SUPPLEMENTARY DATA

Supplementary data 1.

Search strategy in PubMed

#1 ("Lung Diseases, Interstitial"[Mesh:NoExp] OR "Alveolitis, Extrinsic Allergic"[Mesh:NoExp] OR "Bird Fancier's Lung" [Mesh] OR "Farmer's Lung" [Mesh] OR "Silo Filler's Disease" [Mesh] OR "Trichosporonosis"[Mesh] OR "Histiocytosis, Langerhans-Cell"[Mesh:NoExp] OR "Eosinophilic Granuloma"[Mesh] OR "Idiopathic Interstitial Pneumonias"[Mesh:NoExp] OR "Idiopathic Pulmonary Fibrosis"[Mesh] OR "Pulmonary Fibrosis"[Mesh:NoExp] OR Interstitial Lung Disease[tw] OR Interstitial Lung Diseases[tw] OR Interstitial Pneumonia[tw] OR Interstitial Pneumonias[tw] OR Interstitial Pneumonitides[tw] OR Interstitial Pneumonitis[tw] OR Diffuse Parenchymal Lung Disease[tw] OR Diffuse Parenchymal Lung Diseases[tw] OR Hypersensitivity Pneumonitis[tw] OR Hypersensitivity Pneumonitides[tw] OR Extrinsic Allergic Alveolitis[tw] OR Extrinsic Allergic Alveolitides[tw] OR Bird Fancier Lung[tw] OR Bird Fanciers Lung[tw] OR Bird Fancier's Lungs[tw] OR Bird breeders lung[tw] OR Bird breeder's lung[tw] OR Budgerigar Fanciers Lung[tw] OR Budgerigar Fancier's Lung[tw] OR Pigeon Breeders Lung[tw] OR Pigeon Breeder's Lung[tw] OR Farmer Lung[tw] OR Farmers Lung[tw] OR Farmer's Lungs[tw] OR Mushroom Workers Lung[tw] OR Mushroom Worker's Lung[tw] OR Silo Filler Disease[tw] OR Silo Fillers Disease[tw] OR Silo Filler's Disease[tw] OR Silo Fillers' Disease[tw] OR Trichosporonosis[tw] OR Trichosporonoses[tw] OR Schuller-Christian Syndrome[tw] OR Schuller-Christian Disease[tw] OR Schueller-Christian Disease[tw] OR Histiocytosis X[tw] OR Generalized Histiocytosis[tw] OR Generalized Histiocytoses[tw] OR Langerhans Cell Histiocytosis[tw] OR Langerhans Cell Histiocytoses[tw] OR Langerhans-Cell Granulomatosis[tw] OR Letterer-Siwe Disease[tw] OR Non-Lipid Reticuloendotheliosis[tw] OR Nonlipid reticuloendotheliosis[tw] OR Systemic Aleukemic Reticuloendotheliosis[tw] OR Eosinophilic Granuloma[tw] OR Eosinophilic Granulomas[tw] eosinophilic OR granulomatosis[tw] OR Fibrocystic Pulmonary Dysplasia[tw] OR Hamman-Rich Disease[tw] OR Pulmonary fibrosis[tw] OR Pulmonary Fibroses[tw] OR Fibrosing Alveolitis[tw] OR Fibrosing Alveolitides[tw] OR Hamman-Rich Syndrome[tw] OR "Cryptogenic Organizing Pneumonia"[Mesh] OR Organizing pneumonia[tw] OR Organizing pneumonias[tw] OR BOOP[tw] OR organising pneumonia[tw] OR organising pneumonitis[tw] OR organizing pneumonitis[tw] OR NSIP[tw] OR Non-specific interstitial pneumonia[tw] OR Nonspecific interstitial pneumonia[tw] OR Nonspecific interstitial pneumonias[tw] OR Non-specific interstitial pneumonitis[tw] OR Nonspecific interstitial pneumonitis[tw] OR UIP[tw] OR Usual interstitial pneumonia[tw] OR Usual interstitial pneumonias[tw] OR Usual Interstitial Pneumonitis[tw] OR lymphocytic interstitial pneumonia[tw] OR lymphocytic interstitial pneumonitis[tw] OR desquamative interstitial pneumonia[tw] OR desquamative interstitial pneumonitis[tw])

