

Author or committee	Year	No. of pregnancies	HCQ dose	HCQ duration	Results and conclusion
Barros T, et al. <sup>30</sup>	2022	109 normal pregnant women and 26 SS pregnancies, 15 pregnancies with HCQ therapy	Not reported	Not reported	Treatment with HCQ might benefit the obstetric results in SS patients.
Ye S, et al. <sup>31</sup>	2023	Among 853 pregnancies with autoimmune, 49 pregnancies with SS, of whom 42 treated with HCQ	≤400 mg/day	32 initiated before pregnancy, 5 from early pregnancy, 5 from mid or late pregnancy	HCQ treatment significantly reduced preeclampsia, early-onset preeclampsia and pregnancy loss in 853 pregnancies with autoimmune abnormalities, including 49 SS cases.
Ballester C, et al. <sup>32</sup>	2017	54 pregnancies in 19 women with pSS	At least 200 mg/day	Started before pregnancy and throughout the pregnancy	6 patients treated with HCQ (n=6) did not deliver prematurely or give birth to a child in the LBW percentile.
Fierro JJ, et al. <sup>33</sup>	2023	48 SLE and 21 pSS pregnancies with 70 fetuses (1 twin)	Not reported	Not reported	No significance of APO in patients with pSS between HCQ use and non-HCQ use.
Priori R, et al. <sup>34</sup>	2013	45 pregnancies in 36 women, 11% of which were treated with HCQ	Not reported	Not reported	No differences in pregnancy and fetal outcome no matter whether treated with medications, including HCQ.

For superscript numbers, please see REFERENCES.

APO: adverse pregnancy outcomes; HCQ: hydroxychloroquine; LBW: low birth weight; pSS: primary Sjogren's syndrome;

SLE: systemic lupus erythematosus; SS: Sjogren's syndrome