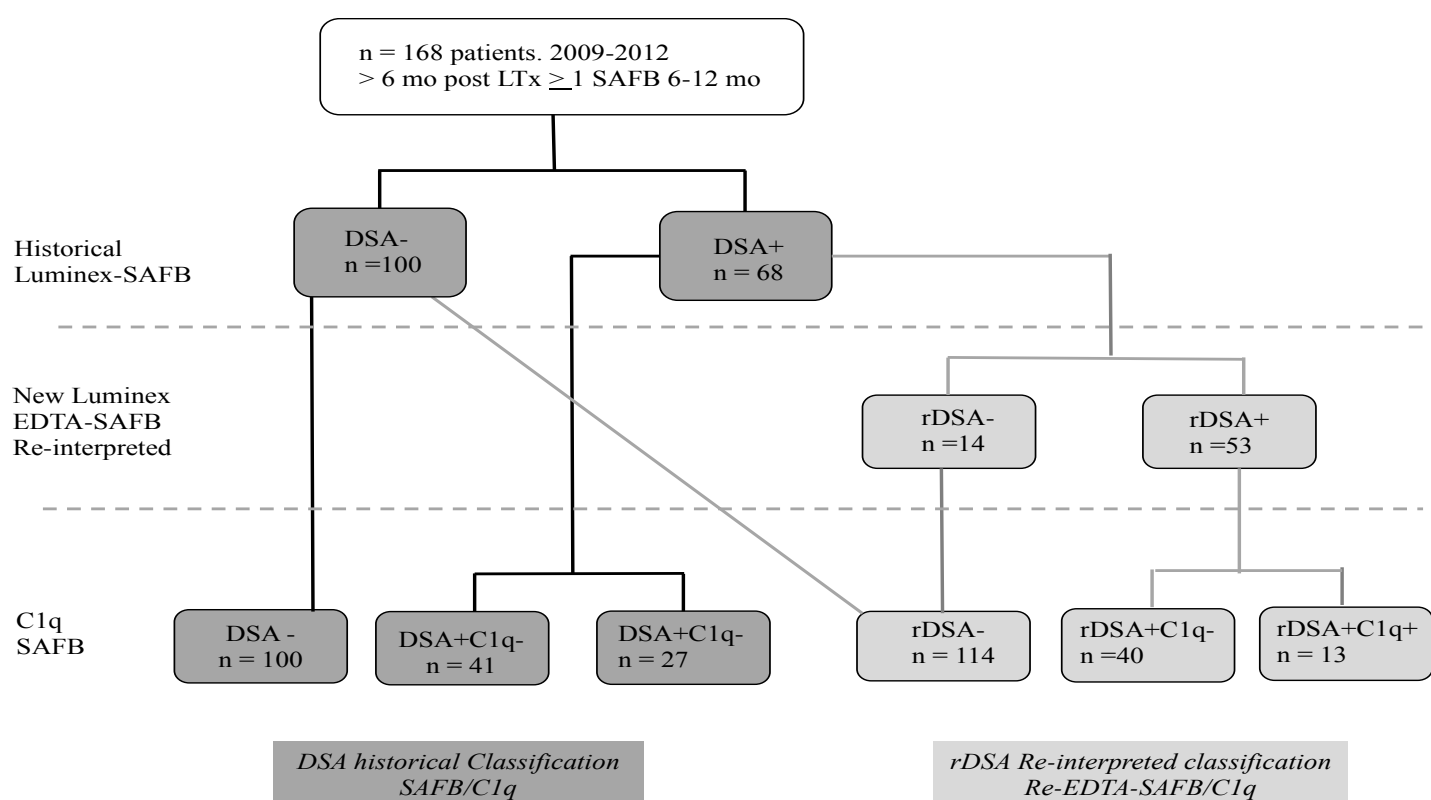


Supplementary Figures



DSA, donor-specific anti-human leukocyte antigen (HLA) antibody; LTx, lung transplantation; SAFB: single-antigen flow bead; rDSA, reinterpreted EDTA-SAFB donor-specific anti-HLA antibody.

