

RECORDS SCREENED BY FULL TEXT READING: 242**RECORDS EXCLUDED AFTER FULL TEXT SCREENING: 183****Excluded records are categorized from A to K:****A. Excluded case report/series (n = 7):**

1. Anti-Ro 52 positive dermatomyositis presenting as rapidly progressive interstitial lung disease. [1]
2. Antisynthetase or mechanic's hands syndrome. Osteoporosis International. [2]
3. Cervicobrachial polymyositis. [3]
4. Dramatic improvement of anti-SS-A/Ro-associated interstitial lung disease after immunosuppressive treatment. [4]
5. Inflammatory myositis associated with anti-U1-small nuclear ribonucleoprotein antibodies: a subset of myositis associated with a favourable outcome. [5]
6. Mixed connective tissue disease associated with autoimmune hepatitis and pulmonary fibrosis. [6]
7. Pulmonary arterial hypertension in idiopathic inflammatory myopathies Data from the French pulmonary hypertension registry and review of the literature. [7]

B. Excluded studies with children included in the study population (n = 3):

1. Anti-NXP2 is the most common type of autoantibody in a North Indian cohort of children with juvenile dermatomyositis - our preliminary experience from a tertiary care centre in North-West India. [8]
2. Features of Childhood Sjogren's Syndrome: A Literature Review Based Cohort. Arthritis and Rheumatology [9]
3. Pulmonary involvement as initial manifestation of pediatric Sjogren. [10]

C. Excluded studies with the control group not being non-ILD (n = 30):

1. Analysis of the clinical features of antisynthetase syndrome: a retrospective cohort study in China [11]
2. Antigen-driven autoantibody production in lungs of interstitial lung disease with autoimmune disease [12]
3. ANTISYNTHETASE SYNDROME: CLINICAL PROFILE, SEROLOGIC AND TREATMENTS USED IN A COHORT OF PATIENTS FOLLOWED AT THE VIRGEN MACARENA HOSPITAL [13]

4. Assessment of Optimal Screening Tests for the Detection of an Inflammatory Myositis-associated Interstitial Lung Disease [14]
5. Autoantibodies in idiopathic interstitial lung disease and interstitial pneumonia with autoimmune features-a prospective study. [15]
6. Autoantibodies reactive to PEP08 are clinically related with morbidity and severity of interstitial lung disease in connective tissue diseases [16]
7. Autoimmune interstitial lung disease in Latin-America. Results of the epimar cohort study [17]
8. Characteristics and outcomes of overlap myositis: a comparative multigroup cohort study in adults from the MyoCite cohort [18]
9. Characteristics of primary Sjogren's syndrome related lymphocytic interstitial pneumonia. [19]
10. CLINICAL CHARACTERISTICS AND TREATMENT PATTERNS IN A PATIENT GROUP WITH INTERSTITIAL LUNG DISEASE. [20]
11. Clinical features and outcomes of patients with myositis associated-interstitial lung disease [21]
12. Clinical profile and treatment outcomes in antisynthetase syndrome: a tertiary centre experience [22]
13. Clinical Profiles and Prognosis of Patients with Distinct Antisynthetase Autoantibodies [23]
14. CLINICAL SIGNIFICANCE OF SSA ANTIBODY IN PATIENTS WITH ARS ANTIBODY POSITIVE INTERSTITIAL PNEUMONIA [24]
15. Clinical spectrum time course of interstitial pneumonia with autoimmune features in patients positive for antisynthetase antibodies [25]
16. Comparison of characteristics of connective tissue disease-associated interstitial lung diseases, undifferentiated connective tissue disease-associated interstitial lung diseases, and idiopathic pulmonary fibrosis in Chinese han population: A retrospective study. [26]
17. Factors associated to prognosis in a cohort of antisynthetase syndrome: Serologic profile is associated to mortality. [27]
18. Idiopathic interstitial lung disease with anti-SSA antibody. [28]
19. Impact of a systematic evaluation of connective tissue disease on diagnosis approach in patients with interstitial lung diseases. [29]
20. Interstitial lung disease and anti-Jo-1 antibodies: Difference between acute and gradual onset. [30]
21. Myositis specific antibodies are associated with isolated anti-Ro-52 associated interstitial lung disease [31]
22. Patients with Anti-Synthetase Syndrome Requiring Supplemental Oxygen at Diagnosis Benefit from Immunosuppression [32]

