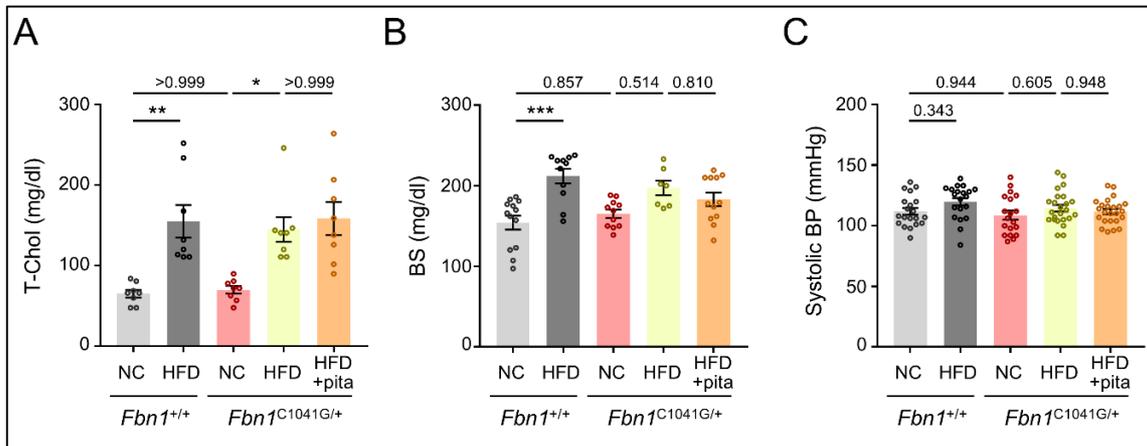


Supplemental Material

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2 **Supplemental Figure 1. Systemic effects of HFD and pitavastatin on metabolic parameters.**



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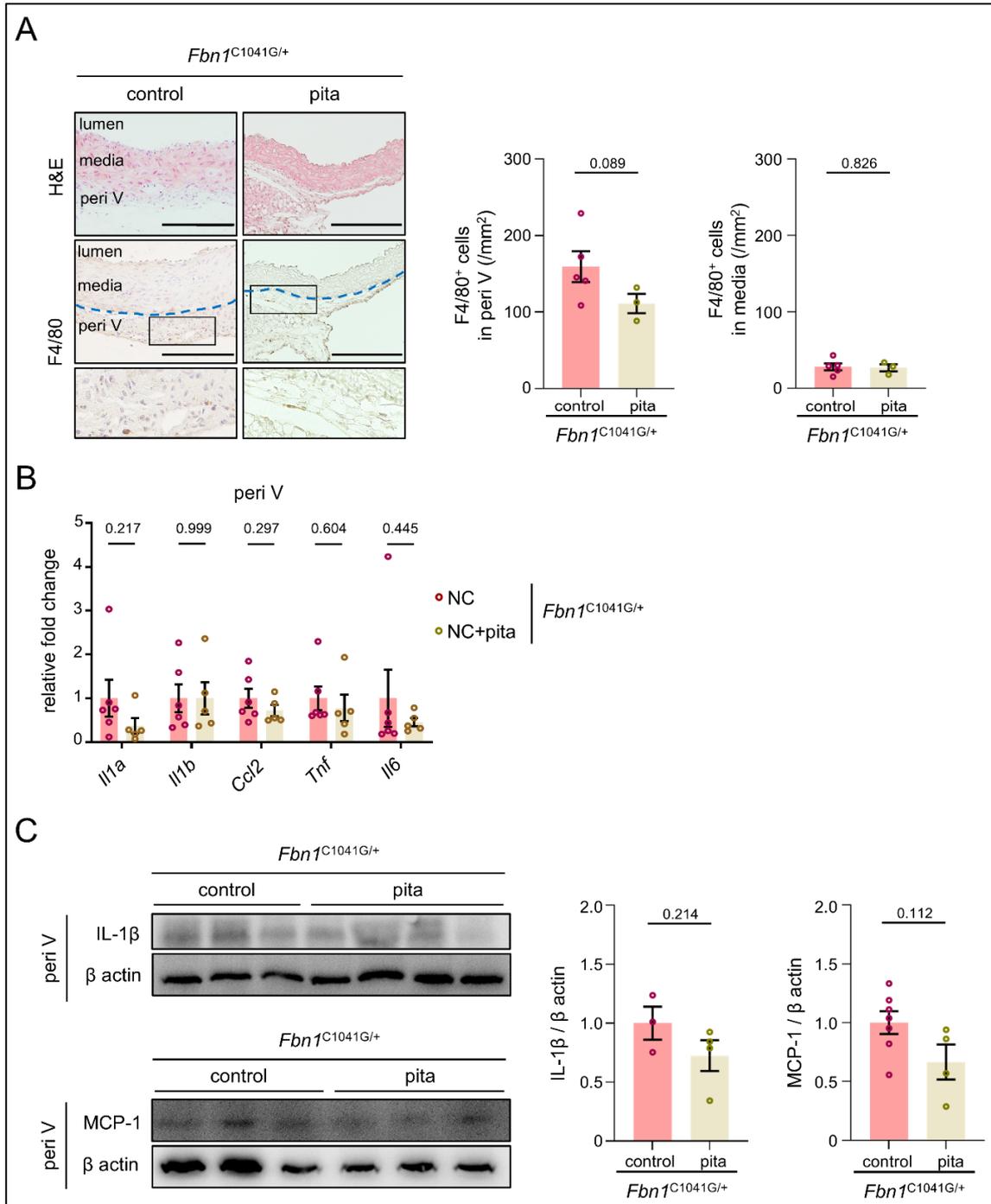
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(A-C) Serum total-cholesterol (T-chol) ($n = 8$), blood sugar (BS) ($n = 7$ to 13) and systolic blood pressure (BP) ($n = 19$ to 24) in *Fbn1*^{+/+} and *Fbn1*^{C1041G/+} mice (24 weeks of age) receiving normal chow (NC) or high fat diet (HFD) or HFD with pitavastatin (pita). The data are presented as mean \pm SEM. ** $P < 0.01$, *** $P < 0.001$, one-way ANOVA with Tukey's multiple comparisons test (middle and right panel) and Kruskal-Wallis test with Dunn's multiple comparisons test (left panel).