Figure S1. Study Flow-chart according to reinterpreted Luminex EDTA-SAFB donor-specific anti-HLA antibody (r-DNA) classification

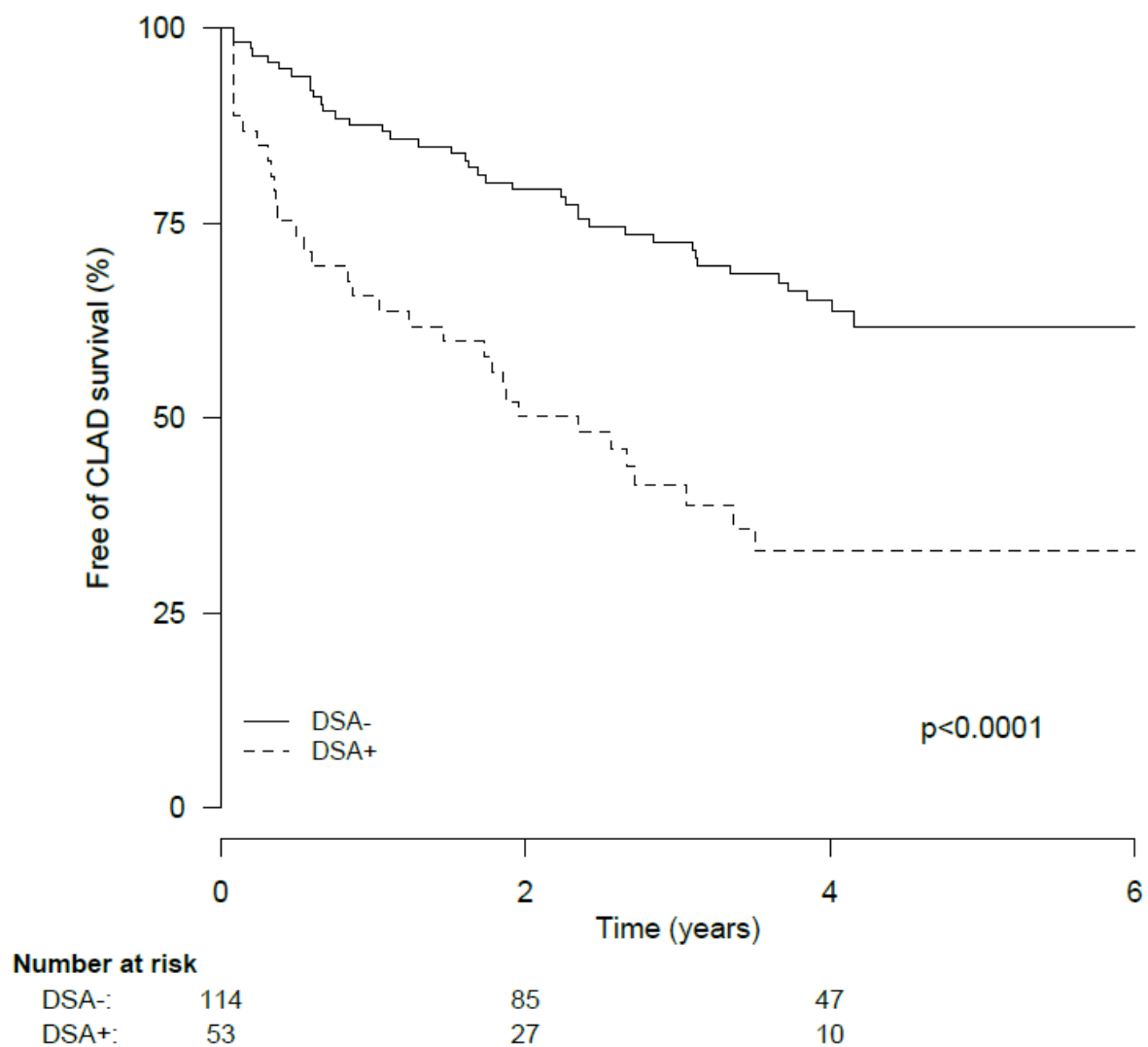


Figure S2-A. **Freedom from CLAD according to reinterpreted Luminex EDTA-SAFB donor-specific anti-HLA antibody (r-DSA) status after transplantation.** Probability of freedom from CLAD by presence or absence of donor-specific anti-HLA antibody detected by reinterpreted Luminex EDTA-SAFB (r-DSA)

