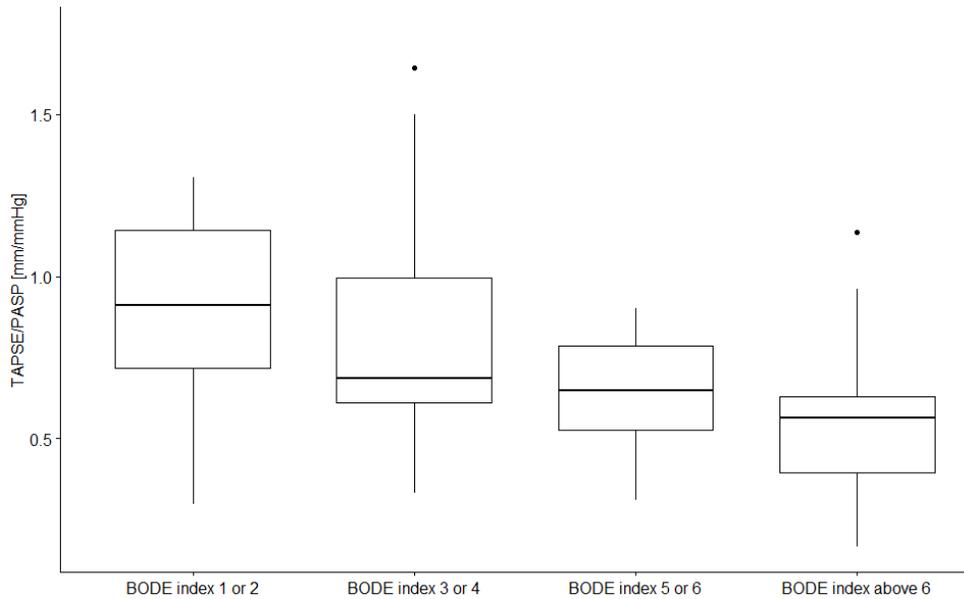
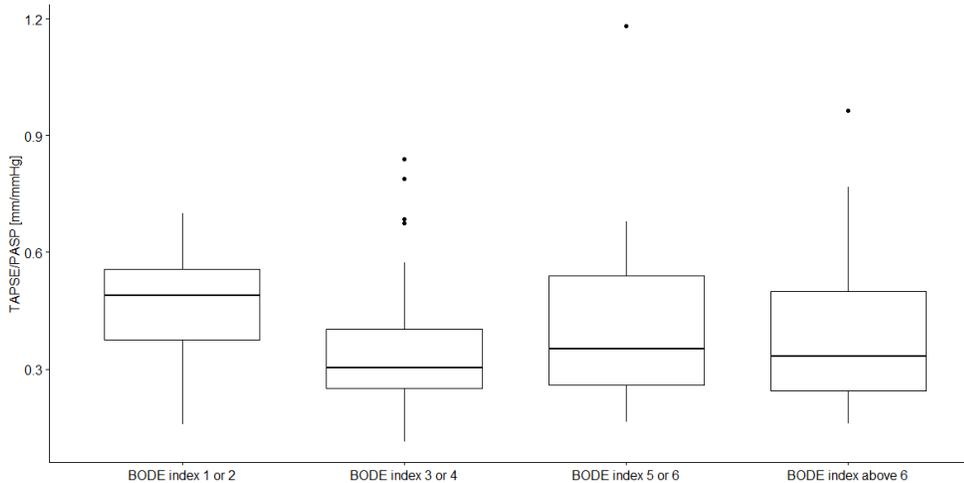


