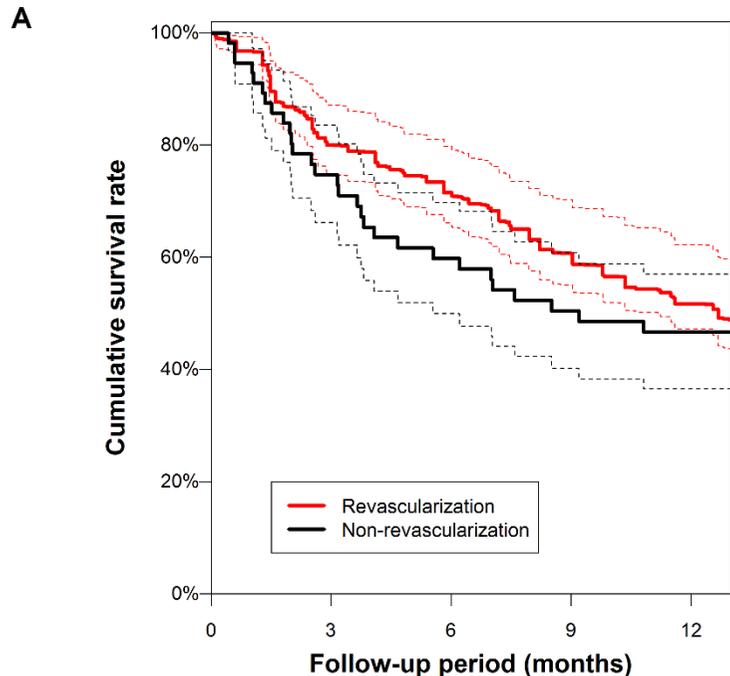


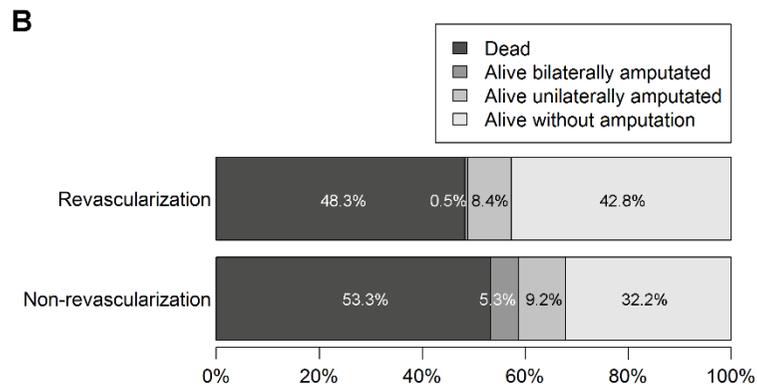
Supplemental material

Supplemental Appendix. List of the 37 participating centers (institutional chief investigators) enrolling the study subjects.

- Chikamori Hospital (Shuichi Seki)
- Fukuyama City Hospital (Makoto Nakahama)
- Hikone Municipal Hospital (Tsuyoshi Miyazawa)
- Hiroshima Red Cross Hospital & Atomic-Bomb Survivors Hospital (Atsushi Guntani)
- Hyogo College of Medicine (Masashi Fukunaga)
- JA Hokkaido Engaru Kosei General Hospital (Takahide Suzuki)
- Japanese Red Cross Fukuoka Hospital (Nobuhiro Suematsu)
- Japanese Red Cross Kyoto Daini Hospital (Yoshinori Tsubakimoto)
- Kanazawa Medical University Hospital (Taketsugu Tsuchiya)
- Kansai Rosai Hospital (Osamu Iida)
- Kawakita General Hospital (Atsushi Tosaka)
- Kikuna Memorial Hospital (Yasutaka Yamauchi)
- Kokura Memorial Hospital (Yoshimitsu Soga)
- Kyoto University Hospital (Junichi Tazaki)
- Matsuyama Red Cross Hospital (Terutoshi Yamaoka)
- Miyazaki Medical Association Hospital (Tatsuya Nakama)
- Morinomiya Hospital (Daizo Kawasaki)
- Nagoya Kyoritsu Hospital (Daisuke Kamoi)
- National Hospital Organization Iwakuni Clinical Center (Kenji Kawamoto)
- Oji General Hospital (Nobuo Kato)
- Omihachiman Community Medical Center (Kan Zen)
- Osaka Saiseikai Nakatsu hospital (Amane Kozuki)
- Saiseikai Yokohama-City Eastern Hospital (Masatsugu Nakano, Keisuke Hirano)
- Saka Gneral Hospital (Shinya Sasaki)
- Sakakibara Heart Institute (Michiaki Higashitani)
- Sanda City Hospital (Daisuke Ogasawara)
- Sendai Kousei Hospital (Kenji Suzuki)
- Shibetsu City Hospital (Futoshi Numaszki)
- Shin-Koga Hospital (Yoshiaki Shintani)
- Shinshu University Hospital (Yusuke Miyashita)
- Shinsuma Hospital (Ikuro Kitano)
- Tokai University School of Medicine (Norihiko Shinozaki)
- Tokeidai Memorial Hospital (Ryoji Koshida)
- Tokyo Rosai Hospital (Makoto Utsunomiya)
- Toyama University Hospital (Hiroshi Ueno)
- Tsukuba Medical Center Hospital (Hideaki Aihara)
- Yamagata University School of Medicine (Hiroki Takahashi)

