

1 **Supplemental Methods**

2 **Exclusion Criteria and recruitment of healthy control**

3 Patients with malignancy, infection, drug-induced vasculitis, secondary vasculitis,
4 vasculitis mimics, and sarcoidosis were excluded from this study [1]. Patients with
5 microscopic polyangiitis (MPA) who were treated with glucocorticoids at the time of
6 admission were also excluded. For healthy controls, subjects (n = 10) who self-
7 identified themselves to be in good health, with no history of autoimmune or
8 cardiovascular diseases, were recruited based on their responses to a questionnaire.

10 **Measurement of laboratory parameters**

11 Patient demographic characteristics (age, sex), the period from appearance of
12 respiratory symptoms to start of treatments, and the contents of treatments were
13 evaluated. White blood cell counts, albumin, creatinine, C-reactive protein, Krebs von
14 den Lungen-6 (KL-6), Surfactant protein D (SP-D), myeloperoxidase (MPO)- anti-
15 neutrophil cytoplasmic antibody (ANCA), and proteinase 3 (PR3)-ANCA were
16 measured. The serum level of KL-6 was measured using an electrochemiluminescence
17 immune assay, whereas serum SP-D was measured using enzyme immunoassays. The
18 serum MPO-ANCA and PR3-ANCA titers were measured using ELISA. These assays

1 were commercially conducted by SRL (Tokyo, Japan).

2

3 **Pulmonary function testing**

4 Pulmonary function testing (PFT) was conducted by spirometry (SYSTEM21; Minato

5 Medical Science, Osaka, Japan) on admission. Forced vital capacity was determined by

6 the N₂ washout method, and diffusion capacity of the lung for carbon monoxide was

7 determined by the single-breath method [2, 3, 4]. All PFT results are expressed as

8 percentages of the predicted value.

9

10 **Evaluation of high-resolution computed tomography scoring**

11 Interstitial lung disease was assessed by chest high-resolution computed tomography

12 (HRCT) scans that were assessed by pulmonary radiologists. Prior to treatment, all

13 patients underwent chest HRCT with a 64-detector row CT Aquilon multiscanner

14 (Toshiba Medical System Corporation, Tokyo, Japan). HRCT was obtained using 1.0-

15 or 1.5-mm-thick sections at 10-mm intervals throughout the entire lung. Ground-glass

16 opacity (GGO) and fibrosis were evaluated independently as scores on HRCT images

17 by three observers (T.Su., T. Ko. and T.Sh.) blinded to patient clinical information, as

18 previously described [5]. The average of the scores was summed as the total HRCT

1 score.

2

3 **Evaluation of disease severity and outcome**

4 Disease severity was determined according to the European Vasculitis Study Group

5 categorization system [6], and organ involvement was evaluated according to the

6 Birmingham Vasculitis Activity Score version 3 [7]. The 2009 five-factor score, which

7 is used to evaluate prognosis of MPA, was evaluated for each patient [8]. **The primary**

8 **outcome was the occurrence of severe infection.** Cases which required intravenous

9 administration of antibacterial, antifungal, or antiviral agents, were defined as severe

10 infections according to the Common Terminology Criteria for Adverse Events (v.4.0)

11 [9].

12

13 **The detection limits of serum biomarkers**

14 **The concentrations and detection limits of serum biomarkers were determined using**

15 **standard curves generated from standards in each kit with the MasterPlex QT 2010**

16 **Software weighted 5 parameter logistic curve fitting procedure. Extrapolation was used**

17 **when concentrations were below the lowest interval of the standard.** The detection

18 limits for all potential biomarkers (in pg/mL) were as follows: IL-1 β (1.54), IL-2 (0.34),

1 IL-4 (10.71), IL-6 (1.23), IL-8 (0.52), IL-10 (0.71), IL-13 (145.58), IL-17A (0.04), IL-
2 23 (12.19), CCL2 (24.74), M-CSF (5.79), CXCL13 (13.35), TNF- α (1.48), IFN- γ
3 (5.78), G-CSF (10.44), GM-CSF (0.25), TIMP-1 (0.08), PDGF (15.0), VEGF, (10.0),
4 TGF- β (4.6), and LRG (170.0). We defined the cytokine levels as undetectable when the
5 proportion of samples under detection limit accounted for over 50% of the total
6 samples.

