFICATION CRITERIA FOR **TAKAYASU ARTERITIS**

CONSIDERATIONS WHEN APPLYING THESE CRITERIA

- **These classification criteria should be applied to classify the patient as having Takayasu arteritis when a diagnosis of medium-vessel or large-vessel vasculitis has been made**
- **Alternate diagnoses mimicking vasculitis should be excluded prior to applying the criteria**

ABSOLUTE REQUIREMENTS

Age ≤ 60 years at time of diagnosis	
Evidence of vasculitis on imaging[1]	

ADDITIONAL CLINICAL CRITERIA

Female sex	+1
Angina or ischemic cardiac pain	+2
Arm or leg claudication	+2
Vascular bruit[2]	+2
Reduced pulse in upper extremity[3]	+2
Carotid artery abnormality[4]	+2
Systolic blood pressure difference in arms ≥ 20 mm Hg	+1

ADDITIONAL IMAGING CRITERIA

Number of affected arterial territories (select one)[5]	
One arterial territory	+1
Two arterial territories	+2
Three or more arterial territories	+3
Symmetric involvement of paired arteries[6]	+1
Abdominal aorta involvement with renal or mesenteric involvement[7]	+3

Sum the scores for 10 items, if present. A score of ≥ 5 points is needed for the classification of TAKAYASU ARTERITIS.

1. Evidence of vasculitis in the aorta or branch arteries must be confirmed by vascular imaging (e.g., computed tomographic/catheter-based/magnetic resonance angiography, ultrasound, positron emission tomography).
2. Bruit detected by auscultation of a large artery, including the aorta, carotid, subclavian, axillary, brachial, renal, or iliofemoral arteries.
3. Reduction or absence of pulse by physical examination of the axillary, brachial, or radial arteries.
4. Reduction or absence of pulse of the carotid artery or tenderness of the carotid artery.
5. Number of arterial territories with luminal damage (e.g., stenosis, occlusion, or aneurysm) detected by angiography or ultrasonography from the following nine territories: thoracic aorta, abdominal aorta, mesenteric, left or right carotid, left or right subclavian, left or right renal arteries.
6. Bilateral luminal damage (stenosis, occlusion, or aneurysm) detected by angiography or ultrasonography in any of the following paired vascular territories: carotid, subclavian, or renal arteries.
7. Luminal damage (stenosis, occlusion, aneurysm) detected by angiography or ultrasonography involving the abdominal aorta and either the renal or mesenteric arteries.

Figure S1 2022 American College of Rheumatology/EULAR Classification Criteria for Takayasu arteritis. EULAR, European League Against Rheumatism.

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Table S1 Characteristics of the patients, type of arterial injury and type of surgical intervention

Number	Age (years)	Gender	Type of arterial lesion	Surgery
1	45	F	III	Bridge from ascending aorta to infrarenal aorta
2	22	F	III	Revascularization of ascending Ao to abdominal Ao with 25 mm Dacron woven and right renal revascularization with 5 mm graft
3	28	F	III	Right nephrectomy
4	12	F	V	Bypass descending aorta to infrarenal aorta
5	30	F	V	Resection of calcified ventricular aneurysm VI
6	28	F	IV	Right nephrectomy
7	29	F	V	Revascularization of the superior mesentery with HVSII
8	25	F	III	Right and left renal revascularization with saphenous vein graft
9	28	F	V	Right nephrectomy and aorto-renal graft with inverted saphenous vein
10	17	F	IV	Right kidney autotransplant to common iliac
11	34	F	III	Renal revascularization HVSII (2) right-left
12	44	F	V	Right carotid aortic graft
13	23	F	V	Bypass ascending aorta to abdominal aorta
14	42	F	V	Mitral valve change biological valve
15	15	F	IV + C	Aortic valve replacement mechanical
16	16	F	V	Right kidney autotransplant
17	25	F	V	Left nephrectomy
18	11	F	V + C	Coronary revascularization HVSII-DA, HVSII-OM, femoro-femoral bypass with HVSII
19	18	F	V	Left kidney autotransplant
20	22	F	III	Left carotid revascularization Goretex 6 mm
21	32	F	V	thoracoabdominal replacement with 22 mm woven and bifurcated at 20-10 to femoral, reimplantation of lumbar vessels
22	36	F	V	Bentall and Bono graft 22 mm mec valve 21 mm, left carotid and subclavian reimplantation
23	45	F	V	Left nephrectomy
24	28	F	IIa	St Jude 23 mm AVR
25	30	F	V	Bentall and Bono look 23 mm + coronary revascularization HVSII-right coronary
26	26	F	V	AVR St Jude HP 19, supracoronary aortic replacement, subaortic labrum resection
27	25	F	V	AVR St Jude 21 HP + aortoplasty
28	33	F	V	Mitral valve replacement St Jude 27 + Bentall and DeBono + tricuspid replacement Jude 23 mm
29	34	F	V + C	AVR + mitral valve replacement + coronary revascularization + ascending aortoplasty
30	60	F	V + C + P	Revascularization of abdominal trunks and pelvic limbs with extraanatomical Woven graft
31	46	M	V	Extraanatomical aortic bypass from ascending thoracic aorta to infradiaphragmatic abdominal aorta
32	39	M	III	Left aortorenal bridge with HVSII
33	23	M	IIb	Left renal revascularization HVSII
34	31	M	IIb	Bentall and Bono graft 30mm biological valve 27 mm
35	16	M	IV	Aortic bypass as-abdominal aorta
36	35	M	V	Mitral valve replacement + tricuspid plasty
37	34	M	IV	Right kidney autotransplant
38	28	M	V	Right kidney autotransplant
39	36	M	V + C	Revascularization coronaria
40	31	M	V	Bental y DeBono Woven dacron 31 mm Y St Jude 27

F, female; M, male; Ao, aorta; AVR, aortic valve replacement; C, coronary artery lesions; P, pulmonary artery lesion; LV, left ventricle; AVR, aortic valve regurgitation; ISVH, internal saphenous vein hemoduct; ST, Saint; HVSII, hypervariable segment II.

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