## **SUPPLEMENTARY MATERIAL**

## **Chart S1** - STANDARDIZED FORM- INTERSTITIAL LUNG DISEASE

Center	Initia	l eval	uation date_	//	No
Gender Male □; Female □	Age: _	_ yo. :	Smoker: No 🗆	l, Current □, P	ast □
Compromised F			No□	Yes□	Disease
Time history: month Cough: Absent □ Present Dyspnea: Absent□; Great Impaired evaluation or mN	s t□ at efforts□,		erate efforts	], Small effort	s □, Rest□,
Family history of ILD: No					
Connective tissue diseated Systemic lupus erythemate Syndrome □, Dermatopole Findings □, Antisynthetase Symptoms of GERD: No	tosus □, M liomyositis e Syndrom	lixed □, In ne □	connective tis terstitial Pneu	sue disease [	□, Sjogren's
GERD exams: No□, Esop □ proximal □	ohagitis⊟, d	distal	hypotonia □, l	PHmetry-norm	nal □ ; distal
<b>Drugs:</b> No □, Amiodaror Carbamazepine □, Radiat		-			furantoin □,
Hypersensitivity Pneur parrots, canaries, cockation		•		` •	•
<b>Occupational exposure</b> Berylliosis□, Metals □, Ga					mixed □,
Physical exam: No □ Ccular □ , Lymph node Hepatomegaly□,	Ra	aynau disea	ıd □, Mechan	nic's hands □,	Arthritis $\Box$ ,
Lung function tes %	t: FVC	%	_FEV1%	_FEV1/FVC	DLCO
SaO2 rest SpO2 ex Autoantibodies: Antin Other			·	Rheumatoid	Factor
Transbronchial biopsy histological findings □; No				_	-
Bronchoalveolar lav			phages%	_ Neutrop	hils%

Surgical	Lung	Biopsy	Date	//
Biopsy from a	nother site			
Idiopathic Pulmer; Cryptogenic (NSIP) : Respire; Acute Lymphangioleio Alveolar protein CTD : (Sy Erythematosus Dermatopoliomy Antisynthetase	onary Fibrosis organization priratory bronchicularitial omyomatosis   stemic sclerosis     Mixed Conresitis     Intersyositis     Syndrome     hers	1; □; Sarcoidos oneumonia □; No olitis - ILD/ Des Pneumonia □; Pulmonary L ophilic Pneumon sis□, Rheumato nective Tissue D stitial Pneumoni Airway centere	ole Interstitial Lunis □; Hypersensitivion-Specific Intersticquamative Interstitution	ity Pneumonitis tial Pneumonia tial Pneumonia coniosis  ; distiocytosis  ; ry Vasculitis  ; ry Stemic Lupus s Syndrome  , nity Findings  ; cinomatosis  ;
<b>Multidisciplina</b> Diagnosis	•			
Chest tomogra	phy date/	/		

Findings	YES
Craniocaudal Distribution	
Predominantly upper lobes	
Predominant lower lobes	
Diffuse	
Axial Distribution	
Central / peribronchovascular	
Peripheral/ subpleural	
Central and peripheral	
Unilateral predominance	
Decreased volume of upper lobes	
Lower lobe volume reduction	
Reticular opacities	
Reticular non-septal (irregular)	
Reticular septal	
Subpleural lines	
Parenchymal bands	
Nodules-Size	
small (below1 cm)	
Large (above1 cm)	
Large- conglomerates/masses	
Excavated	
Nodules -Distribution:	
Miliary	
Centrilobular	
Peribronchovascular	
Subpleural	
Tree in bud	

Increased opacity	
Possible dependent	
Ground glass	
No fibrosis	
With findings of fibrosis	
Consolidation	
At random	
Peribronchial	
Peripheral	
Hypertransparencies	
Honeycombing	
Cysts	
Emphysema	
Bronchiolectasis / bronchiectasis	
Non-traction bronchiectasis	
Mosaic perfusion	
Expiratory air trapping	
Pleura	
Thickening/Plaques/Calcifications	
Pleural effusion	
Pneumothorax	
Pulmonary Artery > Aorta	
Adenopathy	
Hilar	
Mediastinal	
Calcifications	