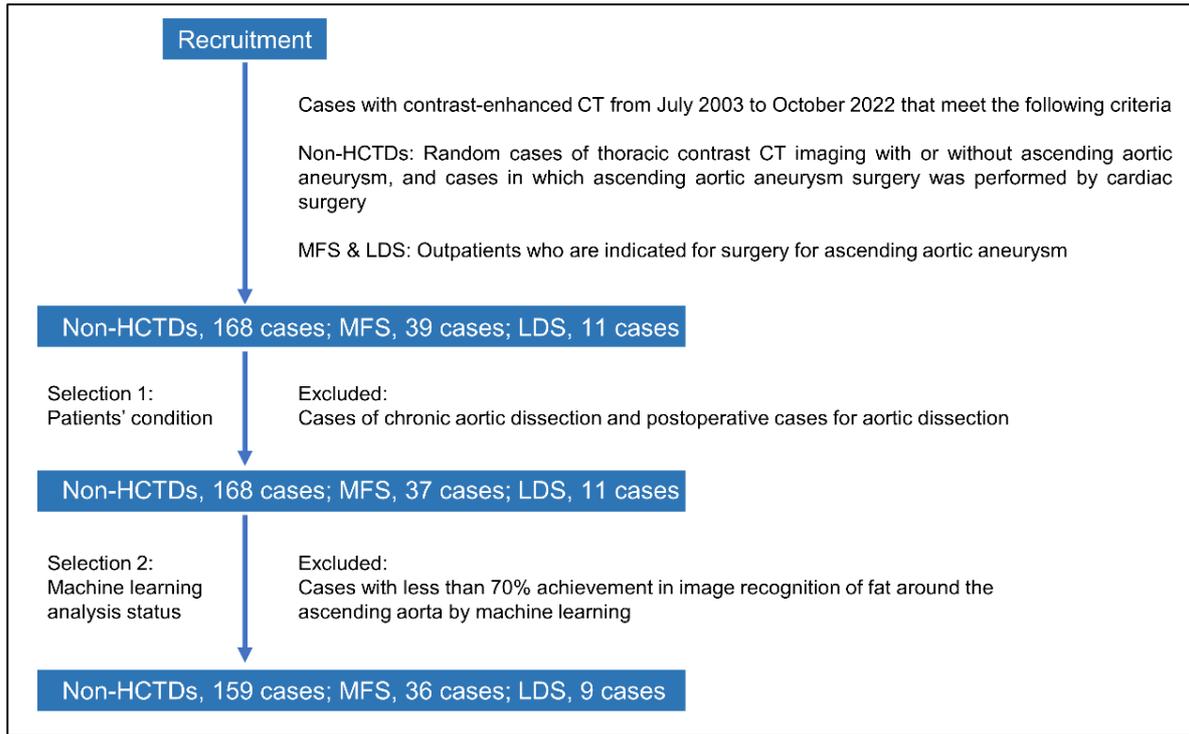
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11 **Supplemental Figure 2. Inflammation in PVAT on aortic dilatation in *Fbn1*^{C1041G/+} mice.**