7

8 **PCA of serum biomarkers in MPA-ILD patients**

9 Following the Kaiser-Guttman rule and using the scree plot method, we selected three
10 eigenvectors with the highest eigenvalues as PC1 (eigenvalue 5.2), PC2 (eigenvalue
11 4.1), and PC3 (eigenvalue 1.5) based on their individual contribution rate
12 (Supplementary Figure 1). The values for PC1, PC2, and PC3 were also calculated for
13 each patient with MPA-ILD. After the PCA, we performed the varimax rotation with
14 Kaiser normalization, and only absolute variables with a loading of > 0.40 were retained
15 [10].

16

17 **Cluster analyses of MPA-ILD patients**

18 The cluster algorithm started with each patient as a single cluster. The closest clusters

1 were repeatedly merged to form new clusters until the entire data were contained in one
2 cluster. We defined the number of clusters based on a scree plot, as described previously
3 (Supplementary Figure 2) [11]. The point of natural break, where the distance increased
4 suddenly, was considered the cut-off point. We defined the proper number of clusters as
5 2.

6

7 **Immunohistochemical analysis**

8 The specimens were fixed in 10% formalin, embedded in paraffin, and cut into 4-mm
9 thick sections. Tissue staining was performed using a Bond-MAX autoimmunostainer
10 (Leica Biosystems, Wetzlar, Germany), as well as hematoxylin and eosin staining.
11 Deparaffinized and rehydrated sections were subjected to endogenous peroxidase
12 blocking, and after heating in antigen-unmasking solution, slides were incubated with
13 the following antibodies: CCR4 (1:50, NBP1-86584; Novus Biologicals, Littleton, CO,
14 USA), IL-4 (1:800; ab239508; Abcam, Cambridge, MA), CXCL13 (1:50; ab246518;
15 Abcam, Cambridge, MA), CD20 (1:50; clone L26; Dako, Santa Clara, CA). Color
16 development was performed using 3,3'-diaminobenzidine tetrahydrochloride, and slides
17 were counterstained with hematoxylin. CCR4 stained Th2 cells and CXCL13 stained B
18 cells in each sample were counted in five different fields ($\times 400$) on a BZ-X710

1 microscope (Keyence, Osaka, Japan).

2

3 **Supplementary Figures**

4 **Supplementary Figure 1. Scree plot for principal components analysis**

5 X-axis shows the number of principal components. Y-axis shows the eigenvalues.

6

7 **Supplementary Figure 2. Scree plot for cluster analysis**

8 The scree plot shows a point for each cluster joint.

9

10 **Supplementary Figure 3. Kaplan-Meier curves for severe infection-free survival**

11 **rate of the CFD group and CID group.** The 4-year severe infection-free survival rate

12 was significantly lower in the CFD group (15.8%) than in the CID group (82.1%) (log-

13 rank test, $p=0.02$).

14

15 **Supplementary Figure 4. Immunohistochemical staining of CCR4 and IL-4 in lung**

16 **biopsy sections from patients with MPA-ILD**

17 Representative images of sections stained with anti-CCR4 antibody and anti-IL-4

18 antibody in the lung biopsy samples in patients with MPA-ILD. CCR4 positive cells

19 (white arrow) were located in the interstitium of MPA-ILD lungs. Strong IL-4

1 immunostaining (black arrow) was confined to these CCR4 positive cells.
2 A, B: Magnification (200×), scale bar 100 μm. C, D: Magnification (400×), scale bar 100
3 μm. MPA-ILD: MPA-ILD: microscopic polyangiitis with interstitial lung disease; CCR:
4 CC chemokine receptor; IL: interleukin.

