

APPENDIX 1.

Patients received the same core immunosuppressive regimen as standard of care: intravenous (IV) methylprednisolone 500 mg before graft reperfusion and 125 mg/8 h over the first post-operative 24 h, followed by standard prednisone oral tapering; 1.5 g/12 h of mycophenolate mofetil; and tacrolimus (titrated to whole blood trough levels of 10-15 ng/ml for the first 2 weeks and 8-12 ng/ml thereafter). Rejection episodes were treated with 1 g/day of IV methylprednisolone for 3 days, followed by tapering.

All patients also received trimethoprim/sulfamethoxazole prophylaxis against *Pneumocystis jiroveci* infection (one 960-mg-tablet 3 times weekly). If the recipient or the donor were positive for Cytomegalovirus, IV ganciclovir (5 mg/kg/12 h for 5 days), followed by valganciclovir 900 mg orally once daily for 3 months was administered. Moreover, all patients had prophylaxis against *Aspergillus* infection with 200 mg/12 h of itraconazole or 24 mg/72 h of nebulized liposomal amphotericin B for 6 months. Anti-influenza vaccine with adjuvant (plus a booster) was administered. Prophylaxis protocols does not enclose anti-pseudomonal therapy. Anti-pseudomonal aerosol therapy is only approved for cystic fibrosis and no off-label use was prescribed.