12 (A) Immunohistochemical staining for F4/80 in ascending aorta of *Fbn1*^{C1041G/+} mice (24 weeks

13 of age) receiving normal chow (NC) with or without pitavastatin (pita) ($n = 3$ to 5). Scale bars,

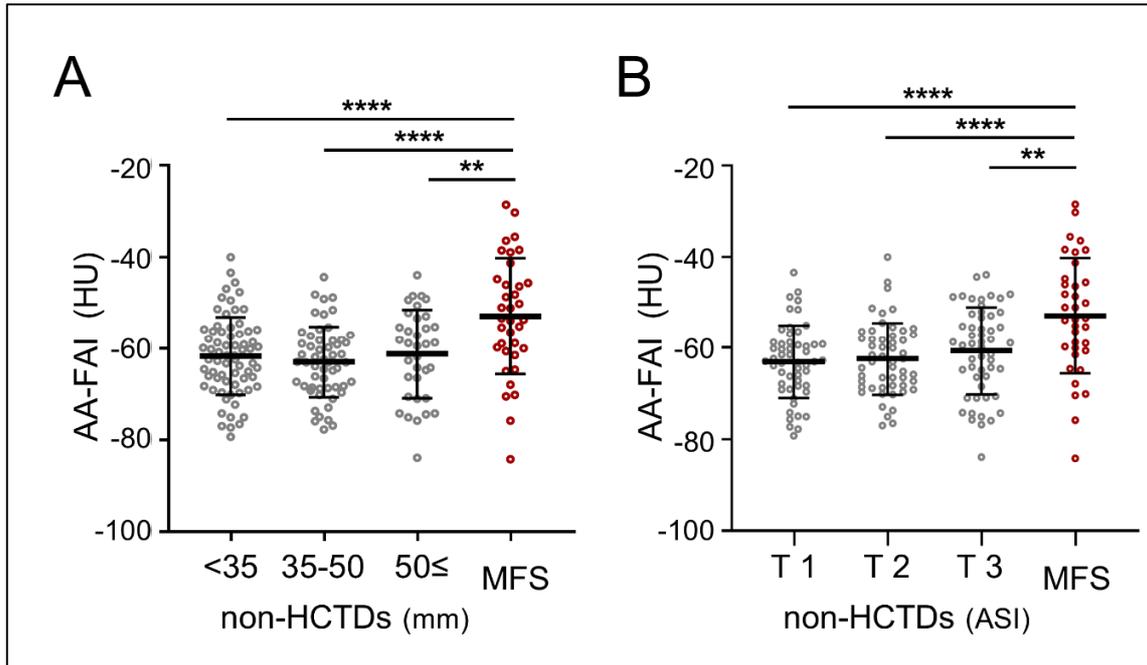
14 200 μm . Blue dashed lines indicate the external elastic lamina. The data are presented as mean \pm
15 SEM. Unpaired 2-tailed t test with Welch's correction. **(B)** The mRNA expressions of marker
16 genes of inflammatory cytokines in the peri vascular tissues (peri V) of *Fbn1*^{+/+} and *Fbn1*^{C1041G/+}
17 mice (24 weeks of age) receiving NC with or without pita ($n = 5$ to 6). The data are presented as
18 fold induction over control. The results were systematically normalized using β -2 microglobulin
19 (*B2m*). The data are presented as mean \pm SEM. Unpaired 2-tailed t test with Welch's correction.
20 **(C)** Immunoblot analysis of IL-1 β , MCP-1, and β actin in peri V of *Fbn1*^{+/+} and *Fbn1*^{C1041G/+}
21 mice (24 weeks of age) receiving NC with or without pita. The quantifications of IL-1 β / β actin
22 ($n = 3$ to 4) and MCP-1/ β actin ($n = 4$ to 7) are shown as bar graphs. The data are presented as
23 mean \pm SEM. Unpaired 2-tailed t test with Welch's correction.