1 Supplementary Figures

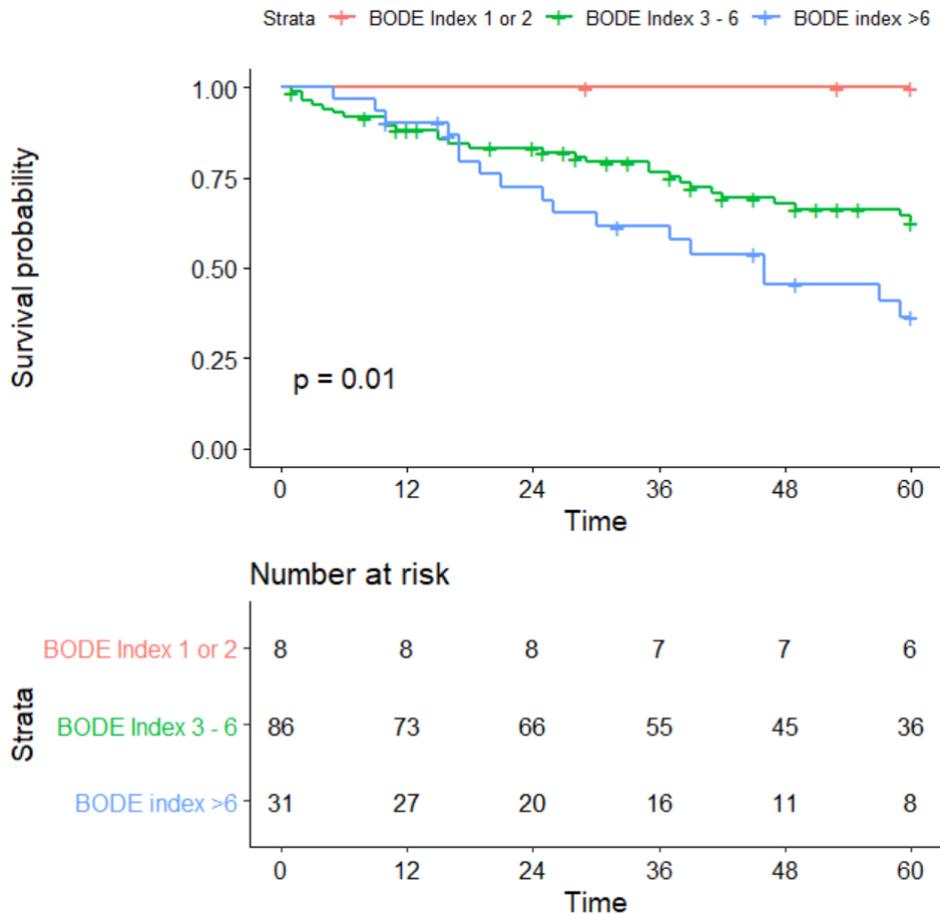
(A)



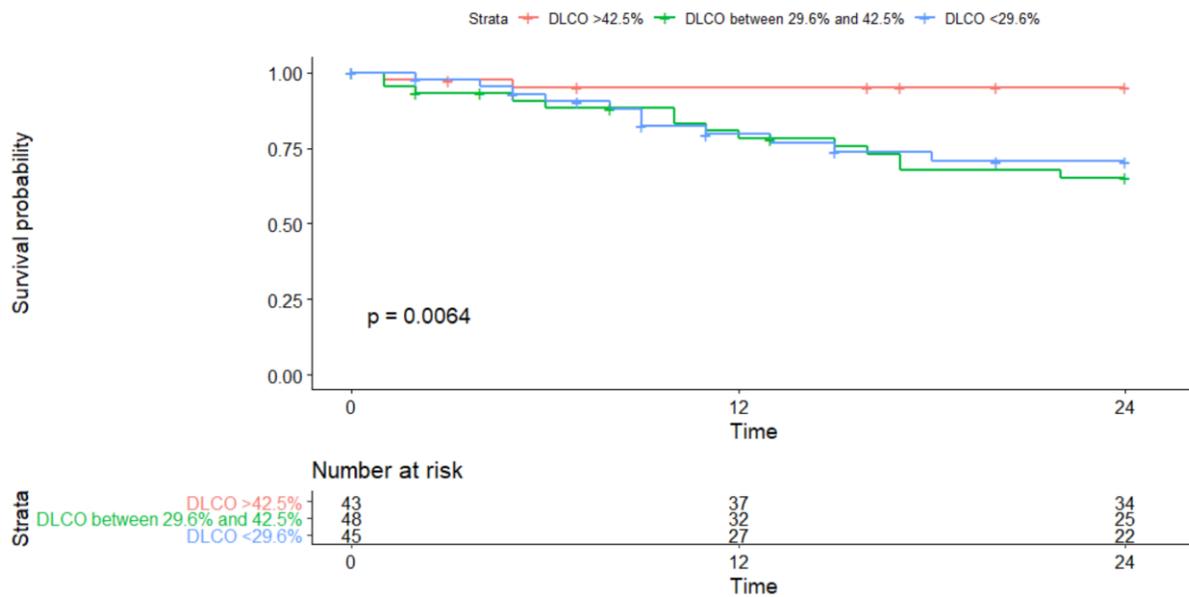
(B)



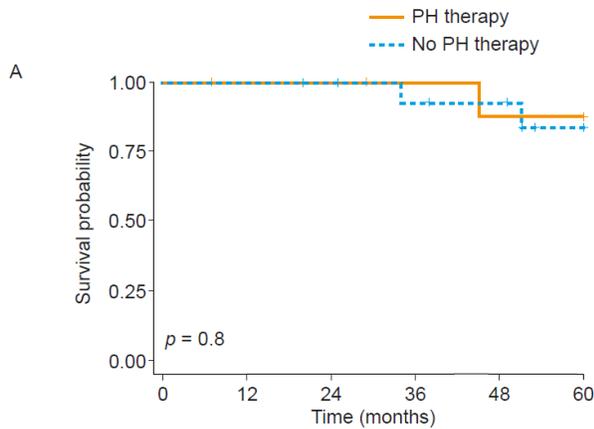
SUPPLEMENTARY FIGURE S1 | TAPSE/PASP ratio stratified by BODE index in (A) patients with COPD without PH (Kruskal–Wallis $p = 0.034$; $n = 51$) and (B) patients with PH due to COPD (Kruskal–Wallis $p = 0.50$; $n = 85$). Medians, IQRs, maximum and minimum values (within 1.5x the IQR from the upper and lower quartiles) and outliers are shown. BODE, body mass index, obstruction, dyspnoea and exercise capacity; COPD, chronic obstructive pulmonary disease; IQR, interquartile range; PH, pulmonary hypertension; TAPSE/PASP, tricuspid annular plane systolic excursion/pulmonary artery systolic pressure.