23. Positive Autoantibody Is Associated with Malignancies in Patients with Idiopathic Interstitial Pneumonias [33]
24. Possible involvement of autoimmunity in the pathogenesis of combined pulmonary fibrosis and emphysema. [34]
25. Prediction model for the pretreatment evaluation of mortality risk in anti-melanoma differentiation-associated gene 5 antibody-positive dermatomyositis with interstitial lung disease. [35]
26. Presentations and outcomes of interstitial lung disease and the anti-Ro52 autoantibody [36]
27. Prevalence and clinical associations of myositis antibodies in a large cohort of interstitial lung diseases [37]
28. The significance of adding rheumatological assessment to the multidisciplinary team in the diagnosis of interstitial lung disease (ILD) [38]
29. The significance of euroline measurement in interstitial lung disease patients. [39]
30. Survival Distinction in Interstitial Pneumonia with Autoimmune Features (IPAF) Patients: Results from a 5-Year Historical Cohort in an Interstitial Lung Diseases (ILD) Population [40]

D. Excluded related studies that data was not given properly (n = 32):

1. An analysis of the relationship between autoantibodies and clinical findings in patients with systemic sclerosis [41]
2. Anti-tRNA synthetase syndrome interstitial lung disease: A single center experience [42]
3. ANTISYNTHEASE SYNDROME: CLINICAL AND SEROLOGICAL CHARACTERISTICS AT DISEASE ONSET [43]
4. AUTOANTIBODIES ASSOCIATED WITH SYSTEMIC SCLEROSIS (SSC) IN THREE DISEASES CHARACTERIZED BY TYPE I INTERFERONS: A COMPARISON BETWEEN SLE, PRIMARY SJÖGREN'S SYNDROME, SSC AND HEALTHY BLOOD DONORS [44]
5. Autoantibodies to extractable nuclear antigens (ENAs) pattern in rheumatoid arthritis patients: Relevance and clinical implications. [45]
6. Autoantibody profile in a cohort of Algerian patients with systemic sclerosis [46]
7. Characterisation of Disease Patterns of Dermatomyositis with Different Initial Manifestations [47]

8. CHARACTERISATION OF SWEDISH MYOSITIS PATIENTS WITH ANTI-MDA5 AUTOANTIBODIES AND CORRELATION OF CLINICAL FEATURES WITH AUTOANTIBODY LEVELS [48]
9. Clinical and autoantibody profile in systemic sclerosis: baseline characteristics from a West Malaysian cohort [49]
10. Clinical association of isolated Ro 52 antibody -Analysis from a single tertiary care centre. [50]
11. Clinical characteristics of anti-Ro52 α and anti-Ro52 β antibodies in dermatomyositis/polymyositis. [51]
12. Clinical characteristics of dermatomyositis patients with isolated anti-Ro-52 antibody associated rapid progressive interstitial lung disease: Data from the largest single Chinese center. [52]
13. Clinico-radiological and autoimmune profile correlation in patients with autoimmune featured interstitial lung disease (AIF-ILD): An observational study in Indian scenario. [53]
14. Cluster Analysis Using Anti-Aminoacyl-tRNA Synthetases and SS-A/Ro52 antibodies in Patients with Polymyositis/Dermatomyositis. [54]
15. Disease-related autoantibody profile in systemic sclerosis in Greece [55]
16. Distinctive autoantibody profile in Mexican Mestizo systemic sclerosis patients [56]
17. Identification of three different phenotypes in anti-MDA5 antibody-positive dermatomyositis patients: implications for rapidly progressive interstitial lung disease prediction [57]
18. Immunological and clinical characteristics of systemic lupus erythematosus: study on 203 Tunisian patients. [58]
19. The Incidence and Prevalence of Systemic Sclerosis in Northwestern Part of Turkey [59]
20. Myositis autoantibodies in Iranian myositis patients: assessment the frequency and clinical relevancy [60]
21. Myositis-specific autoantibodies and their clinical associations in idiopathic inflammatory myopathies: results from a cohort from China [61]
22. THE PHENOTYPE of MIXED CONNECTIVE TISSUE DISEASE PATIENTS HAVING ASSOCIATED INTERSTITIAL LUNG DISEASE. [62]
23. Relationship between clinical phenotype and autoantibodies in systemic sclerosis. [63]
24. A retrospective cohort study in Chinese patients with adult polymyositis and dermatomyositis: risk of comorbidities and subclassification using machine learning [64]
25. Rituximab in the Treatment of Jo1 Antibody-associated Antisynthetase Syndrome: Anti-Ro52 Positivity as a Marker for Severity and Treatment Response. [65]