24

25 **Supplemental Figure 3. Study flow**

26 The source population included 218 patients, two MFS patients were excluded due to patients'
 27 condition, and nine non-HCTDs patients and one MFS patient and two LDS patients were excluded
 28 due to machine learning analysis status. The remaining 204 patients (non-HCTDs, $n = 159$; MFS,
 29 $n = 36$; LDS, $n = 9$) were eligible. CT, computed tomography; HCTDs, hereditary connective
 30 tissue disorders; LDS, Loeys–Dietz Syndrome; MFS, Marfan syndrome.

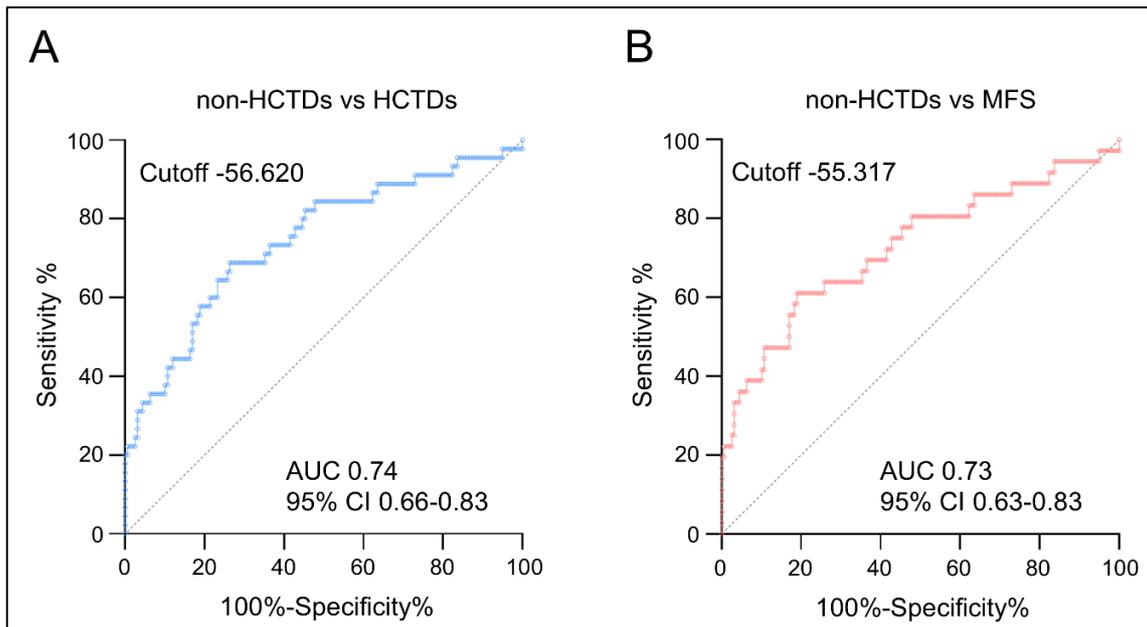


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32 **Supplemental Figure 4. AA-FAI and aortic dilatation**

33 (A) The fat attenuation index of perivascular adipose tissue surrounding the ascending aorta (AA-
 34 FAI) was calculated in non-HCTDs group (no aortic dilatation <35mm, $n = 69$, mild aortic
 35 dilatation 35-49mm, $n = 55$, severe aortic dilatation $50 \leq$ mm, $n = 35$) and MFS group ($n = 36$). The
 36 data are presented as mean \pm SD. $**P < 0.01$, $****P < 0.0001$, one-way ANOVA with Tukey's
 37 multiple comparisons test. (B) The non-HCTDs group was further divided into tertiles based on
 38 aortic size index (ASI) ($n = 53$ per tertile): lower tertile (T1, mean ASI 19.11), middle tertile (T2,
 39 mean ASI 23.22), and upper tertile (T3, mean ASI 33.98). The AA-FAI in MFS patients ($n = 36$,
 40 mean ASI 25.41) was significantly higher than in any of the non-HCTD tertiles. Data are presented
 41 as mean \pm SD. $**P < 0.01$, $****P < 0.0001$, one-way ANOVA with Tukey's multiple comparisons
 42 test. HCTDs, hereditary connective tissue disorders; MFS, Marfan syndrome.