#2("Mortality"[Mesh:NoExp] OR "Survival Rate"[Mesh] OR "Hospital Mortality"[Mesh] OR "Cause of Death"[Mesh] OR "Mortality, Premature"[Mesh] OR "Fatal Outcome"[Mesh] OR "Death"[Mesh] OR mortality[MeSH Subheading] OR "Prognosis"[Mesh] OR "Risk Factors"[Mesh] OR Mortality[tw] OR Mortalities[tw] OR Survival rate[tw] OR Survival rates[tw] OR cause of death[tw] OR causes of death[tw] OR Fatal[tw] OR Fatality[tw] OR Fatalities[tw] OR Death[tw] OR Deaths[tw] OR Died[tw] OR Prognosis[tw] OR Risk factor[tw] OR Risk factors[tw]) #3(("Systemic Vasculitis"[Mesh] OR Systemic Vasculitides OR Vasculitides, Systemic OR Vasculitis, Systemic)) OR ("Anti-Neutrophil Cytoplasmic Antibody-Associated Vasculitis" [Mesh] OR Anti Neutrophil Cytoplasmic Antibody Associated Vasculitis OR ANCA-Associated Vasculitis OR ANCA Associated Vasculitis OR Vasculitis, ANCA-Associated OR Pauci-Immune Vasculitis OR Pauci Immune Vasculitis OR Pauci-Immune Vasculitides OR Vasculitides, Pauci-Immune OR Vasculitis, Pauci-Immune OR ANCA-Associated Vasculitides OR ANCA Associated Vasculitides OR ANCA-Associated Vasculitide OR Vasculitide, ANCA-Associated OR Vasculitides, ANCA-Associated)) OR ("Churg-Strauss Syndrome"[Mesh] OR Churg Strauss Syndrome OR Syndrome, Churg-Strauss OR Vasculitis, Churg-Strauss OR Churg-Strauss Vasculitis OR Vasculitis, Churg Strauss OR Allergic Granulomatous Angiitis OR Allergic Granulomatous Angiitides OR Angiitides, Allergic Granulomatous OR Granulomatous Angiitides, Allergic OR Granulomatous Angiitis, Allergic OR Allergic Angiitis OR Allergic Angiitides OR Angiitides, Allergic OR Angiitis, Allergic OR Angiitis, Allergic Granulomatous)) OR ("Microscopic Polyangiitis" [Mesh] OR Microscopic Polyangiitides OR Polyangiitides, Microscopic OR Polyangiitis, Microscopic)) OR ("Wegener Granulomatosis"[Mesh] OR Granulomatosis, Wegener OR Wegener's Granulomatosis OR Granulomatosis, Wegener's)) #1 and #2 and #3

Search strategy in Embase	
No. Query Results	Results
#27. #16 AND #21 AND #26	368
#26. #15 OR #24 OR #25	326,702
#25. 'case fatality rate'/exp	2,416
#24. 'mortality rate'/exp	53,328
#23. #16 AND #21	15,750
#22. #15 AND #16 AND #21	280
#21. #17 OR #18 OR #19 OR #20	21,769
#20. 'microscopic polyangiitis'/exp	2,988
#19. 'wegener granulomatosis'/exp	13,421
#18. 'churg strauss syndrome'/exp	4,908
#17. 'anca associated vasculitis'/exp	5,805
#16. #1 OR #2 OR #4 OR #5 OR #7 OR #8 OR #9 OR #10 OR	1,470,218
#11	
#15. #12 OR #13 OR #14	277,948
#14. 'survival rate'/exp	239,125
#13. 'standardized mortality ratio'/exp	2,800
#12. 'morality'/exp	36,328
#11. 'interstitial pneumonia'/exp	15,333
#10. 'silica-induced pulmonary fibrosis'/exp	20
#9. 'experimental pulmonary fibrosis'/exp	1,471
#8. 'fibrosing alveolitis'/exp	23,681
#7. 'lung fibrosis'/exp	78,879
#6. 'interstitial pneumonia'/exp	15,333
#5. 'allergic pneumonitis'/exp	11,419
#4. 'bronchiolitis obliterans organizing	1,829

pneumonia'/exp

#3.	'interstitial pneumonia'/exp	15,333
#2.	'interstitial lung disease'/exp	81,032
#1.	'lung disease'/exp	1,470,218
Sear	ch strategy in Cochrane	