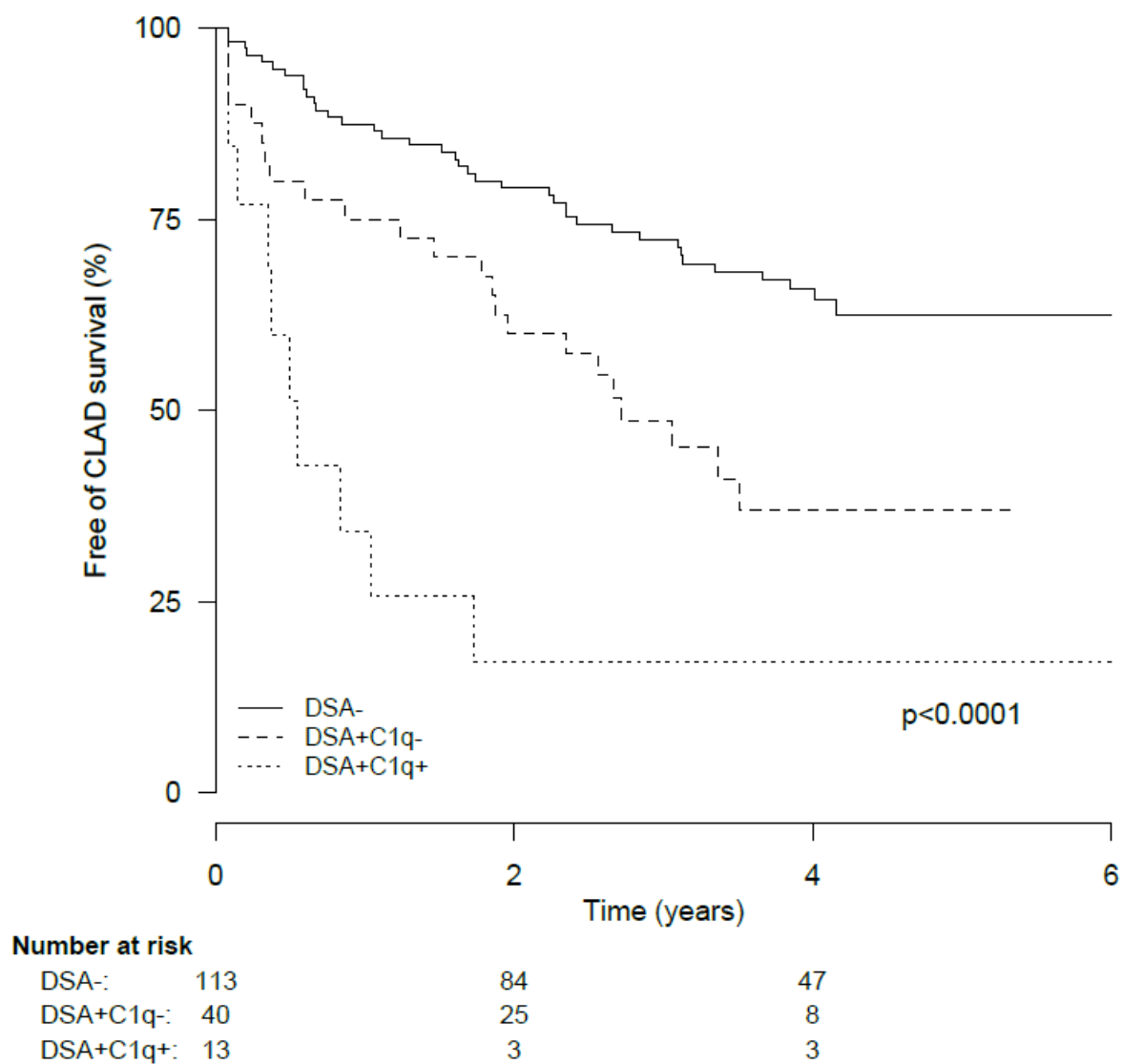


Figure S2-B. Freedom from CLAD by presence of C1q-binding r-DSA
 Probability of freedom from CLAD by presence or absence of r-DSAs and their C1q-binding capacity.