## **Chart S2** - ENVIRONMENTAL EXPOSURE QUESTIONNAIRE

	YES	NO	OBSERVATION
Do you live on a farm and have silos?			
Do you have birds at home?  a) Pigeon b) Parakeet c) Parrot d) Canary e) Cockatiel f) Rabbit			
Air conditioning units at home or at work?			
Humidifier or vaporizer at home or work?			
Accumulation of fungus or mold at home or work on walls, floors or furniture or on the mattress?			
Musty smell at home or at work?			
Do you have water leaks at home?			
Do you go to hot water saunas?			
Do you have a pool at home?			
Do you have an internal water source at home?			
Pillows, or quilted or feather cushion?			
Feather decoration?			
Do you work/have you worked with paints or varnishes?			
Do you work or have you worked in furniture factories?			
Do you work or have you worked with wood/sawmills?			
Do you work or have you worked exposed to metallic fluids?			
Do you work or have you worked with foam sprays?			
Do you work or have you worked with bird or fish food?			
Do you work or have you worked with wheat flour?			
Do you have plants and handle soil or fertilizers?			
Exposure to insecticides? Exposure to copper sulfate?			
Do you have a fungus plantation (shiitake)?			
Do you play wind instruments?			

**Table S1 -** General characteristics of the most frequent ILD among 1406 patients in 6 centers in Brazil

	CTD-ILD	HP	IPF	Unclassifiable	Sarcoidosis
				ILD	
N patients n (%)	376 (26,8)	327(23,2)	199 (14,1)	143 (10,2)	89 (6,3)
Age $\overline{x}\overline{x}$ (± SD)	55,6 (±	63,6 (±	71,7 (± 6,9)	67,8 (± 11,1)	50,2 (± 11,4)
	12,7)	12,6)			
Sex, F, n (%)	287 (76,3)	188 (57,5)	52 (26,1)	67 (46,9)	51 (57,3)
Smoking n (%)	137 (36,7)	134 (41,2)	132 (66,7)	81 (57,4)	29 (33)
Family History n (%)	10 (3,3)	36 (13,3)	36 (23,8)	23 (20,2)	-
Relevant exposure n	139 (39,4)	317 (96,9)	88 (44,6)	93 (68,4)	18 (25)
(%)					
Symptoms of GER n (%)	216 (60,5)	142 (46,5)	85 (46,4)	66 (50,4)	23 (31,5)
Autoantibodies n (%)	315 (86,8)	36 (12,6)	8 (5,1)	17 (13,8)	2 (2,2)
Crackle n (%)	192 (52,3)	168 (52,3)	172 (89,1)	99 (72,8)	7 (8,1)
Honeycombing n (%)	54 (14,4)	53 (16,2)	142 (71,4)	29 (20,3)	1 (1,1)
Fibrotic ILD n (%)	289 (76,9)	269 (82,3)	199 (14,1%)	130 (90,9)	16 (18,0)
FVC % $\overline{x}\overline{x}$ (± SD)	65,0 (±	64,4 (±	69,9 (±	64,3 (± 18,0)	79,6 (± 16,5)
	18,0)	19,2)	18,6)		

Note: GER: gastroesophageal reflux, FVC: forced vital capacity; IPF: idiopathic pulmonary fibrosis; HP: hypersensitivity pneumonitis; CTD-ILD: interstitial lung disease related to connective tissue disease

**Table S2 –** Distribution of the sample of 1406 patients with ILD according to the center of origin

Center of origin	Frequency (n)	Percentage (%)
Hospital of the Federal University of São Paulo	437	31,1
Hospital of the Federal University of Minas	285	20,3
Gerais		
CACP Pulmonology Clinic in São Paulo	259	18,4
Julia Kubistchek Hospital in Belo Horizonte	191	13,6
Sao Rafael Hospital in Salvador	128	9,1
Hospital of the Federal University of Goias	106	7,5
Total	1406	100

Note: UNIFESP: Federal University of São Paulo; UFMG: Federal University of Minas Gerais;

UFG: Federal University of Goiás

Table S3 - Total and variation in the main ILD diagnoses among the 6 centers in Brazil