26. Serologic and pathologic correlation in idiopathic inflammatory myopathies: A retrospective chart review. [66]
27. Serologic phenotypes distinguish systemic lupus erythematosus patients developing interstitial lung disease and/or myositis [67]
28. Serological Profiles as Prognostic Clues for Progressive Systemic Scleroderma: The Italian Experience [68]
29. Staining Lung Tissue for Select Myositis Specific Antibodies in the Diagnosis of Rapidly Progressive Interstitial Lung Disease [69]
30. Systemic Sclerosis Auto-antibody Profiles Predict Interstitial Lung Disease Onset but Not Progression [70]
31. Systemic Sclerosis-Related Auto-Antibodies Are Markers of New Clinical Associations in A Cohort of 328 Brazilian Patients [71]
32. Usefulness of a Systematic Diagnostic Strategy to Detect Connective Tissue Disease-Associated Interstitial Lung Diseases [72]

E. Excluded duplicate studies (n = 5):

1. Anti-RO positivity effect on clinical characteristics and mortality in a singlecenter cohort of antisynthetase syndrome patients. [73]
2. Anti-RO52 antibodies are strongly associated with lung fibrosis in a nation-wide cohort of mixed connective tissue disease (MCTD). [74]
3. Clinical Correlates of Monospecific Anti-Ro52/TRIM21 Antibodies in a Tri-nation Cohort of 1574 Systemic Sclerosis Subjects [75]
4. Myositis-specific and myositis associated autoantibodies in Indian patients with inflammatory myositis. [76]
5. RO positive subset of systemic lupus erythematosus patients has a distinct and more severe disease phenotype. [77]

F. Excluded studies with duplicate database included in other studies (n = 6):

1. Angiopoietin-like protein 2 as a novel marker for patients with primary Sjogren's syndrome-related interstitial lung disease [78]
2. Anti-Ro52/TRIM21 is independently associated with pulmonary arterial hypertension and mortality in a cohort of systemic sclerosis patients. [79]
3. Clinical significance of antibodies to Ro52/TRIM21 in systemic sclerosis. [80]

4. The risk factors and prognosis of primary Sjögren's syndrome-associated interstitial lung disease: A multi-centered cohort study. [81]
5. Serological risk factors for concomitant interstitial lung disease in patients with idiopathic inflammatory myopathy [82]
6. Utility of anti-SSA/SSB assay and anti-ro 52 antibody assay in routine clinical practice for risk assessment of patients with idiopathic Inflammatory Myositis. [83]

G. Excluded studies that comparison was based on ILD improvement (n = 8):

1. Autoimmune Progressive Fibrosing Interstitial Lung Disease: Predictors of Fast Decline. [84]
2. Autoimmune serologies predict response to treatment in patients with connective tissue related interstitial lung disease (CTD-ILD). [85]
3. Characteristics of a Prospective Cohort of Patients with IPAF (Interstitial Pneumonia with Autoimmune Features) by Neumologists and Rheumatologists of Madrid. IPAF-NEREM Study. [86]
4. A clinical analysis of prognostic factors for dermatomyositis-associated interstitial lung disease. [87]
5. Connective tissue disease related interstitial lung disease: The influence of a positive SSA antibody. [88]
6. Evaluating the value of superoxide dismutase in anti-MDA5-positive dermatomyositis associated with interstitial lung disease [89]
7. Long-term outcome and prognostic factors of patients with interstitial pneumonia with autoimmune features: A single center large-scale Observational Cohort Study. [90]
8. Myositis-associated Interstitial Lung Disease: Clinical Characteristics and Factors Related to Pulmonary Function Improvement: A Latin-American Multicenter Cohort Study. [91]

