

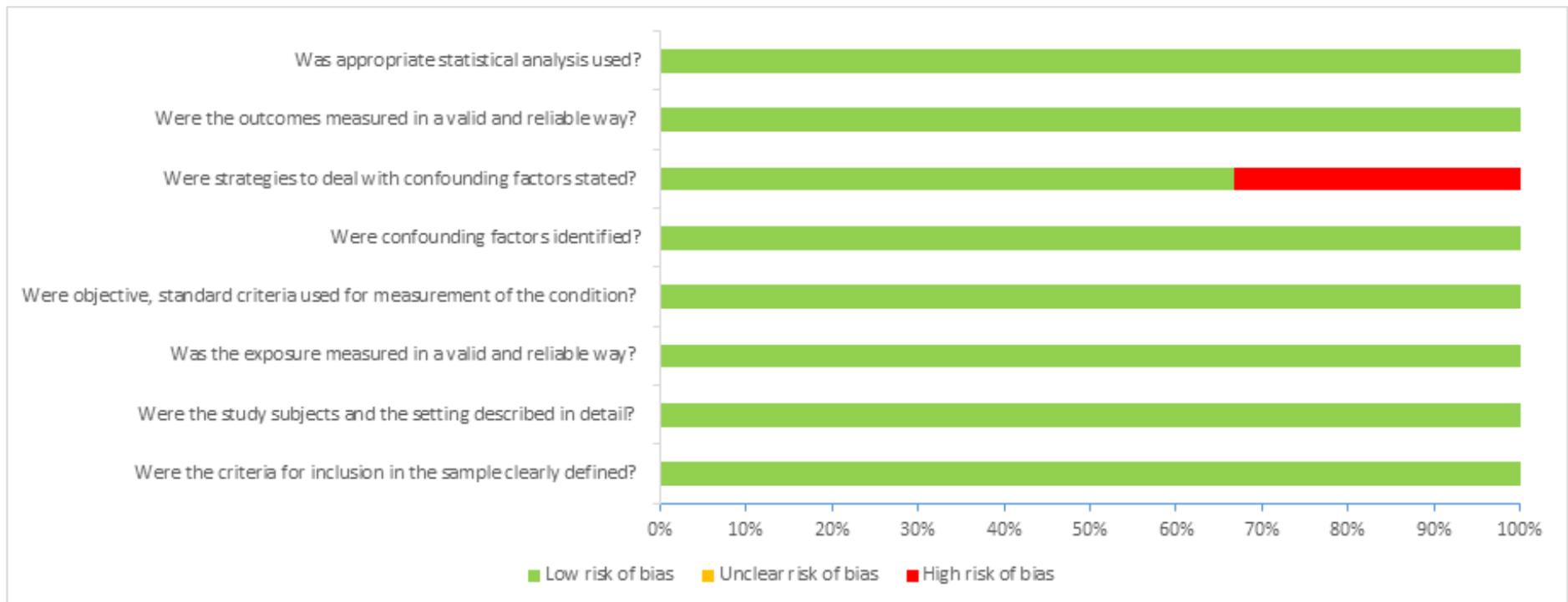
## Appendix 2. Risk of bias analysis

A. Risk of bias summary: review of authors' judgments about each risk of bias question for each study included in the project.

	Castagna O. et al. 2008[1]	Pecci R. et al. 2012[2]	Chen W. et al. 2015[3]	Pizarro C. et al. 2016[4]	Houben-Wilke S. et al. 2017[5]	Crisafulli E. et al. 2017[6]	Tuleta I. et al. 2017[7]
Were the criteria for inclusion in the sample clearly defined?							
Were the study subjects and the setting described in detail?							
Was the exposure measured in a valid and reliable way?							
Were objective, standard criteria used for measurement of condition?							
Were confounding factors identified?							
Were strategies to deal with confounding factors stated?						NA	
Were the outcomes measured in a valid and reliable way?							
Was appropriate statistical analysis used?							

NA, not applicable, because the differences in the confounding parameters between compared groups were statistically insignificant.

B. Risk of bias graph: review of authors' judgments regarding each risk of bias question presented as percentages across all studies included in the project



## **Appendix 2. references**

- [1] Castagna O, Boussuges A, Nussbaum E, et al. Peripheral arterial disease: an underestimated aetiology of exercise intolerance in chronic obstructive pulmonary disease patients. *Eur. J. Cardiovasc. Prev. Rehabil.* 2008;15:270–277.
- [2] Pecci R, De La Fuente Aguado J, Sanjurjo Rivo AB, et al. Peripheral arterial disease in patients with chronic obstructive pulmonary disease. *Int. Angiol.* 2012;31:444–453.
- [3] Chen W, Lin M-S, Sun K-S, et al. Is asymptomatic peripheral arterial disease associated with walking endurance in patients with COPD? *Int. J. Chron. Obstruct. Pulmon. Dis.* 2015;10:1487.
- [4] Pizarro C, Linnhoff F, van Essen F, et al. Lower extremity and carotid artery disease in COPD. *ERJ Open Res.* 2016;2:00037–02016.
- [5] Houben-Wilke S, Jörres RA, Bals R, et al. Peripheral Artery Disease and Its Clinical Relevance in Patients with Chronic Obstructive Pulmonary Disease in the COPD and Systemic Consequences–Comorbidities Network Study. *Am. J. Respir. Crit. Care Med.* 2017;195:189–197.
- [6] Crisafulli E, Scelfo C, Tzani P, et al. Asymptomatic peripheral artery disease can limit maximal exercise capacity in chronic obstructive pulmonary disease patients regardless of airflow obstruction and lung hyperinflation. *Eur. J. Prev. Cardiol.* 2017;24:990–999.
- [7] Tuleta I, Farrag T, Busse L, et al. High prevalence of COPD in atherosclerosis patients. *Int. J. Chron. Obstruct. Pulmon. Dis.* 2017;12:3047–3053.