Diagnostic Criteria of Sjögren's Syndrome

2002 American-European Consensus Group (2002 AECG criteria) [1]	
Items	**1. Ocular dryness symptoms** at least one positive response of the following questions: • Have you had daily, persistent, troublesome dry eyes for more than 3 months? • Do you have a recurrent sensation of sand or gravel in the eyes? • Do you use tear substitutes more than 3 times a day? **2. Oral dryness symptoms** at least one positive response of the following questions: • Have you had a daily feeling of dry mouth for more than 3 months? • Have you had recurrently or persistently swollen salivary glands as an adult? • Do you frequently drink liquids to aid in swallowing dry food? **3. Ocular signs - at least one of the following two tests:** • Schirmer's I test, performed without anesthesia (<= 5 mm in 5 minutes) • Rose bengal score or other ocular dye score (>=4 according to van Bijsterveld's scoring system) **4. Histopathology:** In minor salivary glands (obtained through normal-appearing mucosa) focal lymphocytic sialoadenitis, evaluated by an expert histopathologist, with a focus score >=1, defined as a number of lymphocytic foci (which are adjacent to normal-appearing mucous acini and contain more than 50 lymphocytes) per 4 mm2 of glandular tissue **5. Salivary gland involvement- at least one of the following diagnostic tests:** • Unstimulated whole salivary flow (<1.5 ml in 15 minutes) • Parotid sialography showing the presence of diffuse sialectasias (punctate, cavitary or destructive pattern), without evidence of obstruction in the major ducts • Salivary scintigraphy showing delayed uptake, reduced concentration and/or delayed excretion of tracer20 6. Autoantibodies: • Antibodies to Ro(SSA) or La(SSB) antigens, or both.
Rules for classification	For primary SS In patients without any potentially associated disease, primary SS may be defined as follows: • The presence of any 4 of the 6 items is indicative of primary SS, as long as either item 4 (Histopathology) or 6 (Serology) is Positive • The presence of any 3 of the 4 objective criteria items (items 3-6) For secondary SS In patients with a potentially associated disease (for instance, another well-defined connective tissue disease), the presence of item 1 or item 2 plus any 2 from among items 3,4, and 5 may be considered as indicative of secondary SS
Exclusion criteria:	Past head and neck radiation treatment Hepatitis C infection Acquired immunodeficiency disease (AIDS) Pre-existing lymphoma Sarcoidosis Graft versus host disease Use of anticholinergic drugs (since a time shorter than 4-fold the half-life of the drug)

American College of Rheumatology Classification Criteria 2012 (ACR Criteria 2012) [2] **A patient is classified as having Sjögren's syndrome if they meet at least 2 of the 3 following criteria.**	
1	Positive serum anti-SSA/Ro and/or anti-SSB/La or (positive rheumatoid factor and ANA titer ≥1:320)
2	Keratoconjunctiviti ssicca with ocular staining score 3 (assuming that individual is not currently using daily eyedrops for glaucoma and has not had corneal surgery or cosmetic eyelid surgery in the last 5 years)
3	Labial salivary gland biopsy exhibiting focal lymphocytic sialadenitis with a focus score ≥1 focus/4mm2
Exclusion criteria:	History of head and neck radiatiotreatment Hepatitis C infection Acquired immunodeficiency syndrome Sarcoidosis Amyloidosis Graft versus host disease IgG4-related disease+

2016 American College of Rheumatology (ACR)/European League Against Rheumatism (EULAR) (2016 ACR/EULAR criteria) [3]		
	A patient is classified as having Sjögren's syndrome if the total score is ≥4	**Weight**
Items	1. Labial salivary gland with focal lymphocytic sialadenitis and focus score of ≥ 1 foci/4 mm^2	**3**
	2. Anti-SSA/Ro-positive	**3**
	3. Ocular Staining Score ≥ 5 (or van Bijsterveld score ≥ 4) in at least one eye [4]	**1**
	4. Schirmer's test ≤ 5 mm/5 min in at least one eye	**1**
	5. Unstimulated whole saliva flow rate ≤ 0.1 mL/min [5]	**1**
Inclusion criteria*		
	Any patient with at least 1 symptom of ocular or oral dryness, defined as a positive response to at least 1 of the following questions: 1) Have you had daily, persistent, troublesome dry eyes for more than 3 months? 2) Do you have a recurrent sensation of sand or gravel in the eyes? 3) Do you use tear substitutes more than 3 times a day? 4) Have you had a daily feeling of dry mouth for more than 3 months? 5) Do you frequently drink liquids to aid in swallowing dry food? * Patients who are normally taking anticholinergic drugs should be evaluated for objective signs of salivary hypofunction and ocular dryness after a sufficient interval without these medications in order for these components to be a valid measure of oral and ocular dryness.	
Exclusion criteria	1) history of head and neck radiation treatment, 2) active hepatitis C infection (with confirmation by polymerase chain reaction, 3) AIDS, 4) sarcoidosis, 5) amyloidosis, 6) graft-versus-host disease, 7) IgG4-related disease.	

Comparison of Criteria			
Criteria	**AECG (2002)** [1]	**ACR (2012)**[2]	**ACR/EULAR (2016)**[3]
Oral Symptoms	Required	Not required	Included
Ocular Symptoms	Required	Included	Included
Schirmer's Test	≤5 mm/5 minutes	Not required	≤5 mm/5 minutes (1 point)
Ocular Staining Score (OSS)	≥4 (van Bijsterveld)	≥3	≥5 (1 point)
Salivary Gland Biopsy	Focus score ≥1	Focus score ≥1	Focus score ≥1 (3 points)
Salivary Flow Rate	≤1.5 mL/15 minutes	Not required	≤0.1 mL/minute (1 point)
Autoantibodies	Anti-SSA/SSB	Anti-SSA	Anti-SSA (3 points)
Classification	4/6 criteria	2/3 criteria	Score ≥4

Table S1: Diagnostic criteria for Sjögren's syndrome according to the 2002 American–European Consensus Group (AECG), 2012 American College of Rheumatology (ACR), and 2016 American College of Rheumatology/European League Against Rheumatism (ACR/EULAR). The table summarizes the major classification systems used for diagnosing Sjögren's syndrome, including required symptoms, ocular and salivary tests, histopathological findings, and autoantibody profiles. Comparative differences in inclusion/exclusion criteria and scoring thresholds are presented.

Reference

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[2] S. C. Shiboski *et al.*, "American College of rheumatology classification criteria for Sjögren's syndrome: A data-driven, expert consensus approach in the Sjögren's International Collaborative Clinical Alliance cohort," *Arthritis Care Res (Hoboken)*, vol. 64, no. 4, pp. 475–487, Apr. 2012, doi: 10.1002/acr.21591.

[3] C. H. Shiboski *et al.*, "2016 American College of Rheumatology/European League Against Rheumatism Classification Criteria for Primary Sjögren's Syndrome: A Consensus and Data-Driven Methodology Involving Three International Patient Cohorts," *Arthritis and Rheumatology*, vol. 69, no. 1, pp. 35–45, Jan. 2017, doi: 10.1002/art.39859.

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