



Supplemental Figure C. IgG binding to DTD2 and RESF1 is similar among SSA- and SSA+ SjD subjects but higher than in control subjects. A) IgG binding to a peptide from DTD2 shows significantly higher binding among SSA- (n=76) and SSA+ (n=75) SjD subjects than combined control (n=116), SLE (n=20), and RA (n=20) subjects; B) IgG binding to a peptide from DTD2 shows significantly higher binding among SSA- (n=76) and SSA+ (n=75) SjD subjects than an augmented control including combined control and SLE and RA subjects (n=156). After correcting for multiple testing (Nemenyi procedure), all significant values survive (SSA- SjD vs.augmented control p=0.002; SSA+ SjD vs. augmented control p=0.043); D) IgG binding to a peptide from RESF1 shows significantly higher binding among SSA- (n=76) SjD than combined controls (n=116); E) IgG binding to a peptide from RESF1 shows significantly higher binding among SSA- SjD (n=76) subjects than disease augmented controls (n=156) that add SLE and RA subjects to combined controls. After correcting for multiple testing the significance does not survive (p=0.052 for SSA- SjD vs. disease augmented controls; Nemenyi procedure). SjD=SSA- SjD subjects who met 2016 ACR/EULAR criteria for SjD but were anti-SSA antibody negative; controls=combined controls (sicca combined with autoimmune-feature controls); sicca controls=subjects with symptoms or signs of dryness but negative ANA, RF, SSA, and FS <1; autoimmune-feature controls=subjects with symptoms/signs of dryness and ANA \geq 1:320, positive RF, or FS \geq 1 on labial salivary gland biopsy but not meeting 2016 ACR/EULAR SjD criteria. Significant p-values are show (Kruskal-Wallis).