

Supplementary Table S1. Classification criteria for Interstitial Pneumonia with Autoimmune Features [1]

1. Presence of an interstitial pneumonia (By HRCT or surgical lung biopsy)
2. Exclusion of alternative aetiologies
3. At least one feature from at least two of the following domains

Clinical domain	Serological domain	Morphological domain
<ol style="list-style-type: none"> 1. Distal digital fissuring (<i>i.e.</i> “mechanic’s hands”) 2. Distal digital tip ulceration 3. Inflammatory arthritis or polyarticular morning joint stiffness ≥ 60min 4. Palmar telangiectasia 5. Raynaud’s phenomenon 6. Unexplained digital oedema 7. Unexplained fixed rash on the digital extensor surfaces (Gottron’s sign) 	<ol style="list-style-type: none"> 1. ANA $\geq 1:320$ titre, diffuse, speckled, homogeneous pattern or any titre for nucleolar or centromere pattern 2. Rheumatoid factor $\geq 2x$ upper limit of normal 3. Anti-CCP 4. Anti-dsDNA 5. Anti-Ro (SS-A) 6. Anti-La (SS-B) 7. Anti-ribonucleoprotein 8. Anti-Smith 9. Anti topoisomerase (Scl70) 10. Anti-tRNA synthetase (<i>e.g.</i> Jo1, PL7, PL-12) 11. Anti-PM/Scl 12. Anti-MDA5 	<ol style="list-style-type: none"> 1. Suggestive radiology patterns by HRCT: NSIP, OP, LIP, NSIP+OP 2. Histologic pattern or features by surgical lung biopsy: NSIP, OP, LIP, NSIP+OP, interstitial lymphoid aggregates with germinal centres, diffuse lymphoplasmacytic infiltration (with or without lymphoid follicles) 3. Multi-compartment involvement in addition to interstitial pneumonia: unexplained pleural or pericardial effusion or thickening, unexplained intrinsic airways disease* (by PFTs, imaging or pathology), unexplained pulmonary vasculopathy

HRCT: high-resolution computed tomography; ANA: antinuclear antibody; NSIP: non-specific interstitial pneumonia; OP: organising pneumonia; PFTs: pulmonary function tests; LIP: lymphoid interstitial pneumonia.

* Includes airflow obstruction, bronchiolitis or bronchiectasis.