ID Search Hits

#1 MeSH descriptor: [Antibodies, Antineutrophil Cytoplasmic] explode all trees 69

#2 MeSH descriptor: [Anti-Neutrophil Cytoplasmic Antibody-Associated Vasculitis] explode all trees 156

#3 MeSH descriptor: [Churg-Strauss Syndrome] explode all trees 27

#4 MeSH descriptor: [Microscopic Polyangiitis] explode all trees 40

#5 MeSH descriptor: [Granulomatosis with Polyangiitis] explode all trees 82

#6 ("Systemic Vasculitis" OR Systemic Vasculitides OR Vasculitides, Systemic OR Vasculitis, Systemic) OR ("Anti-Neutrophil Cytoplasmic Antibody-Associated Vasculitis" OR Anti Neutrophil Cytoplasmic Antibody Associated Vasculitis OR ANCA-Associated Vasculitis OR ANCA Associated Vasculitis OR Vasculitis, ANCA-Associated OR Pauci-Immune Vasculitis OR Pauci Immune Vasculitis OR Pauci-Immune Vasculitides OR Vasculitides, Pauci-Immune OR Vasculitis, Pauci-Immune OR ANCA-Associated Vasculitides OR ANCA Associated Vasculitides OR ANCA-Associated Vasculitide OR Vasculitide, ANCA-Associated OR Vasculitides, ANCA-Associated Vasculitide OR Vasculitide, ANCA-Associated OR

#7 "Churg-Strauss Syndrome" OR Churg Strauss Syndrome OR Syndrome, Churg-Strauss OR Vasculitis, Churg-Strauss OR Churg-Strauss Vasculitis OR Vasculitis, Churg Strauss OR Allergic Granulomatous Angiitis OR Allergic Granulomatous Angiitides OR Angiitides, Allergic Granulomatous OR Granulomatous Angiitides, Allergic OR Granulomatous Angiitis, Allergic OR Allergic Angiitis OR Allergic Angiitides OR Angiitides, Allergic OR Angiitis, Allergic OR Angiitis, Allergic Granulomatous 114

#8 "Microscopic Polyangiitis" OR Microscopic Polyangiitides OR Polyangiitides, MicroscopicOR Polyangiitis, Microscopic185

#9 "Wegener Granulomatosis" OR Granulomatosis, Wegener OR Wegener's Granulomatosis OR Granulomatosis, Wegener's 247

#10 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 949

#11 MeSH descriptor: [Lung Diseases] explode all trees 39288

#12 MeSH descriptor: [Lung Diseases, Interstitial] explode all trees 779

#13 MeSH descriptor: [Idiopathic Interstitial Pneumonias] explode all trees 221

#14 MeSH descriptor: [Pulmonary Fibrosis] explode all trees 493

#15 MeSH descriptor: [Idiopathic Pulmonary Fibrosis] explode all trees 277

#16 "lung diseas*" or "intersitial lung disase*" or "idiopathic interstitial pneumonia*" or "pulmonary fibrosis" or "idiopathic pulmonary fibrosis" or "idiopathic interstitial pneumoni*" or "usual interstitial pneumoni*" 1474

#17 #11 or #12 or #13 or #14 or #15 or #16 40181

#18 MeSH descriptor: [Mortality] explode all trees 12664

#19 MeSH descriptor: [Survival Rate] explode all trees 9570

#20 Mortality or 'Cause of Death' or Child Mortality' or 'Fatal Outcome' or 'Fetal Mortality' or 'Hospital Mortality' or Infant Mortality' or 'Maternal Mortality' or 'Mortality, Premature' or 'Survival Rate' 130205

#21 #18 or #19 or #20130205

#22 #21 and #17 and #10 34

Supplementary data 2.

