**Supplemental material 2**

**Classification of SCL and CBVD**

The classification criteria for SCL have evolved over the years with differences observed in the nomenclature used by the authors in the retrieved cases, especially with regards to systemic sclerosis (SSc). We did not attempt to reconcile the prior diagnostic subtypes with current subtypes and terminology as we felt that retrospective alteration may lead to bias. Therefore, we used the following terminology for subtypes- SSc, for cases labelled as progressive systemic sclerosis (diagnosis before 2013) or systemic sclerosis but subtype not specified; diffuse cutaneous systemic sclerosis (DcSSc); limited cutaneous systemic sclerosis (LcSSc) that includes CREST syndrome (calcinosis, Raynaud's phenomenon, esophageal dysmotility, sclerodactyly, and telangiectasia); and SSc sine scleroderma (SScS). Patients with localized SCL (morphea and linear scleroderma/en coupe de sabre) and overlap syndrome (fulfilling criteria for more than one autoimmune disorder) were also included. The subtype was recorded as “not specified” if SCL was not classified by reporting authors.

For classification of CBVD, patients were classified as vasculitis only in the presence of typical findings on conventional angiogram or tissue biopsy in addition to clinical suspicion based on the presenting signs and symptoms. Patients with vascular luminal narrowing (steno-occlusion) on MR/CT angiography and absent traditional cardiovascular risk factors but unavailable conventional angiographic evidence or tissue diagnosis of vasculitis were recorded as vasculopathy. IS etiology was recorded based on TOAST subtype classification as stated by authors or if there was adequate patient level data. In the absence of patient level data, TOAST subtype was not

retrospectively assigned to prevent bias.

**Supplemental material 3**

**List of included studies for quantitative and qualitative analysis**

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