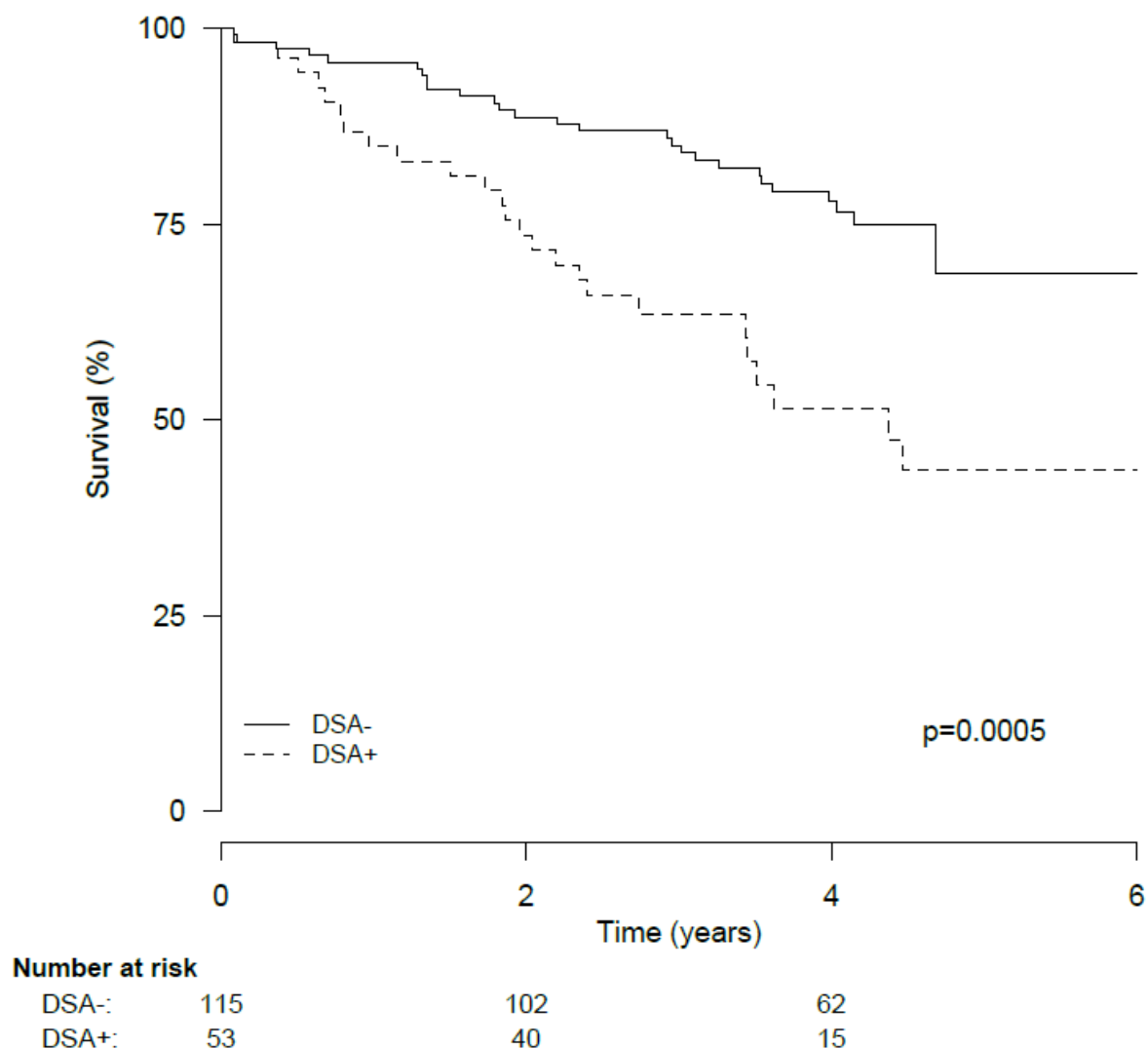


Figure S3-A. Kaplan-Meier Curves for graft survival according to reinterpreted Luminex EDTA-SAFB donor-specific anti-HLA antibody (r-DSA) status after transplantation. Probability of graft survival by presence or absence of donor-specific anti-HLA antibody detected by reinterpreted Luminex EDTA-SAFB (r-DSA) .