5

6

7 Reference

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Supplementary Table 1. The range of standard curves in each cytokine, and number of samples whose serum cytokine levels are over detection limits in MPA and HC measured by the Luminex Screening Assay.

| Cytokines | limit of quantification | | Number of positive samples | | Number of positive samples | |
|--------------------------------|-------------------------|----------|----------------------------|-----|----------------------------|-----|
| | Lower | Upper | MPA (N=49) | % | HC(N=10) | % |
| Th1 related cytokine | | | | | | |
| GM-CSF, pg/mL | 14.01 | 2869.90 | 29 | 59 | 5 | 50 |
| IL-2, pg/mL | 38.21 | 8980.025 | 46 | 94 | 5 | 50 |
| IFN- γ , pg/mL | 45.84 | 10691.17 | 39 | 80 | 2 | 20 |
| Th2 related cytokine | | | | | | |
| IL-4, pg/mL | 24.43 | 3660.135 | 49 | 100 | 10 | 100 |
| IL-13, pg/mL | 416.07 | 95213.48 | 40 | 82 | 4 | 40 |
| Th17 related cytokine | | | | | | |
| IL-17A, pg/mL | 13.52 | 3140.225 | 19 | 39 | 2 | 20 |
| IL-23, pg/mL | 62.54 | 29023.81 | 12 | 24 | 0 | 0 |
| M1 Macrophage related cytokine | | | | | | |
| IL-1 β , pg/mL | 21.01 | 4260.27 | 39 | 80 | 1 | 10 |
| TNF- α , pg/mL | 9.66 | 1929.98 | 49 | 100 | 10 | 100 |
| M2 Macrophage related cytokine | | | | | | |
| CCL-2, pg/mL | 27.78 | 7370.50 | 49 | 100 | 10 | 100 |
| IL-10, pg/mL | 5.28 | 1010.27 | 32 | 65 | 4 | 40 |

| | | | | | | |
|-----------------------------|---------------|-----------------|-----------|------------|-----------|------------|
| M-CSF, pg/mL | 124.09 | 23731.52 | 40 | 82 | 3 | 30 |
| B cell related cytokine | | | | | | |
| IL-6, pg/mL | 5.74 | 1150.01 | 49 | 100 | 10 | 100 |
| CXCL13, pg/mL | 31.59 | 4941.00 | 49 | 100 | 10 | 100 |
| Neutrophil related cytokine | | | | | | |
| IL-8, pg/mL | 4.77 | 890.035 | 49 | 100 | 10 | 100 |
| G-CSF, pg/mL | 28.00 | 5730.13 | 44 | 90 | 4 | 40 |

1 Samples whose serum cytokine levels are over detection limits were defined as positive. MPA:
2 microscopic polyangiitis, HC: healthy controls.

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Supplementary Table 2. Comparison of clinical characteristics, disease severity classification between MPA patients with and without ILD

| Characteristics | MPA with ILD (n=32) | MPA without ILD (n= 17) | <i>P</i> value |
|--------------------------------|------------------------|----------------------------|----------------|
| Age, years | 76(71-82) | 71(68-77) | 0.047* |
| Female, n (%) | 15(46.9) | 9(52.9) | 0.77 |
| Laboratory findings | | | |
| WBC, /mm ³ | 11975(7113-14873) | 12900(8835-15070) | 0.48 |
| Alb, g/dl | 2.5(2.0-3.3) | 2.2(1.8-2.6) | 0.06 |
| Cr, mg/dl | 0.94(0.68-1.7) | 1.6(1.2-4.6) | 0.01* |
| CRP, mg/dl | 8.8(2.5-11.9) | 12.5(3.2-15.3) | 0.07 |
| Positive, anti-MPO-ANCA, n (%) | 32(100) | 16(94) | 0.35 |
| Positive, anti-PR3-ANCA, n (%) | 2(6.3) | 1(5.9) | 1.00 |
| MPO-ANCA titer, U/mL | 95.1(61.8-244.3) | 174(63.9-282) | 0.43 |
| KL-6, U/ml | 372(238-624) | 154(113-242) | <0.0001*** |
| BVAS at onset | 14(8-21) | 18(13.5-25.5) | 0.18 |
| Five factor score 2009 | | | |
| ≤ 1 | 7(21.9) | 5(29.4) | 0.73 |
| 2 | 20(62.5) | 7(41.2) | 0.23 |
| ≥ 3 | 5(15.6) | 5(29.4) | 0.29 |
| EUVAS-defined disease activity | | | |
| Localized | 2(6.3) | 1(5.9) | 1.00 |
| Early systemic | 6(18.8) | 3(17.7) | 1.00 |

| | | | |
|----------|-----------|-----------|------|
| Systemic | 20 (62.5) | 10 (58.8) | 1.00 |
| Severe | 4 (12.5) | 3 (17.7) | 0.68 |