H. Excluded studies with no comparison based on anti-Ro (n = 26):

1. Anti PM-SCL associated auto immune diseases: Multicentric cohort of 128 patients. [92]
2. Anti-Jo-1 Syndrome Often Misdiagnosed as Rheumatoid Arthritis (for Many Years): A Single-Center Experience. [93]
3. Anti-Ro52 and/or anti-Ro60 immune reactivity: autoantibody and disease associations. [94]
4. Anti-Ro52 antibodies in clinical practice: A single-centre experience [95]
5. Are anti-RNP-a antibodies associated to development of autoimmunity? [96]
6. Association between immune-serological profile and pulmonary manifestations in Colombian patients with systemic lupus erythematosus (LES). [97]

7. Classification of systemic sclerosis in the Japanese population based on rapid progression of skin thickening. [98]
8. Clinical and Autoimmune profile of Scleroderma patients in South India. [99]
9. Clinical and serological differences between primary sjogren's syndrome phenotypes. [100]
10. Clinical associations of anti-ro52 antibodies in patients with systemic autoimmune rheumatic diseases. [101]
11. Clinical heterogeneity and prognostic features of South Australian patients with anti-synthetase autoantibodies. [102]
12. Clinical significance of anti Jo1 antibodies in interstitial lung disease. [103]
13. Clinical significance of anti-Ro52 (TRIM21) antibodies non-associated with anti-SSA 60 kDa antibodies: Results of a multicentric study [104]
14. Clinical-immunological characteristics of patients with inflammatory myopathies. [105]
15. Comorbid connective tissue diseases and autoantibodies in lymphangiomyomatosis: A retrospective cohort study. [106]
16. Description of a patient cohort with antisynthetase syndrome (ass) in a university hospital. [107]
17. Disease manifestations and pulmonary complications in Asian patients with systemic sclerosis. [108]
18. Frequency of concomitant non-aminoacyl-transfer-RNA synthetase autoantibodies in patients with antisynthetase syndrome. [109]
19. Hypergammaglobulinemia in systemic sclerosis. [110]
20. Idiopathic inflammatory myopathies & interstitial lung disease. [111]
21. Interstitial lung disease in idiopathic inflammatory myopathies: A report from the Remicam registry. [112]
22. Interstitial lung disease in primary Sjögren's syndrome: Clinical presentation, serological biomarkers and long-term outcome. [113]
23. Lung Involvement in Primary Sjogren's Syndrome-An Under-Diagnosed Entity. [114]
24. One hundred anti-Ro (SS-A) antibody positive patients: a 10-year follow-up. [115]
25. Potential contribution of interleukin-33 to the development of interstitial lung disease in patients with primary Sjogren's Syndrome. [116]
26. Prognostic factors of patients with antimda5 antibody-positive dermatomyositis complicated with interstitial pneumonia-a Japanese single center studya UMEDA1. [117]

I. Excluded studies with no comparison based on ILD (n = 59):

1. Adverse Drug Reactions to Trimethoprim-sulfamethoxazole as a Prophylactic Agent Against Pneumocystis Pneumonia in Patients with Systemic Lupus Erythematosus: Anti-Sm Antibody as a Possible Risk Factor. [118]
2. [Analysis of immunological characteristics of dermatomyositis patients with myocardial involvement]. [119]
3. The Anti-Ro52 Antibody as a Protective Factor for Pulmonary Fibrosis in Primary Sjogren's Syndrome. [120]
4. Anti-SSA and anti-jo1 levels in interstitial lung disease related to idiopathic inflammatory myopathies. [121]
5. Antinuclear antibodies in interstitial lung diseases: Prevalence and predictive factors. [122]
6. Auto-antibody evaluation in idiopathic interstitial pneumonia and worse survival of patients with Ro52/TRIM21 auto-antibody. [123]
7. Clinical and laboratory profiles of primary Sjogren's syndrome in a Chinese population: A retrospective analysis of 315 patients. [124]
8. Clinical characteristics of immune thrombocytopenia associated with primary Sjogren's syndrome: A retrospective analysis of 291 patients. [125]
9. The Clinical Characteristics of Primary Sjogren's Syndrome With Neuromyelitis Optica Spectrum Disorder in China: A STROBE-Compliant Article. [126]
10. CLINICAL COURSE in PATIENTS with INTERSTITIAL PNEUMONIA with AUTOIMMUNE FEATURES (IPAF): REAL-LIFE DATA from A MULTICENTER ILD REGISTRY. [127]
11. Clinical features and natural history of interstitial pneumonia with autoimmune features: A single center experience. [128]
12. The clinical features of Sjögren's syndrome patients with early and late disease onset. [129]
13. Clinical profile and chest high-resolution computed tomography (HRCT) findings in patients with connective tissue diseases and interstitial lung disease: Experience of a single reference rheumatology center. [130]
14. Clinical significance of anti-Ro/SSA-52 kDa antibodies - A retrospective monocentric study. [131]
15. Clinical significance of ssa antibody in patients with ars antibody positive interstitial. [132]
16. Clinical, serologic and morphologic features of interstitial pneumonia with autoimmune features (IPAF): A single center experience. [133]
17. The combined detection of autoantibody characteristics in systemic lupus erythematosus [134]