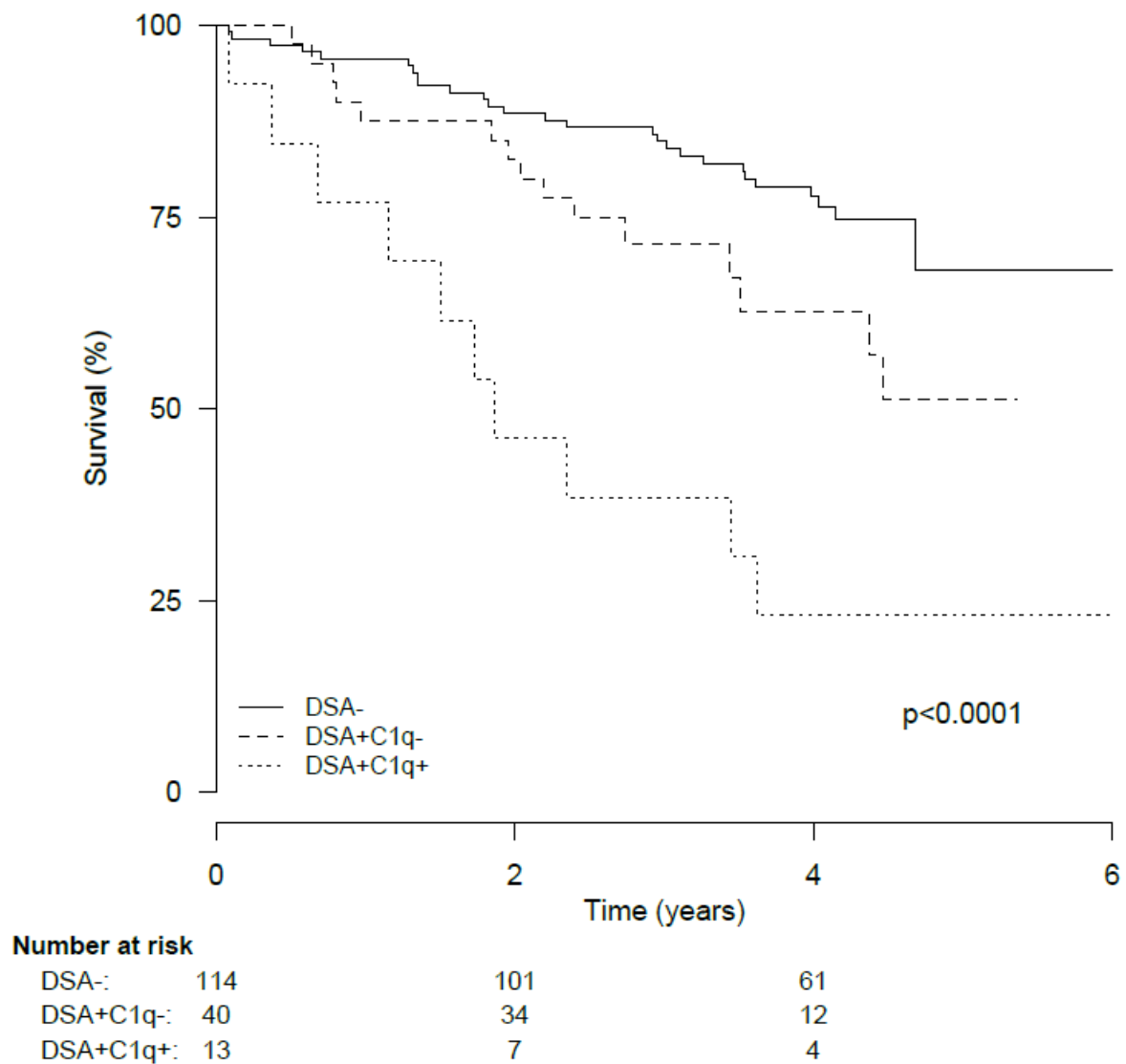


Figure S3-B. Kaplan–Meier Curves for graft survival according to reinterpreted Luminex EDTA-SAFB donor-specific anti-HLA antibody (r-DSA) status after transplantation. Probability of graft by presence or absence of r-DSAs and their C1q-binding capacity.

