

Supplemental Table S1: Treatment regimen initiated within 3 months after PAH diagnosis in the study population (*n=1017*)

	n (%)
Diuretics	666 (65)
Anticoagulants	696 (68)
PAH-targeted therapies	916 (90)
Monotherapy, n (%)	480 (47)
ERA, n (%)	307 (30)
PDE5-I, n (%)	151 (15)
Prostanoid, n (%)	22 (2)
Dual combination therapy, n (%)	365 (36)
ERA + PDE5-I, n (%)	334 (33)
ERA + prostanoid, n (%)	22 (2)
PDE5-I + prostanoid, n (%)	9 (1)
Triple combination therapy (ERA + PDE5-I + prostanoids), n (%)	71 (7)
Calcium channel blockers, n (%)	102 (10)
In monotherapy, n (%)	72 (7)
Combined with PAH-targeted medication, n (%)	30 (3)
No treatment, n (%)	29 (3)

PAH: pulmonary arterial hypertension; ERA: endothelin-receptor antagonist; PDE5-I: phosphodiesterase type-5 inhibitor

Supplemental Table S2 – Univariable and multivariable Cox regression analysis of low-risk criteria assessed at first re-evaluation in the subset of patients with available SvO₂ measurements (*n*=606)

	Univariable analysis			Multivariable analysis		
	HR	95%CI	p-value	HR	95%CI	p-value
WHO/NYHA FC I-II	0.26	0.19 – 0.35	< 0.001	0.44	0.31 – 0.61	< 0.001
6-minute walk distance > 440m	0.20	0.13 – 0.31	< 0.001	0.36	0.22 – 0.57	< 0.001
Right atrial pressure < 8 mmHg	0.44	0.32 – 0.59	< 0.001	0.67	0.49 – 0.92	0.012
Cardiac index ≥ 2.5 L/min/m ²	0.49	0.36 – 0.66	< 0.001			
SvO ₂ > 65%	0.29	0.21 – 0.40	< 0.001	0.53	0.38 – 0.74	< 0.001

WHO/NYHA FC: World Health Organisation/New York Heart Association functional class;
 HR: Hazard ratio; 95%CI: 95% confidence interval; SvO₂: mixed venous oxygen saturation