18. A comparative study on clinical and serological characteristics between patients with rhusus and those with systemic lupus erythematosus and rheumatoid arthritis. [135]
19. THE COURSE OF JUVENILE ONSET SJÖGREN'S SYNDROME. [136]
20. Dermatomyositis: Antibodies and clinical characteristics in 105 patients of the argentine register of idiopathic inflammatory myopathies. [137]
21. Detection of autoantibodies in bronchoalveolar lavage in patients with diffuse interstitial lung disease [138]
22. Development of new extra-glandular manifestations or associated auto-immune diseases after establishing the diagnosis of primary Sjögren's syndrome: A long-term study of the Antonius Nieuwegein Sjögren (ANS) cohort. [139]
23. Dissociation between airway and systemic autoantibody responses in chronic obstructive pulmonary disease. [140]
24. Distinct phenotypes in mixed connective tissue disease: subgroups and survival [141]
25. DOES ANCESTRY INFLUENCE PRIMARY SJÖGREN'S SYNDROME PHENOTYPE OR SEVERITY? [142]
26. Emerging autoantibodies panel (myositis associated and myositis specific antibodies) in inflammatory myopathies: the frequencies of and relationship with clinical features. [143]
27. Etiopathogenic Role of Surfactant Protein D in the Clinical and Immunological Expression of Primary Sjogren Syndrome. [144]
28. Histopathological environment besides the focus score in Sjögren's syndrome. [145]
29. How can we diagnose and better understand inflammatory myopathies? The usefulness of auto-antibodies. [146]
30. Hydroxychloroquine is associated with a lower risk of polyautoimmunity: data from the RELESSER Registry. [147]
31. Interleukin-33/suppression of tumorigenicity 2 (IL-33/ST2) axis in idiopathic inflammatory myopathies and its association with laboratory and clinical parameters: a pilot study. [148]
32. Interstitial lung disease associated with systemic lupus erythematosus. epimar group. [149]
33. Interstitial pneumonia with autoimmune features (IPAF): A single center, prospective study. [150]
34. Interstitial pneumonia with autoimmune features: an additional risk factor for ARDS? [151]
35. Juvenile onset systemic lupus erythematosus with sjögren's syndrome: Clinical and laboratory features. [152]