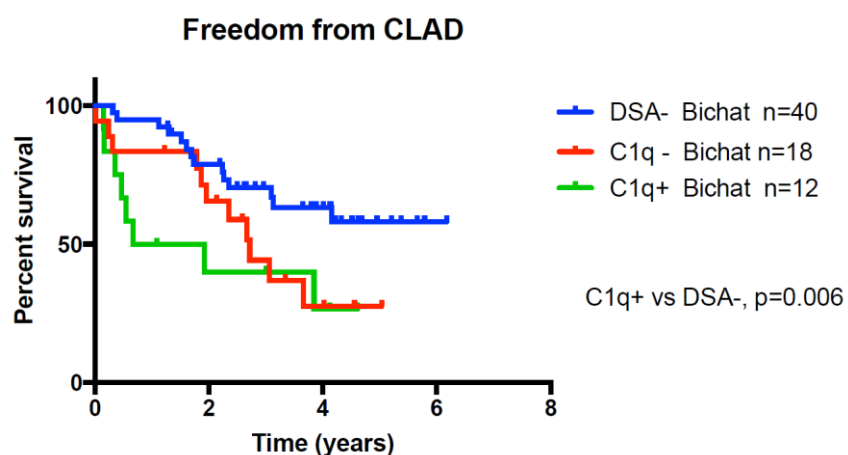


Figure S2-A

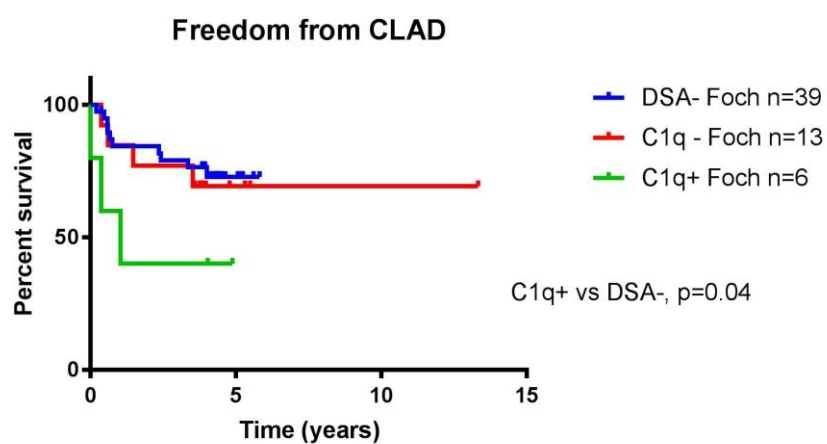


Figure S2-B

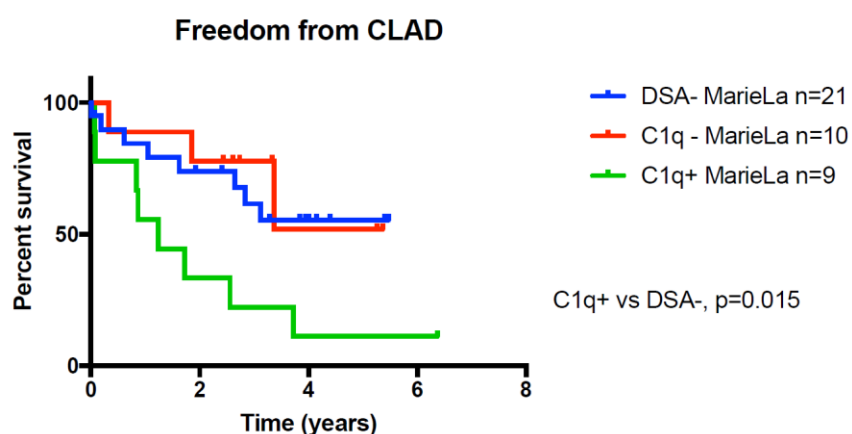


Figure S2-C

Figure S4-A, S4-B, S4-C. Freedom from chronic allograft dysfunction (CLAD) by donor-specific anti-HLA antibody status after transplantation for each lung transplant center: S1-A) Bichat hospital, S1-B) Foch hospital, S1-C) Marie-Lannelongue hospital.

