Online supplemental material

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Members OPTIMACT study group

In alphabetical order, all affiliations are located in the Netherlands

<u>Josje Altenburg</u>, MD, PhD, Department of Pulmonology, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Jouke Annema</u>, MD, PhD, Professor of Pulmonary Endoscopy, Department of Pulmonology, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Ludo F.M. Beenen</u>, MD, Radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Dominique Bekebrede-Kaufman</u>, Radiology technician, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Joost W. van den Berg</u>, MD, Resident, Department of Internal Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Inge A.H. van den Berk, MD, PhD candidate, Chest Radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Sophie J. Bernelot Moens, MD, Resident, Department of Internal Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Shandra Bipat</u>, PhD, Clinical Epidemiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Bart G. Boerrigter, MD, PhD, Department of Pulmonology, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam

Marije M.K. Bomers, MD, PhD, Internist, Department of Internal Medicine, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam

Marjolein A.W. van den Boogert, MD, Resident, Department of Internal Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Patrick M.M. Bossuyt</u>, PhD, Professor of Clinical Epidemiology, Department of Clinical Epidemiology, Biostatistics and Bioinformatics, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Merel L.J. Bouwman</u>, MSc, Department of Internal Medicine, Center for Experimental and Molecular Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Paul Bresser, MD, PhD, Pulmonologist, Department of Respiratory Medicine, OLVG, Amsterdam

<u>Annemieke K. van den Broek</u>, MD, PhD candidate, Department of Internal Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Brenda Elzer</u>, MSc, Research assistant, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Marcel G.W. Dijkgraaf</u>, PhD, Professor of Health Technology Assessment, Department of Clinical Epidemiology, Biostatistics and Bioinformatics, Amsterdam UMC, University of Amsterdam, Amsterdam

Jos Donkers, Patient Ambassador, Longfonds, Amersfoort

<u>Elvin Eryigit</u>, MD, Chest radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam

<u>Tjitske S.R. van Engelen</u>, MD, PhD candidate, Department of Internal Medicine, Center for Experimental and Molecular Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Betty Frankemölle, Patient Ambassador, Longfonds, Amersfoort

Nina-Suzanne Groeneveld, BSc, Medical student, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Maarten Groenink</u>, MD, PhD, Cardiologist, Department of Cardiology, Amsterdam UMC, University of Amsterdam, Amsterdam

Emo E. van Halsema, MD, PhD, Resident, Department of Internal Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Naomi M. Haverkamp Begemann</u>, MD, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Suzanne M.R. Höchheimer, MD, Emergency Physician, Emergency Department, Spaarne Gasthuis, Haarlem and Hoofddorp

David ten Hoff, BSc, Medical student, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Frits Holleman</u>, MD, PhD, MBA, Internist, Department of Internal Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Erwin Hoolwerf, BSc, Medical student, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Dorine Hulzebosch, Research nurse, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Maadrika M.N.P. Kanglie</u>, MD, PhD candidate, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam and Department of Radiology, Spaarne Gasthuis, Haarlem and Hoofddorp

Mitran Keijzers, MD, Cardiologist, Department of Cardiology, Spaarne Gasthuis, Haarlem and Hoofddorp

Saskia Kolkman, MD, Radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Jos A.J. Kooter, MD, PhD, Internist, Department of Internal Medicine, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam

Daniel A. Korevaar, MD, PhD, Resident, Department of Pulmonology, Amsterdam UMC, University of Amsterdam, Amsterdam

Ivo van der Lee, MD, PhD, Pulmonologist, Department of Pulmonology, Spaarne Gasthuis, Haarlem and Hoofddorp

<u>Nick H.J. Lobe</u>, Radiology technician, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Peter A. Leenhouts, MD, MBA, Department of Emergency Care, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Ramon B. van Loon</u>, MD, PhD, Cardiologist, Department of Cardiology, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam

<u>Paul Luijendijk</u>, MD, PhD, Cardiologist, Department of Cardiology, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam

