

**Table 1 bis. Calculation of the sample size**

Findings of the PneumO-LD-CT cohort (unpublished results). For each of the 200 participants, the probability of pneumonia was assessed by a clinician before and after LDCT. A committee of experts adjudicated the diagnosis of pneumonia.

<i>Clinician's estimates of the probability of pneumonia based on CXR (before LDCT)</i>	<i>Clinician's estimates of the probability of pneumonia after LDCT</i>		
<b>Patients with pneumonia according to an adjudication committee (n=131)</b>			
	Low	Intermediate/ high	TOTAL
Low	<b>1</b>	<b>6</b>	<b>7</b>
Intermediate/ high	<b>10</b>	<b>116</b>	<b>126</b>
TOTAL	<b>11</b>	<b>122</b>	<b>133</b>
<b>Patients without pneumonia according to an adjudication committee (n=67)</b>			
	Low	Intermediate/ high	TOTAL
Low	<b>9</b>	<b>1</b>	<b>10</b>
Intermediate/ high	<b>37</b>	<b>20</b>	<b>57</b>
TOTAL	<b>46</b>	<b>21</b>	<b>67</b>
<b>Total patients (n=200)</b>			

In this adjudication, the panel of experts had access to the results of LDCT to rate their probability of pneumonia, on the contrary of previous published results <sup>23</sup>.

The accuracy of clinician's diagnosis before LDCT was  $(126+10)/(133+67) = 0.68$ .

The accuracy of clinician's diagnosis after LDCT was  $(122+46)/(133+67) = 0.84$ .