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Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

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Online supplement

Small airways pathology in Idiopathic Pulmonary Fibrosis: A case-control study

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Contents

- ✓ Table S1. List of antibodies for immunohistochemistry
- ✓ Figure S1. Variability in MDCT counting
- ✓ Figure S2. Variability in terminal bronchioles counting

TableS1. List of antibodies for immunohistochemistry

Target	Antibody name	Supplier	Product ID	Dilution
CD8 cell	CD8	DAKO	M7103	1:400
CD4 cell	CD4	DAKO	M7310	1:200
Neutrophil	Neutrophil elastase	DAKO	M0752	1:6400
B cell	CD79a	DAKO	M7050	1:150
Macrophage	CD68	DAKO	M0718	1400
Eosinophil	Major Basic Protein	Millipore	CBL4419	1:100

Figure S1. Variability in MDCT counting

Comparison of the number of airways counted on MDCT per airway generation by 2 independent observers. A and B show the Bland-Altman plots for both a representative control and IPF lung comparing the difference in counting to the average. While C and D show the number of airways per generation for 2 different observers for the same control (C) and IPF lung (D).

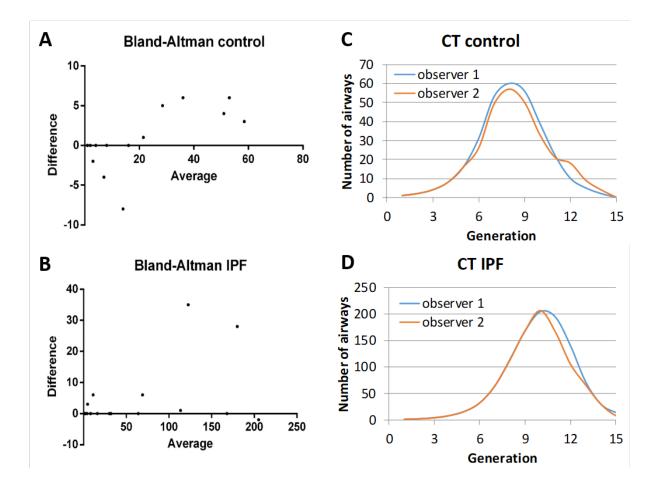


Figure S2. Variability in terminal bronchioles counting

Comparison of the number of terminal bronchioles counted by 2 different observers using the same microCT images. The Bland and Altman plots show good agreement between the two observers with negligible bias and a relatively tight 95% confidence interval.

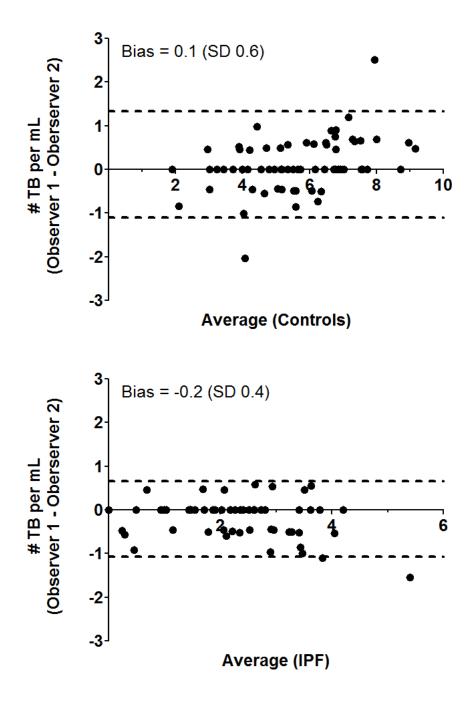


Figure S3. Comparison of terminal bronchiole counts by smoking status

Comparison of the number of terminal bronchioles in control and IPF patients sub-divided by pack years of smoking. A Kruskal-Wallis test with a Dunn's post test was used to test for significant differences. Data shows that similar numbers of terminal bronchioles are lost in IPF patients with both low and high pack years of smoking, compared to controls with and without smoking history.