<u>Melanie A. Monraats</u>, MD, Radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Bregje Mol, BSc, Medical student, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Jan Luitse, MD, PhD, Department of Emergency Care, Department of Surgery, Amsterdam UMC, University of Amsterdam, Amsterdam

Lilian J. Meijboom, MD, PhD, Cardiothoracic Radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam

Carmen M. Melaan, MD, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Saskia Middeldorp</u>, MD, PhD, Professor of Medicine, Department of Vascular Medicine, Amsterdam Cardiovascular Sciences, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Alexander Montauban van Swijndregt</u>, MD, PhD, Chest Radiologist, Department of Radiology, OLVG, Amsterdam

Wouter de Monyé, MD, PhD, Radiologist, Department of Radiology, Spaarne Gasthuis, Haarlem and Hoofddorp

Jacqueline Otker, Bsc, LL.M., Patient Ambassador, Longfonds, Amersfoort

Jan M. Prins, MD, PhD, Professor of Medicine, Department of Internal Medicine, Division of Infectious Diseases, Amsterdam UMC, University of Amsterdam, Amsterdam

Anna Pijning, BSc, Medical student, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Tom van der Poll, MD, PhD, Professor of Medicine, Department of Internal Medicine, Division of Infectious Diseases, Amsterdam UMC, University of Amsterdam, Amsterdam

Adrienne van Randen, MD, PhD, Radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Tom D.Y. Reijnders, MD, PhD candidate, Department of Internal Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Milan L. Ridderikhof, MD, PhD, Emergency Physician, Department of Emergency Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Johannes A. Romijn, MD, PhD, Professor of Medicine, Department of Internal Medicine, Division of Endocrinology, Amsterdam UMC, University of Amsterdam, Amsterdam

Jorien M. van Rooijen, MD, Resident, Department of Internal Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Maeke J. Scheerder</u>, MD, Radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Antoinet J.N. Schoonderwoerd, Research assistant, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Laura J. Schijf, MD, Radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Frank F. Smithuis</u>, MD, Radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Ralf W. Sprengers, MD, PhD, EBCR, Cardiothoracic radiologist, Department of Radiology and Nuclear Medicine, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam

Robin Soetekouw, MD, Internist, Department of Internal Medicine, Spaarne Gasthuis, Haarlem and Hoofddorp

<u>Jaap Stoker</u>, MD, PhD, Professor of Radiology, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Geert J. Streekstra</u>, MSc, PhD, Department of Radiology and Nuclear Medicine and Department of Biomedical Engineering and Physics, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Elizabeth M. Taal</u>, MD, Research assistant, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Milou M. Tjong Joe Wai</u>, MD, Resident, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Merve S. Tulek</u>, BSc, Medical student, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Glenn de Vries</u>, BSc, Medical student, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Daphne D.L. van der Velden, MD, PhD, Resident, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Saskia Veldkamp, MD, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Loek Verdegaal, BSc, Medical student, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Maaike J.A. Vogel</u>, Radiology technician, Department of Radiology and Nuclear Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Lonneke A. van Vught, MD, PhD, Resident and postdoctoral researcher, Center for Experimental and Molecular Medicine (CEMM) and Department of General Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Mart Vuurboom, MD, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

<u>Guus A. Westerhof</u>, MD, PhD, Resident, Department of Pulmonology, Amsterdam UMC, University of Amsterdam, Amsterdam

Pieta C. Wijsman, MD, Resident, Department of Pulmonology, Spaarne Gasthuis Haarlem and Hoofddorp

<u>Michiel M. Winter</u>, MD, PhD, Cardiologist, Department of Cardiology, Amsterdam UMC, University of Amsterdam, Amsterdam

Rosa D. Wouda, MD, PhD candidate, Department of Nephrology, Amsterdam UMC, University of Amsterdam, Amsterdam

Ibtisam Yahya, BSc, Medical student, Faculty of Medicine, Amsterdam UMC, University of Amsterdam, Amsterdam

Text S1 Radiation dose calculation ULDCT and CXR

Method

The effective dose of ULDCT was calculated by multiplying the Dose Length Product (DLP) of the CT-acquisition with a dose conversion factor for the chest.¹ Calculation of the effective dose of the CXR were based on Monte Carlo simulations with PCXMC 2.0 (STUK, Helsinki, Finland). Input parameters for the simulations are the Dose area Product (DAP) of the acquisitions, source to patient distance, beam collimation, kVp and beam filtration.

