Appendix 1. Description of the methodology used to separate patients between a “corticosteroid-sensitive” and “corticosteroid-resistant” group based on histological findings

**We hereby describe the methodology used to separate patients between a corticosteroid-sensitive and corticosteroid-resistant group based on histological findings.**

Detailed pathological reports, available in patients’ medical records, were used to determine steroid sensitivity.

The first step was to identify pathologies for which steroids were strongly recommended, based on recent published guidelines. This was completed by one physician, blinded to the outcomes of individual patients (LG). Cryptogenic organizing pneumonia and bronchiolitis obliterans with organizing pneumonia, acute eosinophilic pneumonia, and alveolar hemorrhage were presumably considered corticosteroid-sensitive, given that corticosteroids are strongly recommended for these conditions (16, 21, 22, 25, 28).

Second, the same physician identified all patients with Diffuse Alveolar Damage. All DAD patients were classified in the steroid resistant group, as steroids have never been formally investigated in this condition and as no definitive benefit has ever been established regarding their use. In the main classification, no difference was made as to alleged steroid sensitivity whether a fibroproliferative response was present or not.

For other pathologies in which corticosteroids exert less commonly accepted benefits, two physicians, blinded to the outcomes of individual patients (LG and AF) performed independent determinations of steroid sensitivity. Inter-observer agreement was low, with a kappa coefficient of 0.11. Therefore, complex cases with discrepancies between LG and AF were resolved through consensus, after careful reviewing of the available evidence (14, 18, 23-27) and after discussion with a third physician, equally blinded to patient outcomes (DC). The final classification can be found in table 2.