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44

45 **Supplemental Figure 5. Receiver operating characteristic (ROC) analysis on AA-FAI of**
 46 **prediction for HCTDs or MFS.**

47 (A) Non-HCTDs ($n = 159$) vs HCTDs ($n = 45$). (B) non-HCTDs ($n = 159$) vs MFS ($n = 36$). AUC;
 48 area under the curve, HCTDs; hereditary connective tissue disorders, MFS; Marfan syndrome.

49 **Supplemental Table 1. List of sequences of Real-time quantitative RT-PCR primers.**

Genes	Primer forward	Primer reverse
<i>Adgre1</i>	CTTTGGCTATGGGCTTCCAGTCC	GCAAGGAGGACAGAGTTTATCGTG
<i>B2m</i>	CATGGCTCGCTCGGTGAC	CAGTTCAGTATGTTTCGGCTTCC
<i>Ccl2</i>	CCACTCACCTGCTGCTACTCAT	TGGTGATCCTCTTGTAGCTCTCC
<i>Cd163</i>	TCCACACGTCCAGAACAGTC	CCTTGGAACAGAGACAGGC
<i>Cd68</i>	ACTTCGGGCCATGTTTCTCT	GCTGGTAGGTTGATTGTCGT
<i>Gapdh</i>	CACTGAAGGGCATCTTGG	CATTGTCATAACCAGGAAATGAG
<i>Il1a</i>	TTGGTAAATGACCTGCAACA	GAGCGCTCACGAACAGTTG
<i>Il1b</i>	AGTTGACGGACCCCAAAG	AGCTGGATGCTCTCATCAGG
<i>Il6</i>	CTGCAAGAGACTTCCATCCAG	AGTGGTATAGACAGGTCTGTTGG
<i>Mrc1</i>	CAGGTGTGGGCTCAGGTAGT	TGTGGTGAGCTGAAAGGTGA
<i>Serpine1</i>	CCTCCTCATCCTGCCTAAGTT	GGCCAGGGTTGCACTAAAC
<i>Tnf</i>	TCTTCTCATTCTGCTTGTGG	GAGGCCATTTGGGA ACTTCT

50

Supplemental Table 2. Characteristic of patients with non-HCTD

Characteristic	No dilatation (<35mm) (n=69)	Mild dilatation (35-49mm) (n=55)	Severe dilatation (50mm≤) (n=35)
Age (IQR) -yr	69.6 (61.0-77.0)	71.2 (66.5-78.5)	61.7 (55.0-71.5)
Male sex-no. (%)	14 (20.3)	33 (60.0)	26 (74.3)
BMI (IQR)-kg/m ²	22.1 (19.8-24.3)	23.9 (20.3-26.3)	22.0 (20.0-23.9)
Hypertension-no. (%)	32 (46.4)	32 (58.2)	23 (65.7)
Dyslipidemia-no. (%)	37 (53.6)	26 (47.3)	9 (25.7)
Statin-no. (%)	17 (24.6)	15 (27.3)	6 (17.1)
LDL cholesterol (IQR)-mg/dL	114.3 (86.0-138.8)	105.5 (72.0-125.5)	107.8 (93.5-122.8)
HDL cholesterol (IQR)-mg/dL	74.9 (60.2-86.7)	58.7 (48.4-64.9)	59.6 (47.5-66.4)
Triglyceride (IQR)-mg/dL	98.4 (64.0-119.0)	122.7 (65.3-148.0)	114.8 (80.8-133.5)
Total cholesterol (IQR)-mg/dL	209.0 (181.0-238.0)	187.8 (169.0-205.0)	190.8 (169.0-214.8)
Type2 DM-no. (%)	12 (17.4)	7 (12.7)	2 (5.7)
Smoking history-no. (%)	20 (29.0)	25 (45.5)	16 (45.7)
CKD-no. (%)	25 (36.2)	23 (41.8)	10 (28.6)
Cre (IQR)-mg/dL	0.75 (0.62-0.84)	0.93 (0.71-0.98)	1.16 (0.73-0.95)
Hyperuricemia-no. (%)	6 (8.7)	5 (9.1)	3 (8.6)
Aortic diameter (mm)	30.9 (30.0-33.0)	39.9 (36.5-42.0)	59.9 (55.5-65.0)

BMI, body mass index; CKD, chronic kidney disease; DM, diabetes mellitus; IQR, Interquartile range