Excluded studies

Author/year/title/journal/volume/issue/ISSN/excluded reason

1.Doubkova/Autoantibodies in systemic connective tissue disease and ANCA-associated vasculitis, their relationship to interstitial lung diseases and prognosis/Vnitr Lek/63/2/0042-7732/not enough information

2.Homma/2004/Pulmonary fibrosis in myeloperoxidase antineutrophil cytoplasmic antibodyassociated vasculitides /Respirology/9/2/1323-7799/Study on ANCA-positive ILD

3.Takahashi/2005/Development of microscopic polyangiitis in patients with chronic airway disease/Lung/183/4/0341-2040/Study on other patterns of pulmonary involvement in AAV patients

4.Shiraki/2007/Prevalence of myeloperoxidase-anti-neutrophil cytoplasmic antibody (MPO-ANCA) in patients with interstitial pneumonia/Nihon Kokyuki Gakkai Zasshi/45/12/1343-3490 /Study on ANCA-positive ILD

5.Chen/2008/Antineutrophil cytoplasmic autoantibody-associated vasculitis in older patients/Medicine (Baltimore)/87/4/0025-7974 /no morality data

6.Foulon/2008/ANCA-associated lung fibrosis: analysis of 17 patients/Respir Med/102/10/0954-6111/Study on ANCA-positive ILD

7.Hervier/2009/Pulmonary fibrosis associated with ANCA-positive vasculitides. Retrospective study of 12 cases and review of the literature/Ann Rheum Dis/68/3/0003-4967/No comparison group

8.Nakabayashi 2009 Classification of clinical subtypes, patient survival, kidney prognosis, and relapse in patients with MPO-ANCA-associated vasculitis: A single-center experience/Modern Rheumatology/19/4/1439-7595/Study on ANCA-positive ILD

9.Nozu/2009/A comparison of the clinical features of ANCA-positive and ANCA-negative idiopathic pulmonary fibrosis patients/Respiration/77/4/0025-7931/Study on ANCA-positive ILD

10.Feng,/2011/Pathological and high resolution CT findings in Churg-Strauss syndrome/Chin Med Sci J/26/1/1001-9294/no morality data

11.Jin/2011/Clinical features of pulmonary involvement in patients with microscopic polyangiitis/Zhonghua Jie He Hu Xi Za Zhi/34/5/1001-0939/no morality data

12.Miyazaki/2011/Association of occupational dust exposure with myeloperoxidase-antineutrophil cytoplasmic antibody (MPO-ANCA)-positive interstitial pneumonia/American Journal of Respiratory and Critical Care Medicine/183/1/1073-449X/Study on ANCA-positive ILD

13.Nakabayashi/2011/Dual myeloperoxidase-antineutrophil cytoplasmic antibody- and antiglomerular basement membrane antibody-positive cases associated with prior pulmonary fibrosis: a report of four cases/Clin Exp Nephrol/15/2/1342-1751/Study on ANCA-positive ILD

14.Shields/2011/Pyrexia of unknown origin and pulmonary fibrosis as a presentation of MPO-ANCA associated vasculitis/BMJ Case Rep/2011/1757-790x/Not original study

15.Yamada/2011/ANCA: associated lung fibrosis/Semin Respir Crit Care Med/32/3/1069-3424/Not original study

16.Fernandez/2012/Pulmonary fibrosis associated with anti-neutrophil cytoplasmic antibody positive vasculitis/Medicina (B Aires)/72/4/0025-7680/Not original study

17.Ando/2013/Incidence of myeloperoxidase anti-neutrophil cytoplasmic antibody positivity and microscopic polyangitis in the course of idiopathic pulmonary fibrosis/Respir Med/107/4/0954-6111/Study on ANCA-positive ILD

18.Flores/2013/Limited pulmonary MPA, a new MPA entity A rheumatologist's perspective/Clinical and Experimental Nephrology/17/5/1342-1751/Not original study

19.Homma/2013/Pulmonary involvement in ANCA-associated vasculitis from the view of the pulmonologist/Clin Exp Nephrol/17/5/1342-1751/Not original study

20.Sato/2013/Clinical characteristics of interstitial pneumonia in microscopic polyangiitis/Respirology/18 /1323-7799/No comparison group

21.Shoda/2013/Prognosis of MPO-ANCA-positive interstitial pneumonia patients following active treatment/Annals of the Rheumatic Diseases/72/0003-4967/No comparison group

22.Comarmond/2014/Pulmonary fibrosis in ANCA-associated vasculitis: Clinical characteristics and long-term followup of 49 patients/Annals of the Rheumatic Diseases/73/0003-4967/No comparison group

23.Furuta/2014/Comparison of phenotype and outcome in microscopic polyangiitis between Europe and Japan/J Rheumatol/41/2/0315-1623/no morality data

24.Hassan/2014/Lung involvement at presentation predicts disease activity and permanent organ damage at 6, 12 and 24 months follow - up in ANCA - associated vasculitis/BMC Immunology/15/1/1471-2172/no morality data