Center of origin			Diagnostics %	, D	
	CTD-ILD	HP	Unclassifiable	IPF	Sarcoidosis
			ILD		
Hospital of the UNIFESP (n=437)	28,1	20,4	11,4	6,4	9,4
Hospital of the UFMG (n=285)	27,7	36,5	7,4	16,5	3,2
Private Clinic in São Paulo (n=259)	15,0	21,2	9,3	22,3	8,8
Julia Kubistchek Hospital in Belo	38,2	14,1	12,6	19,9	4,2
Horizonte )(n=191)					
São Rafael Salvador (n=128)	24,2	29,7	3,1	14,8	6,2
Hospital of the UFG (n=106)	29,2	13,2	18,9	8,5	0,0

Note:  $\chi^2$ = 312,37; p < 0,001. IPF: idiopathic pulmonary fibrosis; HP: hypersensitivity pneumonitis; CTD-ILD: interstitial lung disease related to connective tissue disease, UNIFESP: Federal University of São Paulo; UFMG: Federal University of Minas Gerais; UFG: Federal University of Goiás

**Table S4 -** Presence of autoantibodies in 1219 cases of ILD in 6 centers in Brazil from 2013 to 2019

<b>Variables</b>	n (%)	
Positive	398 (32,6%)	
ANA ≥1:320 (isolated or associated)	260 (21,3%)	
Rheumatoid Factor	80 (6,6%)	
Anti-Ro	66 (5,4%)	
Antisynthetase antibody	36 (2,9%)	
Anti-Scl 70	41 (3,4%)	
Isolated	283 (23,2%)	
Combined	117 (9,6%)	

Note: ANA: Antinuclear antibodies

Table S5 - Distribution of types of lung biopsies among the 6 centers in Brazil from 2013 to 2020

N (%)	TBB	SLB	Another biopsy site	TBB + SLB	Combinations	Total per center
Hospital of the UNIFESP	164 (57,1)	30 (14,6)	16 (34,8)	16 (51,6)	4 (80)	230 (39,8)
CACP Pulmonology Clinic in São Paulo	32 (11,1)	64 (31,1)	14 (30,4)	8 (25,8)	3 (86,7)	121 (20,9)
Hospital of the UFMG	31 (10,8)	44 (21,4)	3 (6,5)	7 (22,6)	0	85 (14,7)
Julia Kubistchek Hospital in Belo Horizonte	(10,1)	27 (13,1)	11 (23,9)	0	0	67 (11,6)
São Rafael Hospital in Salvador	22 (7,7)	27 (13,1)	2 (4,3)	0	1 (33,3)	52 (9,0)
Hospital of the UFG	9 (3,1)	14 (6,8)	0	0	0	23 (4,0)
Total by biopsy type (N)	287	206	46	31	8	578

Nota: TBB: transbronchial biopsy, SLB: surgical lung biopsy

**Table S6 -** Diagnostic yield of transbronchial biopsy in ILD in a cohort from 6 centers in Brazil

Transbronchial biopsy	N (%)
Total	323 (22,9)
Diagnostic/Compatible	116 (36%)
Sarcoidosis (n=36)	23 (63,9%)
HP (n=105)	33 (31,4%)
CTD-ILD (n=52)	13 (25%)
Silicosis (n=14)	11 (78,6%)
Drugs (n=13)	10 (76,9%)
IFP (n=18)	4 (22,2)
Others (n=22)	22 (29,3%)

Note: IPF: idiopathic pulmonary fibrosis; HP: hypersensitivity pneumonitis; CTD-ILD: interstitial lung disease related to connective tissue disease

**Table S7 -** Histological patterns obtained by surgical lung biopsy and final clinical diagnoses

SURGICAL LUNG BIOPSY	N (%)
Total	241 (17,1%)
Inconclusive	10 (4,1%) *
Bronchiolocentric fibrosis	58 (24,1%)
UIP	34 (14,1%)
HP	41 (17,0%)
Diffuse alveolar damage	1 (0,41%)
Organizational pneumonia	16 (6,6%)
Various bronchiolitis	10 (4,1%)
NSIP	18 (7,5%)
Granuloma	17 (7,0%)
Others	27 (11,2%)
OP and NSIP	6 (2,5%)
UIP and Bronchiolocentric fibrosis	2 (0,8%)
Bronchiolocentric fibrosis and NSIP	1 (0,4%)

Note: UIP: Usual interstitial pneumonia; HP: hypersensitivity pneumonitis, NSIP: Non-specific interstitial pneumonia; OP: Organizational pneumonia