1 The laboratory markers are presented as the median (interquartile range). The P-values were estimated
 2 using Fisher's exact test or Wilcoxon rank sum test. *P < 0.05, **P < 0.01, ***P < 0.001. MPA:
 3 microscopic polyangiitis; ILD: interstitial lung disease; WBC: white blood cell; Alb: albumin; Cr:
 4 creatinine; CRP: C-reactive protein; MPO-ANCA: myeloperoxidase-anti-neutrophil cytoplasmic
 5 autoantibody; PR3-ANCA: proteinase 3-anti-neutrophil cytoplasmic antibody; KL-6: Krebs von den
 6 Lungen-6; BVAS: Birmingham Vasculitis Activity Score; EUVAS: European Vasculitis Study Group.

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Supplementary Table 3. Comparison of the cytokine levels between MPA and healthy control

| Cytokines | MPA (N=49) | Normal (N=10) | P |
|--------------------------------|---------------------|---------------------|------------|
| Th1 related cytokine | | | |
| GM-CSF, pg/mL | 1.5 (0.3-5.2) | 0.4 (0.3-4.0) | 0.44 |
| IL-2, pg/mL | 5.7 (4.6-7.8) | 1.4 (0.3-3.5) | 0.0005*** |
| IFN- γ , pg/mL | 19.1 (11.2-43.5) | undetectable | |
| Th2 related cytokine | | | |
| IL-4, pg/mL | 93.3 (84.8-99.9) | 70.1(63.1-78.9) | 0.0006*** |
| IL-13, pg/mL | 444.1 (265.9-519.9) | undetectable | |
| Th17 related cytokine | | | |
| IL-17A, pg/mL | undetectable | undetectable | |
| IL-23, pg/mL | undetectable | undetectable | |
| M1 Macrophage related cytokine | | | |
| IL-1 β , pg/mL | 5.0 (3.4-8.9) | undetectable | |
| TNF- α , pg/mL | 12.4 (10.1-15.1) | 7.2 (6.0-8.5) | <0.0001*** |
| M2 Macrophage related cytokine | | | |
| CCL-2, pg/mL | 317.6 (248.3-417.3) | 230.6 (185.6-284.9) | 0.01* |
| IL-10, pg/mL | 1.4 (0.17-2.5) | undetectable | |
| M-CSF, pg/mL | 126.5 (38.1-412.3) | undetectable | |
| B cell related cytokine | | | |
| IL-6, pg/mL | 28.7 (10.3-71.2) | 3.9 (3.5-4.6) | <0.0001*** |
| CXCL13, pg/mL | 201.9 (138.9-332.7) | 69.2 (59.9-101.3) | <0.0001*** |
| Neutrophil related cytokine | | | |
| IL-8, pg/mL | 25.2 (15.4-47.6) | 6.5 (4.9-7.6) | <0.0001*** |

| | | | |
|-------------------------|----------------------|---------------------|------------|
| G-CSF, pg/mL | 39.2 (29.4-54.2) | undetectable | |
| Pro-fibrotic biomarkers | | | |
| TIMP-1, pg/mL | 331.1 (229.9-444.7) | 132.6 (102.3-148.1) | <0.0001*** |
| TGF- β , ng/mL | 35.4 (25.4-50.5) | 28.4 (24.9-35.6) | 0.09 |
| LRG, ng/mL | 170.83 (103.6-270.0) | 22.6 (16.6-26.0) | <0.0001*** |
| VA related biomarkers | | | |
| VEGF, pg/mL | 517.8 (317.5-924.1) | 77.7 (35.0-174.4) | <0.0001*** |
| PDGF, ng/mL | 8.0 (5.0-11.6) | 7.0 (5.7-12.1) | 1.00 |

1 The laboratory markers are presented as the median (interquartile range). The P-values were estimated
 2 using Wilcoxon rank sum test. *P < 0.05, **P < 0.01, ***P < 0.001. MPA: microscopic polyangiitis; VA:
 3 vascular angiogenesis.