Result

The median ULDCT dose was 0.2 mSv (IQR 0.2 to 0.3 mSv). The median CXR dose was for portable anterior posterior (AP) CXR 0.02 mSv (IQR 0.02 to 0.03 mSv) and bucky CXR posterior anterior (PA) and lateral 0.05 mSv (IQR 0.03 to 0.07 mSv).

Reference

1. Schenzle JC, Sommer WH, Neumaier K, et al. Dual energy CT of the chest: how about the dose? *Invest Radiol* 2010;45(6):347-53. doi: 10.1097/RLI.0b013e3181df901d [published Online First: 2010/04/21]

Table S1 Excluded patients Amsterdam UMC and Spaarne Gasthuis (SG)

		Amsterdam UMC		Spaarne Gasthuis ^a	
Assessed for eligibility	Total (N=4807)	ULDCT (N=1887)	CXR (N=1981)	ULDCT (N=475)	CXR (N=464)
Randomised	2418	881	890	327	320
Excluded ^b	2389	1006	1091	148	144
Not meeting inclusion criteria	1286 (26.8)	611 (32.4)	617 (31.1)	19 (4.0)	39 (8.4)
Earlier participants	572	294	272	3	3
Barriers to follow-up data collection	232	85	130	7	10
Life expectancy less than one month	192	68	104	7	13
Incapacitated patients	178	84	80	2	12
Unable to undergo ULDCT or CXR	107	79	28	0	0
Pregnancy	5	1	3	0	1
Declined participation	237 (4.9)	119 (6.3)	115 (5.8)	2 (0.4)	1 (0.2)
Other reasons	866 (18.0)	276 (14.6)	359 (18.1)	127 (26.7)	104 (22.4)
Unknown	731	202	349	76	104
Transport problems	4	0	3	1	0
Waiting time too long	6	0	6	0	0
CT scanner not available	124	74	0	50	0
Electronic patient record error	1	0	1	0	0

ULDCT: Ultra-low-dose chest computed tomography, CXR: Chest X-ray.

^a Due to privacy regulations the total number of patients assessed for eligibility, and the total number of patients excluded for

randomization are incomplete. These numbers are composed of complete data (Amsterdam UMC, location AMC) and data from a random sample of non-included patients (Spaarne Gasthuis).

^b Values are numbers (percentages).

Inclusions Amsterdam UMC location AMC



Inclusions Spaarne Gasthuis



Figure S1 Inclusions per month and per inclusion site. Red bars: ultra-low-dose chest computed tomography (ULDCT), White bars: chest X-ray (CXR)

Text S2 Availability of prior imaging

The ULDCT and CXR were read with prior imaging if available. In the ULDCT group in 35.2% (425/1208) of patients a prior CXR was used during reading and in 31.7% (383/1208) a prior chest-CT. In the CXR group in 62.4% (788/1210) of patients a prior CXR was used during reading and in 11.9% (144/1210) a prior chest-CT. In patients in the CXR group, a prior CXR was more often used for comparison compared to the ULDCT group. This is in accordance with regular clinical practice and related to the two dimensional projection technique of CXR and the lower number of images.



Figure S2 The distribution of the Physical component summary scale (PCS) scores.

ULDCT: Ultra-low-dose chest computed tomography, CXR: Chest X-ray

• Mean PCS score: ULDCT: 37.0 (95% CI 36.2 to 37.8), CXR: 35.9 (95% CI 35.2 to 36.7), difference 1.1 (95% lower CI: 0.003), histogram PCS in Supplement Figure S2.

