Supplementary Material



Table S1: Patients' clinical characteristics					
Variables	ILD	Healthy control	<i>P</i> -value		
Number	91	71	-		
Age (years)	55 (45-64) ^a	52 (48-55)ª	0.176 ^b		
SP-A	42.9 (32.5-65.3)ª	20.1 (15.1-24.6)ª	< 0.001b		
KL-6	1192 (764-2312)ª	194 (156–289)ª	< 0.001b		

^aIQR; ^b*P*-value was calculated by Mann–Whitney U test.

ILD: interstitial lung disease; IQR: interquartile range; KL-6: Krebs von den Lungen-6; SP-A: surfactant protein-A.

Variables	CTD-ILD	IIP	IPAF	Others	P-value
Number (%)	36 (39.56%)	20 (21.98%)	22 (24.18%)	13 (14.29%)	-
SP-A					
Pretreatment	46.7 (36.8–68.3)ª	40.2 (31.1-51.7)ª	44.1 (29.6-64.6) ^a	46.3 (32.8–102.6) ^a	0.298 ^b
Post-treatment	46.7 (31.1-63.9)ª	40.0 (31.1-64.4)ª	34.2 (21.2-56.7)ª	49.5 (39.2-76.4) ^a	0.347 [♭]
KL-6					
Pretreatment	1246.5 (847–2333.7)ª	1052.0 (745-1502.2)ª	1073.0 (702.2-2046.0)ª	1246.0 (665.0– 3009.5)ª	0.320 ^b
Post-treatment	1321.5 (697.5-2616.7)ª	735 (514.7–1437.7)ª	742.0 (459.5–1676.5)ª	1463.0 (661.0– 3837.0)ª	0.136⁵

^aIQR; ^b*P*-value was calculated by Kruskal–Wallis test.

CTD-ILD: connective tissue disease associated with ILD; HP: hypersensitivity pneumonitis; IIP: idiopathic interstitial pneumonia; ILD: interstitial lung disease; IPAF: interstitial pneumonia with autoimmune features; IQR: interquartile range; KL-6: Krebs von den Lungen-6; SP-A: surfactant protein-A.

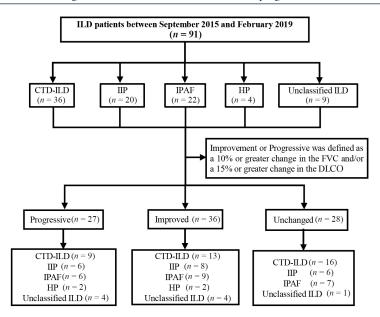


Figure S1: Flowchart for the patients with ILD included in the study and their allocation into the three study groups. ILD: interstitial lung disease; DLCO: diffusing capacity for carbon monoxide; FVC: forced vital capacity; HP: hypersensitivity pneumonitis; CTD-ILD: connective tissue disease associated with ILD; IIP: idiopathic interstitial pneumonia; IPAF: interstitial pneumonia with autoimmune features.

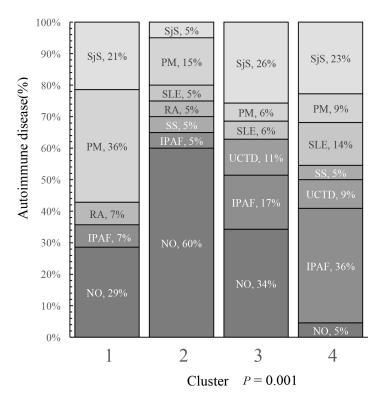


Figure S2: Treatment of different kinds of autoimmune diseases in the cluster analysis. *P*-values were calculated by Fisher's exact test. SjS: Sjogren's syndrome; PM: polymyositis dermatomyositis; DM: dermatomyositis; RA: rheumatoid arthritis; SS: systemic sclerosis; SLE: systemic lupus erythematosus; UCTD: undifferentiated connective tissue disease; NO: without autoimmune disease. Comparison of serum KL-6 and SP-A levels between ILD patients and healthy volunteers. We used ROC curve analysis to evaluate the sensitivity and specificity of serum KL-6 and SP-A concentrations as biomarkers for the diagnosis of ILD in Figure S3. Based on the area under the ROC curve (AUC), when the cutoff level for SP-A to distinguish ILD was 29 ng/mL, the sensitivity and specificity were 87.9% and 93%, respectively (AUC = 0.947, 95% CI = 0.914–0.979). When the cutoff level for KL-6 to distinguish IPAF was 470 U/mL, the sensitivity and specificity were 93.4% and 98.6%, respectively (AUC = 0.990, 95% CI = 0.980–1.000).

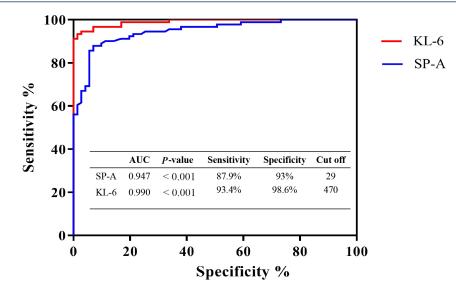


Figure S3: Receiver-operating characteristic (ROC) curve according to the specificity and sensitivity of serum SP-A and KL-6 levels. SP-A: surfactant protein-A; KL-6: Krebs von den Lungen-6. Of the 83 cases included in the cluster analysis, 61 were treated with steroids alone (prednisolone [PDN]) and methylprednisolone (mPSL) steroids alone. Only eight patients were treated with antifibrotic therapy alone. There was no significant difference (P = 0.8401) in the ratio of antifibrotic therapy among the clusters (Figure S4). Therefore, we consider that the relationship between the change of SP-A and KL-6 levels and the treatment response of this study is mainly response to steroids.

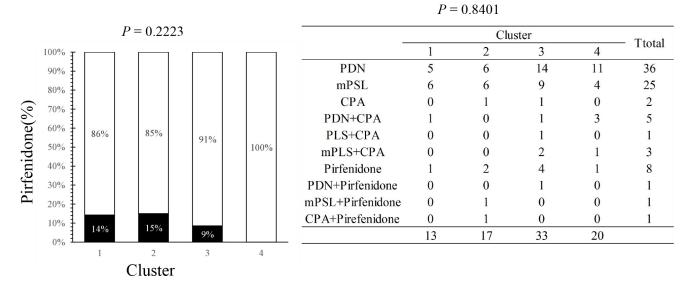


Figure S4: Treatment of three groups in the cluster analysis. *P*-values were calculated by Fisher's exact test. PDN: prednisone; mPSL: methylprednisolone; CPA: cyclophosphamide; PLS: prednisolone.