36. Laboratory strategy for autoantibodies testing as a diagnostic marker of pulmonary fibrosis in systemic sclerosis: A preliminary study prior to cohort registry of systemic sclerosis in West Java Indonesia [153]
37. Long-term follow-up in primary Sjögren's syndrome reveals differences in clinical presentation between female and male patients. [154]
38. Lung-dominant connective tissue disease among patients with interstitial lung disease: prevalence, functional stability, and common extrathoracic features. [155]
39. The management of interstitial lung diseases: The importance of the rheumatologic expertise in multidisciplinary meetings. [156]
40. Muscular and extramuscular features of myositis patients with anti-U1-RNP autoantibodies. [157]
41. Myositis specific antibodies and clinical features in patients from Argentina. [158]
42. ONE YEAR PROGRESSION of INTERSTITIAL LUNG DISEASE in CONNECTIVE TISSUE DISEASES. A DESCRIPTIVE STUDY in A SINGLE TERTIARY CENTER. [159]
43. Particularities of Sjögren syndrome in elderly patients. [160]
44. Predicting the Risk of Pulmonary Arterial Hypertension in Systemic Lupus Erythematosus: A Chinese Systemic Lupus Erythematosus Treatment and Research Group Cohort Study. [161]
45. Presence of anti-eukaryotic initiation factor-2B, anti-RuvBL1/2 and anti-synthetase antibodies in patients with anti-nuclear antibody negative systemic sclerosis. [162]
46. Primary Sjögren's syndrome in South Australia [163]
47. Proposal for a new clinical entity, IgG4-positive multiorgan lymphoproliferative syndrome: Analysis of 64 cases of IgG4-related disorders. [164]
48. The rate of and risk factors for frequent hospitalization in systemic lupus erythematosus: Results from the Korean lupus network registry. [165]
49. The relationships between titers of anti-Ro or anti-La as measured by ELISA and salivary production rate with age correction. [166]
50. Risk factors for the development of breast cancer in systemic sclerosis. [167]
51. The Risk Factors of Exacerbation in Interstitial Pneumonia With Autoimmune Features: A Single-Center Observational Cohort Study. [168]
52. The role of anti-endothelial cell antibody-mediated microvascular injury in the evolution of pulmonary fibrosis in the setting of collagen vascular disease. [169]
53. Serum myositis specific/associate autoantibodies help identify early connective tissue diseases relevant interstitial lung diseases: A medical center experience. [170]
54. Sjögren's syndrome is associated with and not secondary to systemic sclerosis [171]

55. Spectrum and clinical significance of autoantibodies against transfer RNA. [172]
56. The spectrum of antinuclear antibodies in patients with systemic sclerosis positive for anti-*u1rnp*. [173]
57. Study of Autoantibodies in a cohort of Mexican patients with idiopathic inflammatory myopathies [174]
58. Systemic lupus erythematosus (SLE) in the eastern region of Saudi Arabia. A comparative study. [175]
59. Ten year follow up of pulmonary function in patients with primary Sjogren's syndrome. [176]

J. Excluded studies that were not available in English (n = 3):

1. [Clinical characteristics of patients with antisynthetase syndrome and positive anti-Ro52 antibody]. [177]
2. [Clinical characteristics of rheumatoid arthritis with interstitial pulmonary fibrosis]. [178]
3. [Comparative profile of antinuclear antibodies in Gougerot-Sjögren syndrome with and without diffuse interstitial pulmonary fibrosis] [179]

K. Excluded review studies (n = 4):

1. Clinical, morphological features and prognostic factors associated with interstitial lung disease in primary Sjögren's syndrome: A systematic review from the Italian Society of Rheumatology. [180]
2. Myopathy associated with anti-signal recognition particle antibodies with pulmonary involvement and response to rituximab. [181]
3. PREDICTORS OF MORTALITY IN IDIOPATHIC INFLAMMATORY MYOPATHY-ASSOCIATED INTERSTITIAL LUNG DISEASE - A SYSTEMATIC REVIEW AND METAANALYSIS. [182]
4. Significance of connective tissue diseases features in pulmonary fibrosis. [183]

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9. Marino, A., et al., *Features of Childhood Sjogren's Syndrome: A Literature Review Based Cohort*. Arthritis and Rheumatology, 2020. **72**(SUPPL 10): p. 2504-2506.
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13. Muñoz Reinoso, P., et al., *Antisynthetase syndrome: Clinical profile, serologic and treatments used in a cohort of patients followed at the virgen macarena hospital*. Annals of the Rheumatic Diseases, 2021. **80**(SUPPL 1): p. 1075.
14. Castillo, S., et al., *Assessment of Optimal Screening Tests for the Detection of an Inflammatory Myositis-associated Interstitial Lung Disease*. Cureus, 2020. **12**(4): p. e7875.
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22. Sreevilasan, S.K., et al., *Clinical profile and treatment outcomes in antisynthetase syndrome: a tertiary centre experience*. *Rheumatol Adv Pract*, 2021. **5**(Suppl 2): p. ii10-ii18.
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38. Israeli-Shani, L., et al., *The significance of adding rheumatological assessment to the multidisciplinary team in the diagnosis of interstitial lung disease (ILD)*. *American Journal of Respiratory and Critical Care Medicine*, 2017. **195**.
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