Supplement to:

Systematic review of content and quality of idiopathic pulmonary fibrosis review articles

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Supplementary Table S1. Search strategy.

Search terms	1	IPF
	2	Idiopathic pulmonary fibrosis
	3	Cryptogenic fibrosing alveolitis
Filters	4	Review article
		Human
		English
		Year of publication 1995 to 2016
Search		(1 or 2 or 3) and 4

Abbreviations: IPF, idiopathic pulmonary fibrosis.

Supplementary Table S2. Citations of major guidelines and landmark trials extracted from each narrative review article.

Major guidelines and consensus statements	Landmark trials
American Thoracic Society/European Respiratory Society. Idiopathic Pulmonary Fibrosis: Diagnosis and Treatment International Consensus Statement. *AJRCCM*. 2000;161(2):646-664.	Noble PW et al. Pirfenidone in patients with idiopathic pulmonary fibrosis (CAPACITY): two randomised trials. *Lancet*. 2011;377(9779):1760-69.
American Thoracic Society/European Respiratory Society. International Multidisciplinary Consensus Classification of the Idiopathic Interstitial Pneumonias. *AJRCCM*. 2002;165(2):277-304.	Raghu G *et al*. Prednisone, Azathioprine, and *N*-Acetylcysteine for Pulmonary Fibrosis. *NEJM*. 2012;366(21):1968-77.
Raghu G *et al*. An official ATS/ERS/JRS/ALAT Statement: Idiopathic Pulmonary Fibrosis: Evidence-based Guidelines for Diagnosis and Management. *AJRCCM*. 2011;183(6):788-824.	Richeldi L *et al*. Efficacy and safety of nintedanib in idiopathic pulmonary fibrosis. *NEJM*. 2014;370(22):2071-82.
Travis WD *et al*. An Official American Thoracic Society/European Respiratory Society Statement: Update of the International Multidisciplinary Classification of the Idiopathic Interstitial Pneumonias. *AJRCCM*. 2013;188(6):733-748.	King TE *et al.* A phase 3 trial of pirfenidone in patients with idiopathic pulmonary fibrosis. *NEJM*. 2014;370(22):2083-92.
Raghu G *et al*. An official ATS/ERS/JRS/ALAT Clinical Practice Guideline: Treatment of Idiopathic Pulmonary Fibrosis. *AJRCCM*. 2015;192(2):e3-e19.	

Supplementary Table S3. Summary of international IPF guideline recommendations.

	Variable	2000 ATS/ERS	2011 ATS/ERS/JRS/ALAT	2015 ATS/ERS/JRS/ALAT
Diagnosis	Pathology	UIP pattern	UIP pattern: marked fibrosis, architectural distortion, honeycombing in predominantly subpleural/paraseptal distribution, patchy parenchymal fibrosis, fibroblastic foci and absence of features suggesting alternative diagnosis.	
	Lung biopsy	Either surgical or VATS biopsy recommended for patients with features not typical of IPF and no contraindications to surgery	Not essential to make diagnosis. Risks vs. benefits of procedure should be considered.	
	Pulmonary function tests	Restrictive pattern and/or impaired gas exchange	No longer a diagnostic criteria, discussed for utility in staging and prognosis.	
	Computed tomography	Bibasilar reticular abnormalities with minimal ground glass	UIP pattern defined as subpleural basal predominance, reticular abnormalities, honeycombing with/without traction bronchiectasis and absence of features inconsistent with UIP. Possible combinations with pathology.	
	Bronchoscopy	BAL or transbronchial biopsy with no evidence to support alternative diagnosis	Not recommended (weak)	
	Exclusion of other lung diseases	Exclusion of environmental exposure, drug toxicity and connective tissue disease	Exclusion of environmental exposure, drug toxicity and connective tissue disease	
	Minor criteria	Age > 50, insidious onset unexplained shortness of breath, bibasilar Velcro crackles, duration of illness > 3 months	Eliminated	
	Risk factors	Cigarette smoking, possible anti-depressants, possible chronic aspiration, possible metal and wood dust exposure, possible infectious exposures (multiple) and possible genetic predisposition	Cigarette smoking, possible chronic aspiration, possible metal and wood dust exposure, possible infectious exposures (multiple) and possible genetic predisposition to be interpreted with caution	
	Multidisciplinary diagnosis		Recommended	

