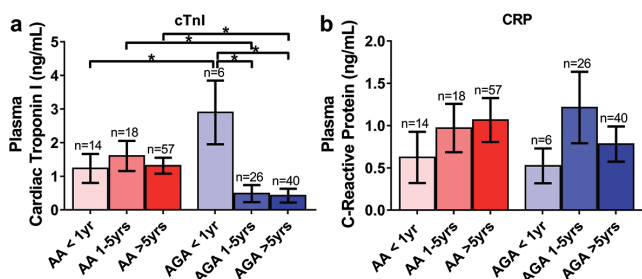


Appendix S1

SUPPLEMENTARY RESULTS

Recent onset of androgenetic alopecia was associated with higher level of cardiac troponin I

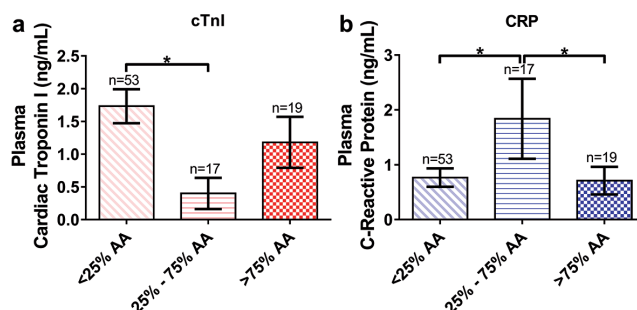
Alopecia areata (AA) subjects did not show any significant difference between those with recent onset or chronic AA. However, androgenetic alopecia (AGA) subjects with recent hair loss onset (less than 1 year) exhibited significantly higher levels of cTnI compared to subjects with AGA greater than 1 year duration (SFig. 1a). An increasing trend in C-reactive protein (CRP) levels was observed in AA subjects with more long-standing AA (1–5 years and over 5 years), but such trend was not observed in AGA subjects (SFig. 1b).



SFig. 1. Alopecia areata (AA) and androgenetic alopecia (AGA). Recent onset of AGA was associated with higher cardiac troponin I (cTnI) plasma levels. No significant difference in the plasma levels of cTnI was observed from AA patients with different durations of disease. In contrast, patients with recent onset (<1 year) of AGA had significantly higher levels of cTnI (a). AA patients displayed an increasing trend for C-reactive protein (CRP) expression as the duration of AA increased, this trend was not observed in AGA patients (b). Statistical significance was determined with one-way ANOVA where *denotes $p < 0.05$.

The extent of hair loss in alopecia areata did not reflect the level of cardiac troponin I and C-reactive protein

AA subjects that had less than 25% (patchy) scalp hair loss at the time of blood collection showed significantly higher levels of cTnI compared to those who had 25–75% hair loss. The level of cTnI in those with greater than 75% hair loss was higher than in the 25–75% hair loss group, albeit not as high as those with patchy AA <25% hair loss (SFig. 2a). The levels of CRP in AA subjects with different degrees of hair loss exhibited an inverse trend compared to the levels of cTnI. Patients with 25–75% hair loss had significantly higher levels of CRP compared to those with less than 25% or greater than 75% scalp hair loss (SFig. 2b).



SFig. 2. Alopecia areata (AA). The release of cardiac troponin I (cTnI) and C-reactive protein (CRP) in AA patients with different extents of hair loss showed an inverse trend. AA patients with patchy hair loss (<25% hair loss) had significantly higher levels of cTnI compared to those with moderate amounts of hair loss (25–75%), but not when compared to patients with extensive, chronic AA (a). Conversely, AA patients with moderate levels of hair loss released significantly higher levels of CRP than those with patchy and chronic hair loss (c). Statistical significance was determined with one-way ANOVA where *denotes $p < 0.05$.