

SUPPLEMENTAL MATERIAL

Supplemental Results

QRS duration in patients with inflammatory diseases.

In all patients of the Inflammatory Cohort, including those subjects showing QRS prolongation, QT/QTc measurement was automated. However, only a very small percentage of patients in the whole cohort (9%, 4/46) showed QRS prolongation (i.e. ≥ 120 ms), and their inclusion did not significantly affect the overall results.

In fact, when excluding these 4 patients, the frequency of QTc prolongation (21%, 9/42 [PRE] vs 2%, 1/42 [POST]) similarly and significantly was reduced when CRP values decreased $>75\%$ ($p=0.014$; Fisher exact test). Moreover, the mean QTc interval changes were also comparable ($n=42$: 453.0 ± 28.1 ms [PRE] vs 431.1 ± 21.0 ms [POST]; Δ ms: -21.9 ms; $p<0.0001$, two tails paired T test).

When focusing on the specific effect of inflammation on these 4 patients, we found a reduction of the mean QTc (494.5 ± 38.1 ms [PRE] vs 468.2 ± 41.2 ms [POST]; Δ ms: -26.3 ms), similar to that observed in the whole cohort, despite the absence of changes in mean QRS duration (133.0 ± 11.9 ms [PRE] vs 133.2 ± 14.9 ms [POST]).