Supplementary table 1: comparison of key criteria for 2013 ATS/ERS, 2017 French society and 2018 ATS/ERS/JLS/ALAT guidelines

	ATS/ERS/JRS/ALAT diagnostic criteria for idiopathic pulmonary fibrosis (IPF) [1]	**ATS/ERS/JRS/ALAT diagnostic criteria for idiopathic pulmonary fibrosis (IPF) [2]**	**Diagnosis of Idiopathic Pulmonary Fibrosis An Official ATS/ERS/JRS/ALAT Clinical Practice Guideline [3]**
Year	**2013**	**2017**	**2018**
UIP pattern	All 4 features: - Subpleural, basal predominance - Reticular abnormality - Honeycombing with or without traction bronchiectasis - Absence of features listed as inconsistent with UP	All 4 features: - Basal and subpleural predominance - Reticulation - Honeycombing with or without traction bronchiectasis - Absence of features of not possible with a pattern of UIP	- Subpleural and basal predominant; distribution is often heterogeneous - Honeycombing with or without peripheral traction bronchiectasis or bronchiolectasis
Possible UIP pattern	All 3 features: - Subpleural, basal predominance - Reticular abnormality - Absence of features listed as inconsistent with UIP pattern	All 3 features: - Basal and subpleural predominance - Reticulation - Absence of features with a pattern of UIP	**Probable UIP** - Subpleural and basal predominant; distribution is often heterogeneous - Reticular pattern with peripheral traction bronchiectasis or bronchiolectasis - May have mild ground glass opacities (GGO) **Indeterminate for UIP** - Subpleural and basal predominant - Subtle reticulation; may have mild GGO or distortion (“early UIP pattern”) - CT features and/or distribution of lung fibrosis that do not suggest any specific

			etiology ("truly indeterminate for UIP"
Alternative diagnosis	Any of the seven features: - Upper or mid-lung predominance - Peribronchovascular predominance - Extensive ground glass abnormality (extent >reticular abnormality) - Profuse micronodules (bilateral, predominantly upper lobes) - Discrete cysts (multiple, bilateral, away from areas of honeycombing) - Diffuse mosaic attenuation/air-trapping (bilateral in three or more lobes) - Consolidation in bronchopulmonary segment(s)/lobe(s)	At least one of these features: - Predominance in the upper zones or in the middle part of the lungs - Peribronchovascular predominance - Ground glass opacities more extensive than reticulation - Profuse micronodules (bilateral, predominant in the upper lobes) - Non-contiguous cysts (multiples, bilateral, remote from honeycombing areas) - Diffuse mosaic/air-trapping attenuation (bilateral, in 3 or more lobes) - Segmental or lobar condensation	Findings suggestive of another diagnosis, including: - CT features: ∘ Cysts ∘ Marked mosaic attenuation ∘ Predominant GGO ∘ Profuse micronodules ∘ Centrilobular nodules ∘ Nodules ∘ Consolidation - Predominant distribution: ∘ Peribronchovascular ∘ Perilymphatic ∘ Upper or mid-lung - Other: ∘ Pleural plaques (consider asbestosis) ∘ Dilated esophagus (consider CTD) ∘ Distal clavicular erosions (consider RA) ∘ Extensive lymph node enlargement (consider other etiologies) ∘ Pleural effusions, pleural thickening (consider CTD/drugs)

1 Wells AU. The revised ATS/ERS/JRS/ALAT diagnostic criteria for idiopathic pulmonary fibrosis (IPF)--practical implications. *Respir Res* 2013;14 Suppl 1:S2. doi:10.1186/1465-9921-14-S1-S2

2 Cottin V, Crestani B, Cadranel J, *et al.* [French practical guidelines for the diagnosis and management of idiopathic pulmonary fibrosis. 2017 update. Full-length update]. *Rev Mal Respir* Published Online First: 21 September 2017. doi:10.1016/j.rmr.2017.07.018

3 Raghu G, Remy-Jardin M, Myers JL, *et al.* Diagnosis of Idiopathic Pulmonary Fibrosis. An Official ATS/ERS/JRS/ALAT Clinical Practice Guideline. *Am J Respir Crit Care Med* 2018;**198**:e44–68. doi:10.1164/rccm.201807-1255ST