25.Huang/2014/A retrospective study of microscopic polyangiitis patients presenting with pulmonary fibrosis in China/BMC Pulm Med/14/1471-2466/not enough information

26.Shoda/2014/Prognostic factors for interstitial lung disease with microscopic polyangiitis/Arthritis and Rheumatology/66/2326-5191/not enough information

27.lshida/2015/Clinical characteristics of combined pulmonary fibrosis and emphysema in patients with connective tissue disease/Annals of the Rheumatic Diseases/74/0003-4967/not enough information

28.Katsumata/2015/Interstitial Lung Disease with ANCA-associated Vasculitis/Clin Med Insights Circ Respir Pulm Med/9 Suppl 1/1179-5484/Not original study

29.Suzuki/2015/Outcomes of and predictive factors in Japanese patients with MPO-ANCAassociated vasculitis: Long-term data from a single rheumatology center/Annals of the Rheumatic Diseases/74/0003-4967/only abstract

30.Yan/2015/Lung performance of anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitis /Respirology/20/1323-7799/only abstract

31.Hozumi/2016/Clinical Implication of Proteinase-3-antineutrophil Cytoplasmic Antibody in Patients with Idiopathic Interstitial Pneumonias/Lung/194/2/0341-2040/Study on ANCA-positive ILD

32.Yamagata/2016/Prevalence and Responsiveness to Treatment of Lung Abnormalities on Chest Computed Tomography in Patients With Microscopic Polyangiitis: A Multicenter, Longitudinal, Retrospective Study of One Hundred Fifty Consecutive Hospital-Based Japanese Patients/Arthritis Rheumatol/68/3/2326-5191/not enough information 33.Alba/2017/Interstital lung disease in ANCA vasculitis/Autoimmun Rev/16/7/1568-9972/Not original study

34.Mohammad/2017/Pulmonary involvement in antineutrophil cytoplasmic antibodies (ANCA)-associated vasculitis: The influence of ANCA subtype/Journal of Rheumatology/44/10/1499-2752/no morality data

35.Borie/2018/Antineutrophil Cytoplasmic Antibody-Associated Lung Fibrosis/Semin Respir Crit Care Med/39/4/1069-3424/Not original study

36.Garcia/2018/Early interstitial lung disease in microscopic polyangiitis: Case report and literature review/Reumatol Clin/14/2/1699-2584/Not original study

37.Roszkiewicz/2018/From fibrosis to diagnosis: a paediatric case of microscopic polyangiitis and review of the literature/Rheumatol Int/38/4/0172-8172/Not original study

38.Russell/2018/Prognostic Significance of Cavitary Lung Nodules in Granulomatosis With Polyangiitis (Wegener's): A Clinical Imaging Study of 225 Patients/Arthritis Care and Research/70/7/2151-4658/Study on ANCA-positive ILD

39.Shoda/2018/Prognostic factors for interstitial lung disease with microscopic polyangiitis/Annals of the Rheumatic Diseases/77/1468-2060/only abstract

40.Wick/2018/Pulmonary disorders that are potentially associated with anti- neutrophilic cytoplasmic antibodies: A brief review/Semin Diagn Pathol/35/5/0740-2570/Not original study

41.Baqir/2019/Radiologic and pathologic characteristics of myeloperoxidase-antineutrophil cytoplasmic antibody–associated interstitial lung disease: A retrospective analysis/Sarcoidosis Vasculitis and Diffuse Lung Diseases/36/3/2532-179/no morality data

42.Manfredi/2019/Acute exacerbation of interstitial lung diseases secondary to systemic rheumatic diseases: a prospective study and review of the literature/J Thorac Dis/11/4/2072-1439/Studies comparing ILD-MPA and other ILD patterns

43.Zhao/2019/Clinical features and prognosis of microscopic polyangiitis with usual interstitial pneumonia compared with idiopathic pulmonary fibrosis/Clin Respir J/13/7/1752-6981/No comparison group

44.Maillet/2020/Usual interstitial pneumonia in ANCA-associated vasculitis: A poor prognostic factor/J Autoimmun/106/0896-841/No comparison group.