Text S3 Imputation and sensitivity analyses

Primary outcome: Sensitivity analyses

Sensitivity analysis including the imputed 109 PCS scores of incomplete questionnaires using age and sex as variables (excluding four questionnaires in the ULDCT group and one questionnaire in the CXR group that were sent back completely blank) showed a result similar to the primary analysis: mean PCS score 36.9 in the ULDCT group (n=892) versus 35.9 in the CXR group (n=823), a difference of 1.0 (one-sided 95% lower CI: -0.06). Non-inferiority of ULDCT to CXR within the prespecified 1-point margin was therefore shown in the non-imputed and imputed data. Multivariable linear regression analysis on the non-imputed data with imaging modality as a predictor as well as baseline characteristics (age, gender, comorbidity, presenting symptoms, clinical question on radiology application form) resulted in a mean difference in PCS scores of 0.9 (one-sided 95% lower CI: -0.1), also indicating non-inferiority of ULDCT.

Table S2 Incidental findings: ULDCT versus CXR^a

	ULDCT (n= 1200) ^b	CXR (n=1203) ^b	Effect estimate (95% CI)
Incidental findings	100 (8.3)	14 (1.2)	
Pulmonary nodules	54	7	
Pulmonary other	4	2	
Cardiovascular	19	3	
Upper abdomen	13	1	
Musculoskeletal	6	1	
Breast	3	0	
Neck	1	0	
Mediastinum	1	0	
In follow-up because of incidental findings 28 days	26 (2.2)	4 (0.3)	1.8 (1.0 to 2.7)
Pulmonary nodules	21	4	1.4 (0.6 to 2.2)
Pulmonary other	2	0	
Upper abdomen	3	0	

ULDCT: Ultra-low-dose chest computed tomography, CXR: Chest X-ray, CI: Confidence Interval.

^a Values are numbers (percentages) unless otherwise specified.

^b In imaging-per-protocol population.

Table S3 Responders versus non-responders SF-12 questionnaire: baseline characteristics^a

Characteristic	SF-12 returned (N=1720)	SF-12 not returned (N=698)	Standardized difference
Mean age (SD) ^b , y	59.8 (17.5)	56.9 (20.1)	0.2
Female sex	854 (49.7)	346 (49.6)	0.2
Comorbidity			
Charlson Comorbidity Index ^c (IQR)	3.0 (1.0-5.0)	3.0 (1.0-5.0)	
Immunocompromised	392 (22.8)	139 (19.9)	7.2
Malignancy ^b	318 (18.5)	123 (17.6)	2.3
Diabetes ^b	320 (18.6)	155 (22.2)	8.9
Pulmonary disease			
Chronic obstructive pulmonary disease ^b	265 (15.4)	89 (12.8)	7.6
Asthma	180 (10.5)	70 (10.0)	1.4
Interstitial lung disease	42 (2.4)	15 (2.1)	2.0
Cystic fibrosis	22 (1.3)	6 (0.9)	4.1
Cardiac disease			
Myocardial infarction ^b	248 (14.4)	80 (11.5)	8.8
Chronic cardiac failure ^b	136 (7.9)	60 (8.6)	2.5
Neurological disease ^b	201 (11.7)	88 (12.6)	2.8
Kidney disease ^b	149 (8.7)	74 (10.6)	6.6
Thromboembolic disease	140 (8.1)	59 (8.5)	1.1

SD: standard deviation, IQR: interquartile range

^a Values are numbers (percentages) unless otherwise specified.

^b Variables included in the Charlson Comorbidity Index

^c Charlson Comorbidity Index, excluding AIDS. Predicts 10-year survival in patients with multiple comorbidities

Table S4 Responders versus non-responders SF-12 questionnaire: symptoms and clinicalquestion after initial evaluation at Emergency Department^a

