***Table S1: Nuclear HEp-2 IIFA patterns (further details)***

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| **Code** | **AC Pattern – Clinical relevance** | **References** |
| AC-3 | *CENTROMERE** The AC-3 pattern is found in a subset of patients with SjS; these patients show mild SSc features, but a full-blown SjS clinical feature, more severe exocrine glandular dysfunction, and high risk of lymphoma
* The AC-3 pattern is also apparent in a subset of patients with SLE; these patients often have some degree of overlap with SSc
* Most sera with the AC-3 pattern react with CENP-A and CENP-B; antibodies to CENP-A can be detected by ELISA or disease specific immunoassays (*i.e.*, SSc profile)
* In rare cases AC-3 positive, but CENP-B negative sera of SSc patients may be strongly positive for anti-CENP-A antibodies
* Antibodies to CENP-C have been reported in patients with SSc and SjS

*Note: Availability of assays for CENP-A, i.e., ELISA or SSc profile, may be limited to specialty clinical laboratories; specific immunoassays for anti-CENP-C antibodies are currently not commercially available.* | (1-4)(5)(6, 7)(8, 9)(10-12) |
| AC-5 | *LARGE/COARSE SPECKLED** Occasionally, autoantibodies revealing the AC-5 pattern are reactive with RNP other than U1RNP, for instance U2RNP (associated with SSc-AIM overlap syndrome) or U11/U12RNP (associated with SSc); these autoantibodies can be detected by immunoprecipitation

*Note: Specific immunoassays for these autoantibodies are currently not commercially available.* | (13, 14) |
| AC-7 | *FEW NUCLEAR DOTS** Anti-p80-coilin antibodies may rarely occur in SLE, (localized linear) SSc, and SjS
* Isolated (without anti-snRNPs) anti-SMN antibodies are reported in patients with AIM or SSc-AIM overlap syndrome
* The specificity of antibodies to p80-coilin and the SMN complex can be confirmed by Western blot, solid phase immunoassays using recombinant proteins and immunoprecipitation

*Notes: Most reports describe autoantibodies directly binding to specific antigens (i.e. antigen-specific immunoassays) and do not actually show clear correlations with the AC-7 pattern as such; specific immunoassays for these autoantibodies are currently not commercially available.* | (15-17)(18)(15, 18, 19) |
| AC-8 | *HOMOGENEOUS NUCLEOLAR** The AC-8 pattern that is the result of the anti-Th/To reactivity is also seen in patients with SLE, UCTD (*i.e.*, patients with rheumatic symptoms without a SARD diagnosis), SSc sine scleroderma, idiopathic interstitial lung disease or pulmonary hypertension
* Patients with autoantibodies revealing the AC-8 pattern due to anti-PM/Scl reactivity may have, in addition to the clinical features of AIM and SSc, various clinical manifestations of SLE and SjS
 | (20, 21)(22) |
| AC-12 | *PUNCTATE NUCLEAR ENVELOPE** Anti-p62 nucleoporin antibodies have been described in PBC and SLE
* Anti-LBR antibodies have been described in PBC
* Anti-Tpr antibodies have been described in PBC, autoimmune liver disease, SLE, SSc and SjS

*Notes: Most reports describe autoantibodies directly binding to specific antigens (i.e., antigen-specific immunoassays) and do not actually show clear correlations with the AC-12 pattern as such; specific immunoassays for these autoantibodies are currently not commercially available.* | (23, 24)(25)(26) |
| AC-13 | *pcna-like** A major challenge in deriving an association of the AC-13 pattern with antibodies to the classical 35 kDa PCNA (elongation factor of DNA polymerase delta auxiliary protein) is that “PCNA” is known to be a macromolecular complex where targets other than the ‘classical’ 35 kDa PCNA are present. In addition, a number of other apparently unrelated targets can also produce an AC-13-like pattern by HEp-2 IIFA.
 | (27) |

**Abbreviations**

AIM, autoimmune myositis; CENP, centromere-associated protein; DNA, desoxyribonucleic acid; ELISA, enzyme-linked immunosorbent assay; IIFA, indirect immunofluorescence assay; LBR, lamin B receptor; PBC, primary biliary cholangitis; PCNA, proliferating cell nuclear antigen; PM/Scl, polymyositis-scleroderma; RNP, ribonucleoprotein; SARD, systemic autoimmune rheumatic disease; SjS, Sjögren’s syndrome; SLE, systemic lupus erythematosus; SMN, survival of motor neuron; SSc, systemic sclerosis; Tpr, translocated promotor region; UCTD, undifferentiated connective tissue disease

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