**SDC 5, Table 3.** Diffuse Alveolar Damage Score (DAD)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Control-1 | Control-2 | Shorter RR adaptation | Longer RR adaptation |
| Ductal Overdistension [0-16] | 1 [1-1] | 6 [6-9] \* | 2 [2-4] # | 4 [2-4] |
| Alveolar Collapse [0-16] | 2 [1-4] | 6 [4-9] \* | 2 [2-2] # | 4 [3-4] |
| Inflammation [0-16] | 1 [1-2] | 6 [4-6] \* | 3 [2-4] | 3 [2-4] |
| Edema/Hemorrhage [0-16] | 0 [0-1] | 6 [4-6] \* | 3 [2-4] | 2 [2-2] # |
| Cumulative DAD [0-64] | 5 [4-7] | 25 [22-30] \* | 11 [8-12] # | 13 [11-14] # |

Values are median and interquartile range [25-75%] of 7 animals in each group. Control-1 Group was ventilated with RR = 70 bpm for 2 h; Control-2 was submitted to abrupt increase of RR (from 70 bpm up to 130 bpm) and ventilated for 1 h; Shorter RR adaptation was ventilated with RR = 70 bpm during the first 30 min and gradual increase from 70 bpm up to 130 bpm (2 breaths increment per minute) at 60 minutes, followed by constant 130 bpm during the second hour; Longer RR adaptation was ventilated with RR = 70 bpm and immediately followed by a gradual increase from 70 bpm up to 130 bpm (1 breath increment per minute) at 60 minutes, followed by constant 130 bpm during the second hour. Comparisons were performed by Kruskal-Wallis test followed by Dunn’s multiple comparison test (p<0.05). \*p<0.05 significantly different from Control; #p<0.05 significantly different from Abrupt increase of RR for 1 h during 1 h.