Characteristic	SF-12 returned	SF-12 not returned	Standardized
	(N=1/20)	(N=698)	difference
Presenting symptoms			
Dyspnoea	967 (56.2)	391 (56.0)	0.4
Cough	959 (55.8)	351 (50.3)	11.0
Fever	730 (42.4)	252 (36.1)	13.0
Thoracic pain	654 (38.0)	248 (35.5)	5.2
Sputum production	539 (31.3)	193 (27.7)	8.1
Haemoptysis	71 (4.1)	24 (3.4)	3.6
Confusion	57 (3.3)	34 (4.9)	7.9
Clinical question on radiology request form			
Pneumonia	1209 (70.3)	450 (64.5)	12.4
Pulmonary congestion	138 (8.0)	52 (7.4)	2.1
Bronchitis	120 (7.0)	45 (6.4)	2.1
Pneumothorax	60 (3.5)	45 (6.4)	13.6
Pleural effusion	46 (2.7)	35 (5.0)	12.2
Pulmonary tumour	15 (0.9)	5 (0.7)	1.8
Atelectasis	5 (0.3)	2 (0.3)	0.1
Pulmonary metastases	2 (0.1)	5 (0.7)	9.3
Other	125 (7.3)	44 (6.3)	3.8

SF-12: Short Form-12

^a Values are numbers (percentages) unless otherwise specified.

Table S5 Baseline characteristics complete^a

Characteristics		ULDCT (n=1208)	CXR (n=1210)	
Mean age (SD) ^b , y		59.0 (18.1)	59.0 (18.6)	
Female sex		613 (50.7)	587 (48.5)	
Comorbidity				
Charlson Comorbidity	/ Index ^c (IQR)	3.0 (1.0-5.0)	3.0 (1.0-5.0)	
Immunocompromise	d	285 (23.6)	246 (20.3)	
Malignancy ^b		229 (19.0)	222 (18.3)	
Solid tumour ^d	Total	151 (13)	168 (14.0)	
	Localized	88 (7.3)	92 (7.6)	
	Metastasized	63 (5.2)	76 (6.3)	
Malignant lymphom	a ^d	46 (3.8)	33 (2.7)	
Leukemia ^d		32 (2.6)	21 (1.7)	
Diabetes ^b		230 (19.0)	245 (20.2)	
No end organ dama	ge ^e	173 (14.3)	177 (14.6)	
With end organ dam	nage ^e	57 (4.7)	68 (5.6)	
Pulmonary disease				
Chronic obstructive	pulmonary disease ^c	175 (14.5)	179 (14.8)	
Asthma		141 (11.7)	109 (9.0)	
Interstitial lung disease		29 (2.4)	28 (2.3)	
Cystic fibrosis		14 (1.2)	14 (1.2)	
Cardiac disease				
Myocardial infarctio	n ^b	159 (13.2)	169 (14.0)	
Chronic cardiac failu	lre ^b	98 (8.1)	98 (8.1)	
Neurological disease ^t)	140 (11.6)	149 (12.3)	
Cerebrovascular dise	ease ^b	128 (10.6)	133 (11.0)	
Dementia ^b		8 (0.7)	7 (0.6)	
Hemiplegia ^b		4 (0.3)	9 (0.7)	
Kidney disease ^b		104 (8.6)	119 (9.8)	
Thromboembolic disease		92 (7.6)	107 (8.8)	
Peripheral vascular disease ^b		66 (5.5)	88 (7.3)	
Liver disease		44 (3.6)	46 (3.8)	
Cirrhosis		24 (2.0)	22 (1.8)	
Chronic hepatitis		20 (1.7)	24 (2.0)	

ULDCT: Ultra-low-dose chest computed tomography, CXR: Chest X-ray, IQR: interquartile range ^a Values are numbers (percentages) unless otherwise specified.

^b Variables included in the Charlson Comorbidity Index

^c Charlson Comorbidity Index, excluding AIDS. Predicts 10-year survival in patients with multiple comorbidities