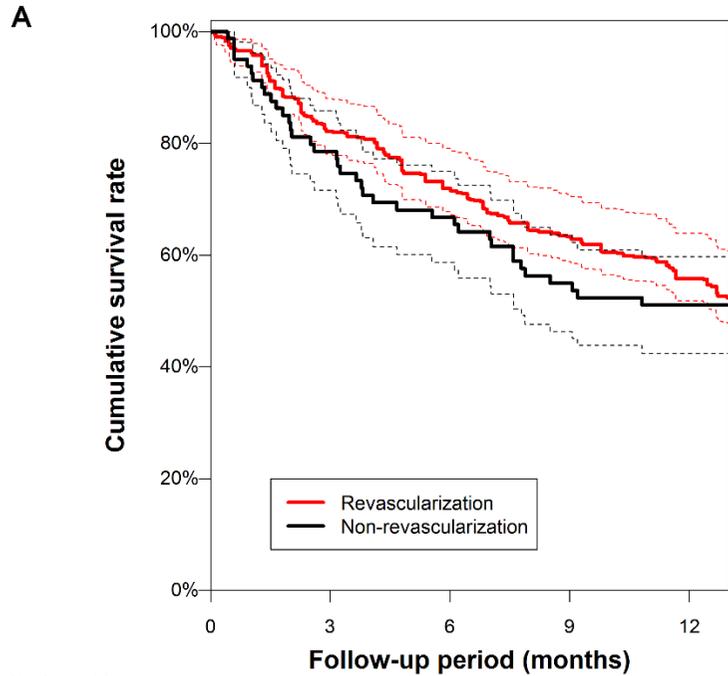


Number at risk	0	3	6	9	12
Revascularization	322	274	250	227	165
Non-revascularization	57	40	32	27	24

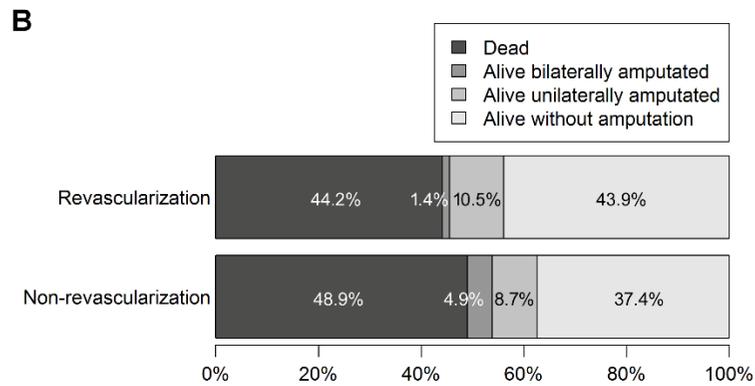


Supplemental Figure 1. One-year survival rate (A) and one-year life and limb status (B) of matched population whose ischemia was proved by ankle pressure, ankle-brachial pressure index, or skin perfusion pressure.

Analysis was performed after the study population was limited to the patients whose ischemia was proved by ankle pressure (< 50 mmHg in rest pain or < 70 mmHg in tissue loss), ankle-brachial pressure index (≤ 0.39 in rest pain or ≤ 0.59 in tissue loss), or skin perfusion pressure (≤ 30 mmHg in rest pain or ≤ 40 mmHg in tissue loss). From this limited population ($n = 522$; $n = 72$ in the non-revascularization patients and $n = 450$ in the revascularization group), the matching procedure extracted 57 pairs, with as many patients in the non-revascularization group and 322 patients in the revascularization group. Panel A represents the weighted Kaplan-Meier estimation of survival rate during one-year follow up. Dotted lines indicates 95% CI, obtained from the 10,000-time bootstrap resampling. The survival rate at one year was 51.7% (95%CI: 46.4 to 57.6%) in the revascularization group and 46.7% (95% CI: 35.1 to 62.1%) in the non-revascularization group, and there was no significant intergroup difference ($p = 0.173$ by the stratified log rank test). In Panel B, data are weighted percentage of life and limb status. Amputation denotes major amputation. One-year amputation-free survival rate was estimated to be 42.8% (95% CI: 37.6 to 48.7%) in the revascularization group and 32.2% (95% CI: 21.8 to 47.5%) in the non-revascularization group, and there was a significant intergroup difference ($p = 0.016$ by the stratified log rank test).



Number at risk	0	3	6	9	12
Revascularization	428	371	339	308	222
Non-revascularization	82	60	51	42	37



Supplemental Figure 2. One-year survival rate (A) and one-year life and limb status (B) of matched population with consideration of inter-institution variability

The propensity score was developed using the generalized linear mixed model with a logit link function in which inter-institution variability were treated as random effects. The matching extracted 82 pairs, with as many patients in the non-revascularization group and 428 patients in the revascularization group. Panel A represents the weighted Kaplan-Meier estimation of survival rate during one-year follow up. Dotted lines indicates 95% CI, obtained from the 10,000-time bootstrap resampling. The survival rate at one year was 55.8% (95%CI: 51.2 to 60.8%) in the revascularization group and 51.1% (95% CI: 41.0 to 63.5%) in the non-vascularization group, and there was no significant intergroup difference ($p = 0.176$ by the stratified log rank test). In Panel B, data are weighted percentage of life and limb status. Amputation denotes major amputation. One-year amputation-free survival rate was estimated to be 43.9% (95% CI: 39.4 to 49.0%) in the revascularization group and 37.4% (95% CI: 28.0 to 50.0%) in the non-revascularization group, and there was a significant intergroup difference ($p = 0.012$ by the stratified log rank test).