Supplementary figures

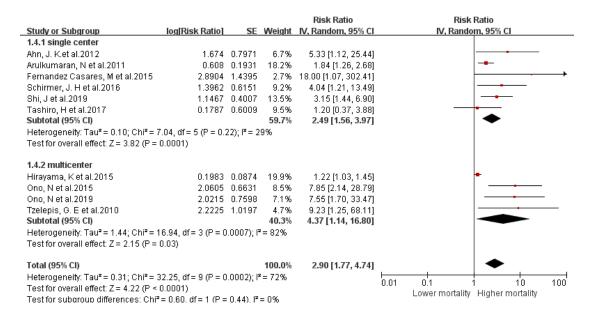
Supplementary figure 1: Subgroup analysis of risk ratio for all-cause mortality according to enrollment period. Enrollment period was classified as 2010 to 2015 and 2016 to 2020.

Study of Subgroup	leg[Dick Datia]	er.	Mojubt	Risk Ratio	Risk Ratio
Study or Subgroup 1.2.1 betwee 2010 and 2015	log[Risk Ratio]	35	weight	IV, Random, 95% CI	IV, Random, 95% Cl
	4 074	0 7074	0.70	5 00 14 4 0 05 4 4	
Ahn, J. K.et al.2012		0.7971	6.7%	5.33 [1.12, 25.44]	
Arulkumaran, N et al.2011		0.1931	18.2%	1.84 [1.26, 2.68]	-
Fernandez Casares, M et al.2015		1.4395	2.7%		_
Hirayama, K et al.2015	0.1983		19.9%	1.22 [1.03, 1.45]	
Ono, N et al.2015	2.0605		8.5%	7.85 [2.14, 28.79]	
Tzelepis, G. E et al.2010	2.2225	1.0197	4.7%	9.23 [1.25, 68.11]	
Subtotal (95% CI)			60.7%	2.73 [1.47, 5.07]	-
Heterogeneity: Tau ² = 0.29; Chi ² = 2	20.60, df = 5 (P = 0	.0010); P	'= 76%		
Test for overall effect: Z = 3.17 (P =	0.002)				
1.2.2 between 2016 and 2020					
Ono, N et al.2019	2.0215	0.7598	7.1%	7.55 [1.70, 33.47]	
Schirmer, J. H et al.2016	1.3962	0.6151	9.2%	4.04 [1.21, 13.49]	
Shi, J et al.2019	1.1467	0.4007	13.5%	3.15 [1.44, 6.90]	
Tashiro, H et al.2017	0.1787	0.6009	9.5%	1.20 [0.37, 3.88]	
Subtotal (95% CI)			39.3%	3.06 [1.60, 5.84]	
Heterogeneity: Tau ² = 0.12; Chi ² = 4	1.07. df = 3 (P = 0.3	25): P = 2	6%	. / .	
Test for overall effect: Z = 3.39 (P =		// -			
Total (95% CI)			100.0%	2.90 [1.77, 4.74]	
		00000.15		2.30[1.77,4.74]	
Heterogeneity: Tau ² = 0.31; Chi ² = 3		.0002); P	= 72%		0.01 0.1 1 10 10
Test for overall effect: Z = 4.22 (P <	,				Lower mortality Higher mortality
Test for subaroup differences: Chi ^a	= 0.06. df = 1 (P =	0.80). I²	= 0%		,,

Supplementary figure 2: Subgroup analysis of risk ratio for all-cause mortality according to ethnicity. Ethnicity was classified as Asian patients and non-Asian patients.