 $^{\rm d}$ Within the past 5 years, except for chronic lymphatic leukaemia

 $^{\rm e}\,{\rm End}$ organ damage: retinopathy, neuropathy, or nephropathy

Table S6 Diagnosis at ED discharge and Day 28 diagnosis complete^{ab}

Day 28 diagnosis	ULDCT (n=1161)		CXR (n=1151)		
	Diagnosis at ED	Diagnosis at Day	Diagnosis at ED	Diagnosis at Day	
	discharge	28	discharge	28	
Extra-thoracic pathology	259 (22.3)	299 (25.8)	246 (21.4)	338 (29.4)	
Community-acquired pneumonia	255 (22.0)	225 (19.4)	189 (16.4)	169 (14.7)	
Thoracic pain of unknown origin	110 (9.5)	122 (10.5)	112 (9.7)	135 (11.7)	
Fever of unknown origin	111 (9.6)	53 (4.6)	85 (7.4)	46 (4.0)	
Lower respiratory tract infection other	101 (8.7)	121 (10.4)	100 (8.7)	116 (10.1)	
than pneumonia					
COPD exacerbation	83 (7.1)	116 (10.0)	72 (6.3)	127 (11.0)	
No definite diagnosis yet	78 (6.7)	-	108 (9.4)	-	
Congestive heart failure	66 (5.7)	66 (5.7)	87 (7.6)	110 (9.6)	
(Possible) influenza A/B ^c	53 (4.6)	96 (8.3)	22 (1.9)	73 (6.3)	
Other thoracic pathology	57 (4.9)	60 (5.2)	66 (5.7)	63 (5.5)	
Asthma exacerbation	51 (4.4)	75 (6.5)	34 (3.0)	49 (4.3)	
Upper respiratory tract infection	49 (4.2)	52 (4.5)	48 (4.2)	64 (5.6)	
Healthcare-associated pneumonia	4 (0.3)	50 (4.3)	8 (0.7)	37 (3.2)	
Dyspnoea of unknown origin	32 (2.8)	26 (2.2)	48 (4.2)	23 (2.0)	
Cardiac arrhythmia	32 (2.8)	34 (2.9)	34 (3.0)	36 (3.1)	
Pleural effusion or empyema	22 (1.9)	27 (2.3)	12 (1.0)	33(2.9)	
No pathology	22 (1.9)	21 (1.8)	30 (2.6)	20 (1.7)	
Stable angina pectoris	16 (1.4)	17 (1.5)	13 (1.1)	7 (0.6)	
Pulmonary embolism	14 (1.2)	18 (1.6)	29 (2.5)	28 (2.4)	
Lung cancer or pulmonary metastases	8 (0.7)	19 (1.6)	8 (0.7)	21 (1.8)	
Pericarditis	11 (0.9)	11 (0.9)	9 (0.8)	13 (1.1)	
ACS with troponin	6 (0.5)	3 (0.3)	16 (1.4)	16 (1.4)	
Interstitial lung disease	6 (0.5)	13 (1.1)	1 (0.1)	6 (0.5)	
Sinusitis	9 (0.8)	11 (0.9)	9 (0.8)	9 (0.8)	
Exacerbation CF	7 (0.6)	9 (0.8)	9 (0.8)	10 (0.9)	
Pneumothorax	7 (0.6)	7 (0.6)	7 (0.6)	6 (0.5)	
ACS without troponin	6 (0.5)	6 (0.5)	7 (0.6)	6 (0.5)	
Aspiration pneumonia	8 (0.7)	6 (0.5)	5 (0.4)	4 (0.3)	
Atelectasis	5 (0.4)	1 (0.09)	1 (0.1)	1 (0.09)	
Pleuritis sicca	3 (0.3)	0 (0.0)	2 (0.2)	1 (0.09)	
Mediastinal tumour	0 (0.0)	2 (0.2)	0 (0.0)	1 (0.09)	
Acute chest syndrome	1 (0.1)	1 (0.09)	2 (0.2)	2 (0.2)	
Radiation pneumonia	0 (0.0)	1 (0.09)	1 (0.1)	1 (0.09)	

ULDCT: Ultra-low-dose chest computed tomography, CXR: Chest X-ray, COPD: Chronic obstructive pulmonary disease, CF: Cystic fibrosis, ACS: acute coronary syndrome

^a Values are numbers (percentages).

^b Patients could have more than one diagnosis.

^c (Possible) influenza A/ B: at ED discharge a diagnosis of possible influenza A/B was assigned if a patient was treated for influenza A/B awaiting the results of the PCR test. At day 28 a diagnosis of influenza A/B was assigned to PCR positive patients accordingly.