

## **Appendix 1: Guideline questions**

### **PICO question 1:**

*In patients with undiagnosed ILD considered eligible to undergo SLB, is TBLC a valid replacement test?*

P: patients with undiagnosed ILD considered eligible to undergo SLB

I: index test: adding TLBC (to the MDD)

C: comparator/reference standard: adding SLB (to the MDD), or MDD (without an intervention)

O: outcomes: diagnostic yield, diagnostic accuracy, diagnostic confidence, complication rate, costs, or patient important outcomes (i.e. quality of life, lung function, mortality, exercise tolerance, survival)

### **PICO question 2:**

*In patients with undiagnosed ILD considered not eligible to undergo SLB, does TBLC increase the diagnostic confidence of the multidisciplinary team discussion?*

P: patients with undiagnosed ILD considered not eligible to undergo SLB

I: index test: adding TLBC (to the MDD)

C: comparator/reference standard: MDD (without an intervention)

O: outcomes: diagnostic yield, diagnostic accuracy, diagnostic confidence, complication rate, costs, or patient important outcomes (i.e. quality of life, lung function, mortality, exercise tolerance, survival)

### **PICO question 3:**

*In patients with undiagnosed ILD and a non-informative TBLC, is step-up SLB or second TBLC a valid add-on test?*

P: patients with undiagnosed ILD who already received TBLC which resulted in inconclusive results

I: index tests: adding a second TBLC (to the MDD), or adding SLB (to the MDD)

C: comparator/reference standard: MDD (without an additional intervention)

O: outcomes: diagnostic yield, diagnostic accuracy, diagnostic confidence, complication rate, costs, or patient important outcomes (i.e. quality of life, lung function, mortality, exercise tolerance, survival)

### **PICO question 4:**

*Is formal training in TBLC recommended to optimize diagnostic yield and minimize adverse events in patients with undiagnosed ILD?*

P: health-care professionals performing TBLC in patients with suspected ILD

I: specific training in TBLC procedure

C: no specific training in TBLC procedure

O: outcomes: diagnostic yield, diagnostic accuracy, diagnostic confidence, complication rate, costs, or patient important outcomes (i.e. quality of life, lung function, mortality, exercise tolerance, survival)

***Narrative question 1:***

*Are there specific HRCT findings which would lead to TBLC as the first choice for biopsy?*

HRCT findings of specific interest:

- Areas with increased lung attenuation (lung consolidation, ground glass opacity other opacities)
- Areas with decreased lung attenuation (oligemia, mosaic oligemia, cysts)
- Nodular and micronodular pattern in a (peri)lymphatic distribution
- Centrilobular distribution including tree in bud pattern
- Random distribution including miliary pattern
- Reticular pattern in a (peri)lymphatic distribution

***Narrative question 2:***

*What are the procedural risks of TBLC in patients with undiagnosed ILD?*

Subgroups of specific interest:

- Forced vital capacity <50%
- Diffusing capacity for carbon monoxide <35%
- Systolic pulmonary artery pressure >40 mmHg
- Age >65 years old
- Suspected acute exacerbation (respiratory failure or rapid worsening)
- Major comorbidities
- Major bleeding risk (e.g. use of anticoagulants)