				-	-
				Risk Ratio	Risk Ratio
Study or Subgroup	log[Risk Ratio]	SE	Weight	IV, Random, 95% Cl	IV, Random, 95% Cl
1.3.1 non-Asian patients					
Arulkumaran, N et al.2011	0.608	0.1931	18.2%	1.84 [1.26, 2.68]	
Fernandez Casares, M et al.2015	2.8904	1.4395	2.7%	18.00 [1.07, 302.41]	
Schirmer, J. H et al.2016	1.3962	0.6151	9.2%	4.04 [1.21, 13.49]	
Tzelepis, G. E et al.2010	2.2225	1.0197	4.7%	9.23 [1.25, 68.11]	
Subtotal (95% CI)			34.8%	3.53 [1.43, 8.74]	
Heterogeneity: Tau ² = 0.40; Chi ² = :	5.94, df = 3 (P = 0.1	$(11); I^2 = 4$	9%		
Test for overall effect: Z = 2.73 (P =	0.006)				
1.3.2 Asian patients					
Ahn, J. K.et al.2012	1.674	0.7971	6.7%	5.33 [1.12, 25.44]	
Hirayama, K et al.2015	0.1983	0.0874	19.9%	1.22 [1.03, 1.45]	-
Ono, N et al.2015	2.0605	0.6631	8.5%	7.85 [2.14, 28.79]	
Ono, N et al.2019	2.0215	0.7598	7.1%	7.55 [1.70, 33.47]	
Shi, J et al.2019	1.1467	0.4007	13.5%	3.15 [1.44, 6.90]	→
Tashiro, H et al.2017	0.1787	0.6009	9.5%	1.20 [0.37, 3.88]	
Subtotal (95% Cl)			65.2%	2.90 [1.36, 6.18]	
Heterogeneity: Tau ² = 0.59; Chi ² = 3	21.01, df = 5 (P = 0	1.0008); P	²= 76%		
Test for overall effect: Z = 2.77 (P =	0.006)				
Total (95% CI)			100.0%	2.90 [1.77, 4.74]	•
Heterogeneity: Tau ² = 0.31; Chi ² = 3	32.25, df = 9 (P = 0	.0002); P	²= 72%	- / -	
Test for overall effect: Z = 4.22 (P <					0.01 0.1 1 10 10
Test for subaroup differences: Chi ²		0.74). I ²	= 0%		Lower mortality Higher mortality

Supplementary figure 3: Subgroup analysis of risk ratio for all-cause mortality according to research center. Research center was classified as single center and multicenter.



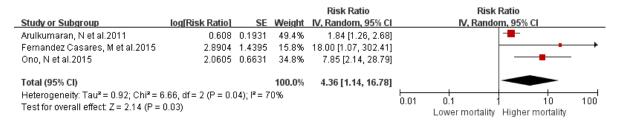
Supplementary figure 4: Subgroup analysis of risk ratio for all-cause mortality according to analysis method. Analysis method was classified as adjusting by covariates and without covariate.

				Risk Ratio	Risk Ratio
Study or Subgroup	log[Risk Ratio]	SE	Weight	IV, Random, 95% Cl	IV, Random, 95% Cl
1.5.1 adjusting by covariates					
Ahn, J. K.et al.2012	1.674	0.7971	6.7%	5.33 [1.12, 25.44]	
Hirayama, K et al.2015	0.1983	0.0874	19.9%	1.22 [1.03, 1.45]	-
Ono, N et al.2015	2.0605	0.6631	8.5%	7.85 [2.14, 28.79]	
Ono, N et al.2019	2.0215	0.7598	7.1%	7.55 [1.70, 33.47]	
Schirmer, J. H et al.2016	1.3962	0.6151	9.2%	4.04 [1.21, 13.49]	
Shi, J et al.2019	1.1467	0.4007	13.5%	3.15 [1.44, 6.90]	
Subtotal (95% CI)			64.9%	3.59 [1.60, 8.05]	-
Heterogeneity: Tau² = 0.70; Chi² =	24.04, df = 5 (P = 0	.0002); l ^a	= 79%		
Test for overall effect: Z = 3.10 (P =	0.002)				
1.5.2 without covariate					_
Arulkumaran, N et al.2011		0.1931	18.2%	1.84 [1.26, 2.68]	
Fernandez Casares, M et al.2015	2.8904	1.4395	2.7%	18.00 [1.07, 302.41]	· · · · · · · · · · · · · · · · · · ·
Tashiro, H et al.2017	0.1787	0.6009	9.5%	1.20 [0.37, 3.88]	
Tzelepis, G. E et al.2010	2.2225	1.0197	4.7%	9.23 [1.25, 68.11]	
Subtotal (95% CI)			35.1%	2.43 [1.04, 5.67]	
Heterogeneity: Tau ² = 0.33; Chi ² =	5.46, df = 3 (P = 0.1	14); I ² = 4	5%		
Test for overall effect: Z = 2.06 (P =	0.04)				
Total (95% CI)			100.0%	2.90 [1.77, 4.74]	•
	22.25 df= 0./D = 0	00003-18		2.50[1.77,4.74]	
Heterogeneity: Tau ² = 0.31; Chi ² =		.0002), F	= 7 2 %		0.01 0.1 1 10 100
Test for overall effect: Z = 4.22 (P =		0.543 12	- 00		Lower mortality Higher mortality
Test for subaroup differences: Chi	-= 0.42. dt = 1 (P =	0.51). F	= 0%		

Supplementary figure 5: Subgroup analysis of risk ratio for all-cause mortality according to follow-up period. Follow-up period was classified as no more than 48 months and more than 48 months.