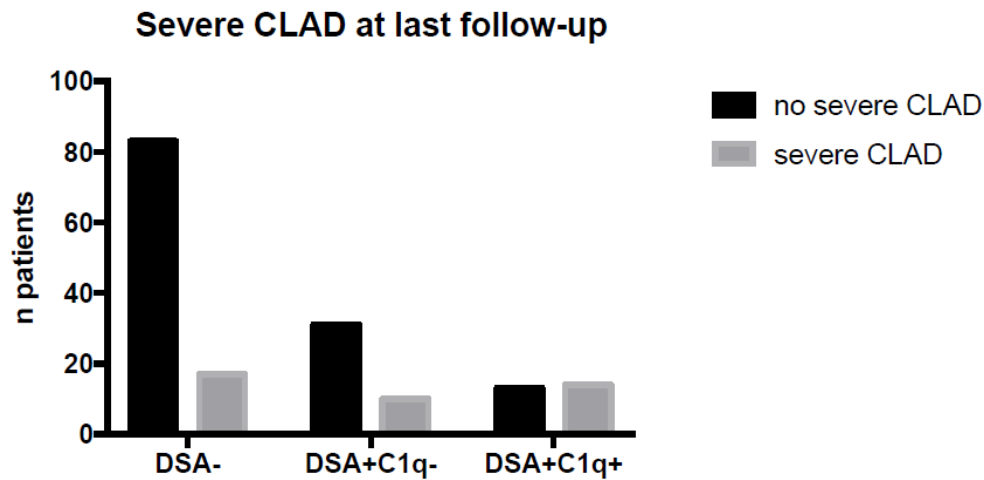


Figure S3

Figure S5. **Comparison of the frequency of severe CLAD between patients without donor-specific antibody (DSA), patients with non-C1q-binding DSAs, and patients with C1q-binding DSAs.** Frequency of severe CLAD was higher with patients with C1q-binding DSA (n=14 [52%]), as compared to patients without DSA (n=17 [17%]; $p=0.0006$) or non-complement-binding DSA patients (n=10 [24%], $p=0.03$).