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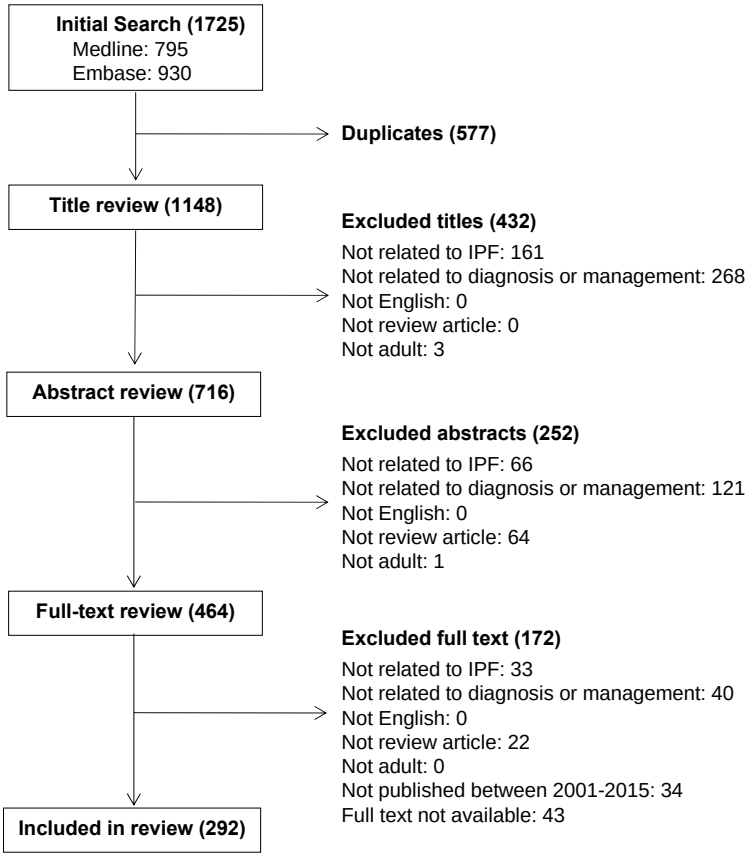
	Variable	2000 ATS/ERS	2011 ATS/ERS/JRS/ALAT	2015 ATS/ERS/JRS/ALAT
Management	**Pharmacological**			
	Corticosteroids	Limited evidence but recommended use	Not recommended (strong)	
	Steroids for acute exacerbations		Recommended (weak)	
	Azathioprine	Recommended		
	Azathioprine + steroid	Recommended	Not recommended (strong)	
	Acetylcysteine		Not recommended (weak)	Not recommended (weak)
	Acetylcysteine + azathioprine + steroid		Not recommended (weak)	Not recommended (strong)
	Cyclophosphamide	Recommended		
	Cyclophosphamide + steroid	Recommended	Not recommended (strong)	
	Colchicine	Recommended for patients unable to tolerate steroids/ contraindication to steroids	Not recommended (strong)	
	Cyclosporine A	Not recommended	Not recommended (strong)	
	Penicillamine	Not recommended		
	Chlorambucil	Not recommended		
	Methotrexate	Not recommended		
	Interferon		Not recommended (strong)	
	Bosentan		Not recommended (strong)	Not recommended (weak)
	Ambrisentan			Not recommended (strong)
	Sildenafil			Not recommended (weak)
	Etanercept		Not recommended (strong)	
	Imatinib			Not recommended (strong)
	Anticoagulation		Not recommended (weak)	Not recommended (strong)
	Pirfenidone		Not recommended (weak)	Recommended (weak)
	Nintedanib			Recommended (weak)
	Non-pharmacological			
	Pulmonary rehabilitation	Recommended	Recommended (weak)	
	Palliative care		Recommended	
	Oxygen therapy	Recommended	Recommended (strong)	
	Mechanical ventilation		Not recommended (weak)	
	Lung transplant	Recommended	Recommended (strong)	Recommended (single vs. double not included)
Comorbidities	Pulmonary hypertension	Benefit of treatment unclear, no specific recommendations	Treatment not recommended (weak)	Mentioned but not included
	Asymptomatic GERD		Treatment recommended (weak)	Treatment recommended (weak)
	Sleep disorders	Benefit of treatment unclear, consider nocturnal supplemental oxygen		

Abbreviations: ALAT, Latin American Thoracic Association; ATS, American Thoracic Society; BAL, bronchoalveolar lavage; ERS, European Respiratory Society; GERD, gastroesophageal reflux disease; IPF, idiopathic pulmonary fibrosis; JRS, Japanese Respiratory Society; UIP, usual interstitial pneumonia; VATS, video-assisted thoracoscopic surgery.

Supplementary Figure S1. Search strategy and article selection.



Supplementary Table S4. Predictors of review article quality.

	DISCERN 1-8		DISCERN total*	
Variable	*r* value	*p* value	*r* value	*p* value
NA *vs*. European corresponding author	-	0.07	-	0.89
Year of publication‡	0.09	0.12	0.29	< 0.001
MD *vs*. Other degree for corresponding author	-	0.27	-	0.20
Journal impact factor, raw value	0.03	0.67	-0.01	0.88
Journal impact factor, available†	-	0.002	-	0.08
Number of IPF publications by corresponding author	0.20	< 0.001	0.17	0.008
Respiratory journal	-	0.12	-	0.66
Funding sources reported	-	0.01	-	0.14
Conflicts of interest reported	-	0.28	-	0.01
Cited contemporary guideline‡	-	0.36	-	0.01

* The DISCERN total score applies only to review articles that address management of IPF.
† Denotes independent predictor of higher DISCERN score for articles that address diagnosis of IPF
‡ Denotes independent predictors of higher DISCERN score for articles that address management of IPF

Abbreviations: IPF, idiopathic pulmonary fibrosis; MD, medical doctor; NA, North American.