

## **Online Supplementary Appendix 2: Statistical analysis of secondary efficacy endpoints**

Changes in percent predicted forced vital capacity (FVC) and percent predicted diffusing capacity of the lung for carbon monoxide will be compared between the treatment arms using a rank analysis of covariance (ANCOVA), with change from baseline used as an outcome variable and standardised rank baseline value used as a covariate. Categorical changes in FVC of >5% and >10% will be compared between the treatment arms using a Cochran-Mantel-Haenszel test stratified by geographic region, concomitant mycophenolate mofetil medication use and the presence/absence of idiopathic interstitial pneumonia with autoimmune features, as defined by the multidisciplinary team.

Changes in 6-minute walk distance, University of California–San Diego Shortness of Breath Questionnaire scores, Leicester Cough Questionnaire scores, cough visual analogue scale, and total and subscores of the St. George's Respiratory Questionnaire will be analysed using a rank ANCOVA model, with the recorded value at 24 weeks used as an outcome variable and standardised rank baseline value used as a covariate. All-cause and respiratory non-elective hospitalisation, progression-free survival, and time to death from any cause and from respiratory diseases will be analysed using Kaplan-Meier, and the two treatment arms will be compared with a log rank test; hazard ratios and corresponding 95% confidence intervals will be calculated by applying Cox proportional hazard models. The incidence of investigator-reported acute exacerbations in the two treatment arms will be compared with Fisher's exact test.