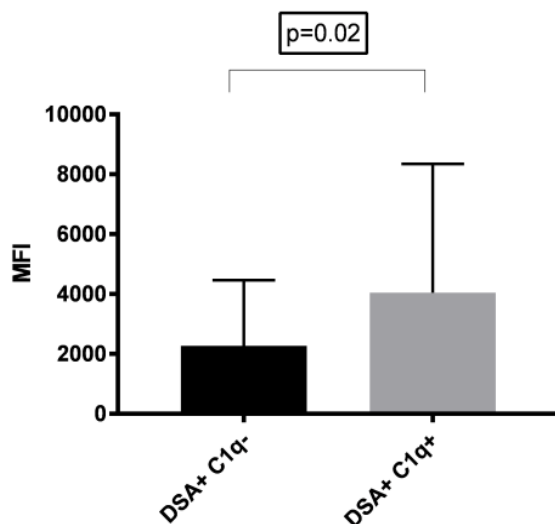


Figure S6. **Comparison of the mean of MFI values between DSAs with and without corresponding C1q-binding.** DSA, classical single-antigen flow bead (SAFB)-detected donor-specific antibodies. MFI, mean fluorescence intensity.

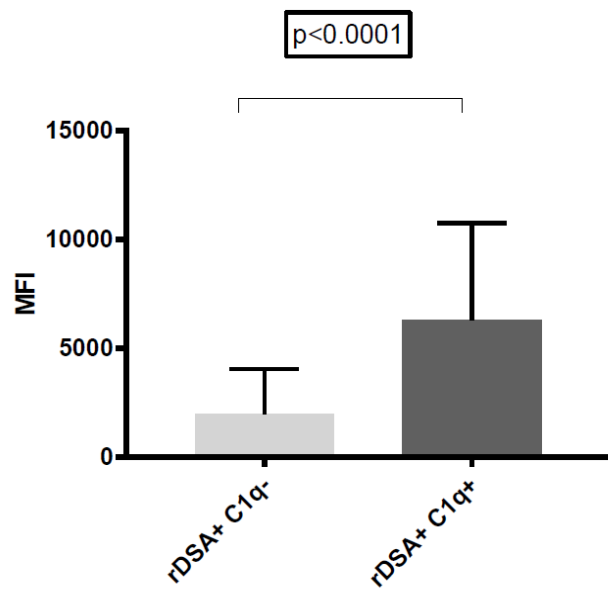


Figure S7. **Comparison of the mean (SEM) of MFI values between rDSAs with and without corresponding C1q-binding.** rDSA, reinterpreted EDTA-SAFB donor-specific antibodies. SAFB, single-antigen flow bead. MFI, mean fluorescence intensity.

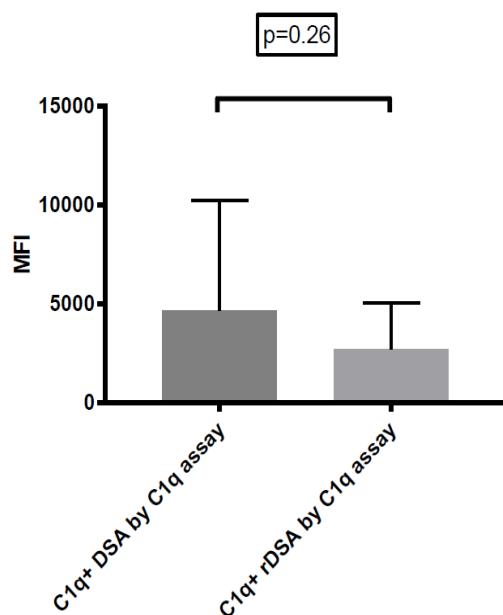


Figure S8. **Comparison of the mean (SEM) of MFI values detected in C1q assay between DSAs and rDSAs.** Donor-specific antibodies (DSAs) are detected by classical single-antigen flow bead (SAFB), and rDSA by reinterpreted EDTA-SAFB assay.