## **Supplemental Appendix**

#### **Subjects**

The patients fulfilled the Berlin definition of acute respiratory distress syndrome (ARDS) with an acute decrease in P/F ratio to 300 mmHg or less with positive end expiratory pressure (PEEP) or continuous positive airway pressure  $\geq 5 \text{ cmH}_2\text{O}$ , presence of bilateral pulmonary opacities on a chest radiograph consistent with the presence of edema, and no clinical evidence of cardiac failure or fluid overload<sup>1</sup>. Indications for extracorporeal membrane oxygenation (ECMO) therapy consideration were presence of severe ARDS (Berlin criteria) with a PaO<sub>2</sub>/FiO<sub>2</sub> (P/F) ratio  $\leq 100 \text{ mmHg}$  with PEEP  $\geq 5 \text{ cmH}_2\text{O}$ , or deterioration of right heart function during invasive mechanical ventilation (MV) despite high levels of inspiratory pressure and PEEP. Indications for the need of lung transplantation (LTPL) were presence of persistent severe hypoxemia defined as P/F ratio of less than 100 mmHg, and failure to wean off ECMO. Patients who were considered for listing were required to not have other unrelated organ dysfunctions. Patients were listed on the Korean Network for Organ Sharing (KONOS) when their condition continued to deteriorate despite receiving MV or ECMO therapy. Patients were closely monitored to determine if their condition was improving, in which case LTPL was delayed even if a donor organ became available.

## Data collection

Data regarding the requirement for ECMO, type of ECMO, duration of ECMO, waiting time from listing to LTPL, and type of LTPL were also collected. As a severity score, the Acute Physiology and Chronic Health Evaluation II (APACHE II) score was collected upon admission, and the Sequential Organ Failure Assessment (SOFA) score was collected at the time of registration in KONOS and at the time of transplant.

## Statistical analysis

Continuous variables are reported as medians [interquartile range (IQR), 25–75%] or means [± standard deviation (SD)], and categorical variables are reported as numbers (percentages). Statistical analysis was performed using SPSS version 18.0 (SPSS Inc., Chicago, IL, USA). Mann–Whitney test was used to compare continuous variables, and Fisher's exact test was used to compare categorical variables.

# Reference

 Force ADT, Ranieri VM, Rubenfeld GD, et al. Acute respiratory distress syndrome: the Berlin Definition. *JAMA*. 2012;307:2526-2533.

Variables	All patients (n=14)	Patients undergoing LTPL (n=9)	Patients not undergoing LTPL (n=5)	P-value
Age (y)	39±11	41±12	35±8	0.335
Female (n, %)	8 (57)	5 (56)	3 (60)	0.420
BMI (kg/m <sup>2</sup> )	24±4	25±4	23±4	0.099
	23 (20–28)	24 (21–29)	21 (19–24)	0.112
Blood group (n,%)				
A	4 (29)	3 (33)	1 (20)	1.000
В	3 (21)	1 (11)	2 (40)	0.505
0	7 (50)	5 (56)	2 (40)	1.000
Underlying diseases	2 (14)	3 (33)	0	1.000
DM	1 (6)	1 (11)	0	1.000
HTN	1 (6)	1 (11)	0	1.000
Myocardial infarction	1 (6)	1 (11)	0	1.000
Acute kidney injury	1 (6)	1 (11)	0	1.000
Septal closure for ASD	1 (6)	1 (11)	0	1.000
Cause of ARDS				
Inhalation of humidifier disinfectant	7 (50)	4 (44)	3 (60)	1.000
Pneumonia	4 (29)	3 (33)	1 (20)	1.000
AIP	1 (7)	1 (11)	0	1.000
Near-drowning	1 (7)	1 (11)	0	1.000
Inhalation of mercury vapor	1 (7)	0	1 (20)	0.357

Table S1. Baseline characteristics of the patients listed for lung transplant

AIP, acute interstitial pneumonia; ARDS, acute respiratory distress syndrome; ASD, atrial septal defect; BMI, body mass index; DM, diabetes mellitus, HTN, hypertension; LTPL, lung transplantation; n, number; and y, year.