

SUPPLEMENTARY TABLE S1.

Comparison of the current study with earlier studies among lung transplant patients requiring UCI readmission.

Variable*	Pietrantoni et al / 2003	Hadjiliadis et al / 2004	Gonzalez-Castro et al / 2007	Cohen et al / 2011	Banga et al / 2014	Current Study
Study design	Retrospective	Prospective	Retrospective	Retrospective	Prospective (registry based)	Prospective Multicenter
Investigator sites	1	1	1	1	1	5
Study period, yr	4 (1996-2000)	3 (1999-2001)	10 (1997-2006)	10 (2000-2009)	1 (2011-2012)	4 (2012-2016)
No. of patients	46	51	28	40	101	153
Mean Age, yr	55	49	51	54	55	58 (median)
Sex, male (female)	29 (17)	27 (24)	23 (5)	22 (18)	53 (48)	105 (48)
Most common indication for ICUr	ARF	ARF	Sepsis	Sepsis	ARF	ARF
Requirement of IMV, %	84.8	52.9	78.6	93	53.5	62.1
Duration of IMV, days	9.3±7.8	2 (median)	-	12.4±11	-	9 (median)
Mean APACHE III score	88±27	67±20	-	14±12	70±23	
APACHE II score	-	-	-	-	-	19 (median)
SOFA score	-	-	-	-	-	5 (median)
ICU mortality, %	36.9	37.3	60.7	62.5	13	35.9
Independent predictors of hospital outcome	-	Ratio of last FEV ₁ / best post-LT FEV ₁ , requirement of IMV	-	-	Type of transplant and APACHE III score	Requirement of IMV, vasopressor, Pneumonia, CLAD

LT, Lung transplantation; ICUr, ICU readmission; ARF, Acute respiratory failure; IMV, Invasive mechanical ventilation; APACHE, Acute Physiology and Chronic Health Evaluation ; SOFA, Sequential Organ Failure Assessment; FEV₁, Forced expiratory volume in the first second; CKD, Chronic kidney disease; CLAD, Chronic lung allograft dysfunction.

*Data are presented as median or Number/Total (%) unless otherwise indicated.