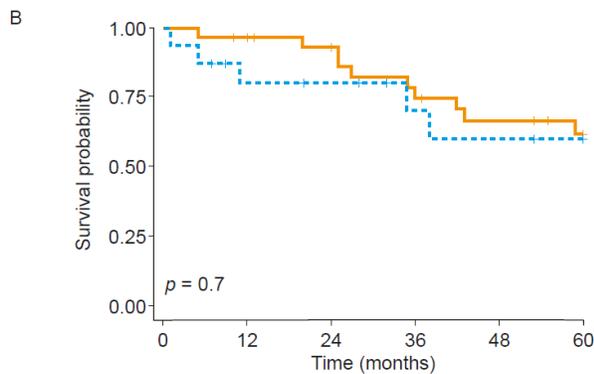
SUPPLEMENTARY FIGURE S2 | Kaplan–Meier curves of survival probability in patients with pulmonary hypertension due to chronic obstructive pulmonary disease stratified by BODE index. BODE, body mass index, obstruction, dyspnoea and exercise capacity.



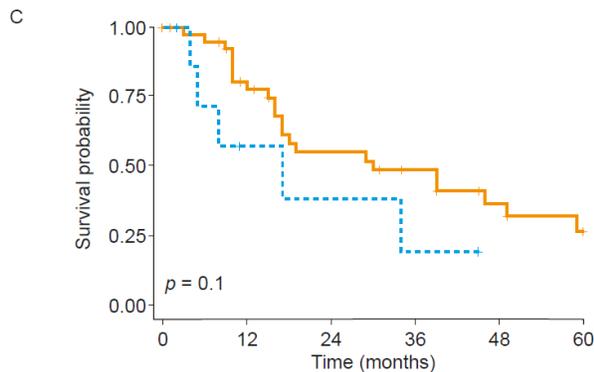
SUPPLEMENTARY FIGURE S3 | Kaplan–Meier curves of survival probability in patients with pulmonary hypertension due to chronic obstructive pulmonary disease stratified by DLCO tertile. A significant difference in short-term survival (truncated at 2 years) was observed. Consistent with this finding, Cox regression analysis showed a decreased risk of short-term mortality with increasing DLCO (hazard ratio: 0.968 [95% confidence interval: 0.943–0.994]; $p = 0.0159$). DLCO, lung diffusing capacity for carbon monoxide.



Number at risk		0	12	24	36	48	60
PH therapy	10	9	9	8	7	6	
No PH therapy	16	16	15	13	12	7	



Number at risk		0	12	24	36	48	60
PH therapy	32	30	27	21	16	12	
No PH therapy	16	11	10	7	6	5	



Number at risk		0	12	24	36	48	60
PH therapy	41	27	17	13	8	5	
No PH therapy	8	3	2	1	0	0	

SUPPLEMENTARY FIGURE S4 | Kaplan–Meier curves of survival probability in patients with PH due to COPD and **(A)** TAPSE/PASP > 0.35 mm/mm Hg and 6MWD > 299 m (low risk), **(B)** TAPSE/PASP > 0.35 mm/mm Hg or 6MWD > 299 m (intermediate risk) or **(C)** TAPSE/PASP ≤ 0.35 mm/mm Hg and 6MWD ≤ 299 m (high risk), stratified by use of targeted PH therapy. 6MWD, 6-minute walk distance; PH, pulmonary hypertension; TAPSE/PASP, tricuspid annular plane systolic excursion/pulmonary artery systolic pressure.

2 Supplementary Table

SUPPLEMENTARY TABLE S1 | Correlation of the TAPSE/PASP ratio with haemodynamic parameters in patients with PH-COPD.

Parameter	Pearson R	<i>p</i>
Mean pulmonary artery pressure	-0.425	<0.001
Right atrial pressure	-0.072	0.344
Cardiac Index	0.282	<0.001
Mixed venous oxygen saturation	0.398	<0.001

PH-COPD, pulmonary hypertension due to chronic obstructive pulmonary disease; TAPSE/PASP, tricuspid annular plane systolic excursion/pulmonary artery systolic pressure.