

<b>Annex 1:</b> pulmonary involvement in primary Sjögren's syndrome in different studies							
<b>Study</b>	<b>Year</b>	<b>Country</b>	<b>Patients (N) and characteristics</b>	<b>HRCT findings</b>	<b>PFT findings</b>	<b>Six-minute walk test</b>	<b>Conclusions</b>
Uffman <i>et al.</i>	2001	Austria	Asymptomatic patients (N=37). With normal chest X-rays	65% of HRCTs were abnormal 1. Micronodules (24.3%); 2. Interlobular septal thickening (24.3%); 3. Parenchymal cysts (13.5%); 4. Groundglass attenuation (10.8%)	1. Normal; 2. Small airway disease; 3. Isolated small airway disease; 4. Obstructive pattern (13.5%); 5. Restrictive pattern (8.1%)	NA	The incidence of parenchymal involvement appears to be earlier and greater in frequency than clinical symptoms would indicate. HRCT is more sensitive in the detection of parenchymal disease when compared to PFT and clinical findings
Yazisis <i>et al.</i>	2010	Turkey	Patients with pulmonary symptoms (N=30)	1. Ground-glass opacities (30%); 2. Bronchiectasis (23.3%); 3. Reticular opacities (23.3%); 4. Enlarged mediastinal lymph nodes (23.3%)	Patients with lung involvement had lower predicted values of FVC and FEV1 than those without	NA	1. Negative correlations between HRCT score and PFT results of FVC, FEV1, and PEF values (<80% of predicted value); 2. Positive correlation between HRCT score and the pulmonary artery dilatation
Palm <i>et al.</i>	2013	Norway	Patients with pulmonary symptoms (N=216)	1. Reticular pattern (44%); 2. Cysts (42%); 3. Air trapping (22%); 4. Groundglass attenuation (20%)	Abnormal PFTs (16%)	NA	1. Prevalence of clinical pulmonary manifestations in pSS was 27% in a population-based hospital patient cohort; 2. Patients with pulmonary manifestations in Sjogren's the disease had reduced physical function and increased mortality
Kampolis <i>et al.</i>	2018	Greece	Symptomatic patients 89 out of 414 interviewed patients	1. Air trapping (30.8%); 2. Linear atelectatic lesions (20.5%);	Significant reduction in FEF <sub>25%-75%</sub> (<60% pred.) (38.5%) post-bronchodilator	NA	Roughly 20% of a large cohort of patients with pSS had chronic respiratory symptoms such as

				3. Septal thickening (15.4%); 4. Bronchial wall thickening (10.3%)	response was significant in only two cases. Three additional patients had a moderate restrictive pattern (TLC: 60-70% pred.) with reduced DLCO (<80% pred.). TLC and DLCO within normal limits in approximately half (21/39) of the patients tested		dyspnoea and/or cough, which, in 2/3 of cases, were not linked to any other respiratory conditions or comorbidities. PFTs and/or CT imaging findings were compatible with small airway disease in the majority (>50%) of symptomatic patients, while symptoms were attributed to xerotrachea or ILD in the remaining cases
Heus <i>et al.</i>	2020	Netherlands	Pulmonary tests were performed only when there was a clinical suspicion of lung involvement (N=262)	1. Ground-glass opacities (29%); 2. Nodular thickening (24%); 3. Thin-walled air cysts (18%); 4. Atelectasis (15%); 5. Reticular interstitial pattern (12%)	PFTs of patients with possible or assumed pulmonary involvement in pSS showed restriction more often than obstruction: (36%) and (21%) respectively	NA	Authors strongly recommend screening for pulmonary involvement in pSS patients in daily clinical practice Perform a pulmonary anamnesis, PFT, and chest radiograph in every pSS patient, and HRCT if indicated
Current study	2020	Tunisia	Systematic screening for pulmonary involvement (N=30)	1. Nodules (62%); 2. Bronchiectasis / ventilatory disorder (37%); 3. Airspace consolidation / distortion (31%); 4. Reticular pattern / septal thickening (25%)	Normal (59.3%) Restrictive patterns (25.9%) Obstruction (7.4%) Combined restrictive and obstructive patterns (3.7%) Isolated small airway disease (3.7%)	A normal six-minute walk test is strongly correlated to a normal function test	We recommend conducting a systematic screening for pulmonary involvement at baseline and in case of complications

NA: not available; FEV1: forced expiratory volume in 1 second; FVC: forced vital capacity; PEF: peak expiratory flow; DLCO: carbon monoxide-diffusing capacity; ILD: interstitial lung disease; HRCT: high resolution computed tomography; SAD: small airway disease; TLC: total lung capacity; VC: vital capacity; FEF: forced expiratory flow; PFT: pulmonary function test; pSS: primary Sjogren's syndrome