

SUPPLEMENTAL APPENDIX 2

| | | Adjusted | |
|-------------------------------|---------------|----------|---------|
| | | HR | CI |
| Inhaled corticosteroid group† | | | |
| | None | ref. | - |
| | Low dose | 2.6 | 1.6-4.0 |
| | Moderate dose | 3.0 | 1.9-4.6 |
| | High dose | 5.7 | 3.8-8.5 |
| Sex | | | |
| | Female | ref. | - |
| | Male | 1.0 | 0.8-1.2 |
| Smoking status | | | |
| | Former smoker | ref. | - |
| | Active smoker | 0.8 | 0.6-0.9 |
| Oral corticosteroid group‡ | | | |
| | None | ref. | - |
| | Low | 1.1 | 0.8-1.6 |
| | High | 1.8 | 1.5-2.2 |
| FEV1* | | 0.8 | 0.7-0.8 |
| BMI* | | 0.8 | 0.8-0.9 |
| Age** | | 1.1 | 1.0-1.2 |

Table 3. Risk factors for acquisition of *S. maltophilia* in COPD outpatients. HR: hazard ratio, CI: 95% confidence interval, FEV1: forced expired volume in the first second, MRC: Medical Research Council dyspnoea scale, BMI: body mass index, †Inhaled corticosteroid cumulated daily dose in budesonide equivalents, none: no use, low dose: ≤ 400 μg , moderate dose

400-800 µg, high dose: > 800 µg. ‡ Oral corticosteroids accumulated dose 365 prior to study entry, none: no use, low dose: ≤ 250 mg prednisolone, high dose: > 250 mg prednisolone, *HR per 10 percentage points increase, †HR per 5 kg/m² increase, **HR per 10 years increase.