				Risk Ratio	Risk Ratio
Study or Subgroup	log[Risk Ratio]	SE	Weight	IV, Random, 95% Cl	IV, Random, 95% Cl
1.6.1 no more than 48 months					
Ahn, J. K.et al.2012	1.674	0.7971	7.8%	5.33 [1.12, 25.44]	
Ono, N et al.2015	2.0605	0.6631	10.1%	7.85 [2.14, 28.79]	
Ono, N et al.2019	2.0215	0.7598	8.4%	7.55 [1.70, 33.47]	
Shi, J et al.2019	1.1467	0.4007	17.4%	3.15 [1.44, 6.90]	— • —
Tzelepis, G. E et al.2010	2.2225	1.0197	5.3%	9.23 [1.25, 68.11]	
Subtotal (95% Cl)			49.1%	4.83 [2.79, 8.35]	•
Heterogeneity: Tau ² = 0.00; Chi ² = 0	2.44, df = 4 (P = 0.6	85); I ² = 0	%		
Test for overall effect: Z = 5.63 (P <	0.00001)				
1.6.2 more than 48 months					
Arulkumaran, N et al.2011	0.608	0.1931	25.3%	1.84 [1.26, 2.68]	
Fernandez Casares, M et al.2015	2.8904	1.4395	2.9%	18.00 [1.07, 302.41]	
Schirmer, J. H et al.2016	1.3962	0.6151	11.2%	4.04 [1.21, 13.49]	
Tashiro, H et al.2017	0.1787	0.6009	11.5%	1.20 [0.37, 3.88]	
Subtotal (95% CI)			50.9 %	2.19 [1.16, 4.11]	◆
Heterogeneity: Tau ² = 0.15; Chi ² = 4	4.54, df = 3 (P = 0.3	21); I ² = 3	4%		
Test for overall effect: Z = 2.43 (P =	0.02)				
Total (95% CI)			100.0%	3.47 [2.08, 5.78]	•
Heterogeneity: Tau ² = 0.23; Chi ² = 1	14.51, df = 8 (P = 0	.07); I? =	45%		
Test for overall effect: Z = 4.77 (P <					0.01 0.1 1 10 100
Test for subaroup differences: Chi ^a	,	0.06), I ^z	= 70.9%		Lower mortality Higher mortality

Supplementary figure 6: Subgroup analysis of risk ratio for all-cause mortality according to the pattern of interstitial lung disease. Usual interstitial pneumonia was classified as a specific pattern.



Supplementary figure 7: Subgroup analysis of risk ratio for all-cause mortality according to the use of immunosuppressants for induction treatment.

Study or Subgroup	log[Risk Ratio]	SE	Weight	Risk Ratio IV, Random, 95% Cl		Risk Ratio IV, Random, 95% Cl	
1.8.1 Immunosuppressiv	e treatment						
Ono, N et al.2019	-0.1393	0.6486	0.2%	0.87 [0.24, 3.10]		<u> </u>	
Schirmer, J. H et al. 2016	0	0.0262	99.1%	1.00 [0.95, 1.05]			
Shi, J et al.2019	-0.414	0.31	0.7%	0.66 [0.36, 1.21]			
Subtotal (95% CI)			100.0%	1.00 [0.95, 1.05]		1	
Heterogeneity: Tau ² = 0.0	0; Chi ² = 1.81, df =	2 (P = 0.4	40); I ^z = 0 ^o	λ			
Test for overall effect: Z =	0.12 (P = 0.90)						
Total (95% CI)			100.0%	1.00 [0.95, 1.05]			
Heterogeneity: Tau ² = 0.0	0; Chi ² = 1.81, df =	2 (P = 0.4	40); I ^z = 0 ^o	λ			4.00
Test for overall effect: Z =	0.12 (P = 0.90)				0.01	0.1 1 10	100
Test for subaroup differer	nces: Not applicabl	е				Lower mortality Higher mortality	