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Supplementary Table 4. Comparison of the cytokine levels between MPA-ILD and MPA without
 ILD

| Cytokines | MPA with ILD(N=32) | MPA without ILD (N=17) | P |
|--------------------------------|---------------------|------------------------|---------|
| Th1 related cytokine | | | |
| GM-CSF, pg/mL | 0.5 (0.3-2.5) | 5.0 (0.3-12.0) | 0.02* |
| IL-2, pg/mL | 5.1 (3.5-6.7) | 6.7 (5.1-11.0) | 0.04* |
| IFN- γ , pg/mL | 17.8 (5.8-36.4) | 19.1 (11.2-59.9) | 0.34 |
| Th2 related cytokine | | | |
| IL-4, pg/mL | 91.6 (83-96.6) | 96.6 (89.9-104.7) | 0.15 |
| IL-13, pg/mL | 382.3 (175.7-500.9) | 444.1 (360.9-555.1) | 0.12 |
| M1 Macrophage related cytokine | | | |
| IL-1 β , pg/mL | 5.0 (2.0-7.8) | 6.6 (5.0-11.8) | 0.09 |
| TNF- α , pg/mL | 11.5 (9.5-14.6) | 13.6 (11.5-15.7) | 0.17 |
| M2 Macrophage related cytokine | | | |
| CCL-2, pg/mL | 327.6 (296.8-461.6) | 249.1(188.5-319.5) | 0.002** |
| IL-10, pg/mL | 1.8 (0.2-2.6) | 0.17 (0.17-2.8) | 0.27 |
| M-CSF, pg/mL | 112.5 (8.1-341.8) | 145.2 (98.6-520.4) | 0.10 |
| B cell related cytokine | | | |
| IL-6, pg/mL | 24.0 (10.1-61.4) | 35.2 (10.1-123.1) | 0.17 |
| CXCL13, pg/mL | 202.2 (136.7-361.0) | 186.6 (136.9-274.3) | 0.93 |
| Neutrophil related cytokine | | | |
| IL-8, pg/mL | 21.6 (15.0-43.2) | 31.7 (13.5-107.4) | 0.38 |
| G-CSF, pg/mL | 39.2 (29.4-52.2) | 39.2 (26.6-71.2) | 0.71 |

| | | | |
|-------------------------|---------------------|---------------------|------|
| Pro-fibrotic biomarkers | | | |
| TIMP-1, pg/mL | 318.2 (215.6-432.8) | 387.1 (285.9-475.1) | 0.17 |
| TGF- β , ng/mL | 36.2 (25.3-48.2) | 33.5 (25.8-52.7) | 0.84 |
| LRG, ng/mL | 150.6 (92.9-218.6) | 205.2 (116.1-285.9) | 0.11 |
| VA related biomarkers | | | |
| VEGF, pg/mL | 517.8 (287.6-986.3) | 449.4 (327.4-724.3) | 0.85 |
| PDGF, ng/mL | 8.0 (5.2-11.6) | 6.5 (4.9-14.0) | 0.90 |

- 1 The laboratory markers are presented as the median (interquartile range). The P-values were estimated
 2 using Wilcoxon rank sum test. *P <0.05, **P < 0.01, ***P < 0.001. MPA: microscopic polyangiitis; VA:
 3 vascular angiogenesis.
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Supplementary Table 5. PCA coordinates for the first 3 varimax rotated principal components

| Cytokines | Component1 | Component2 | Component3 |
|-----------------------------------|-------------|-------------|--------------|
| GM-CSF, pg/mL | -0.02 | 0.76 | 0.19 |
| IL-2, pg/mL | 0.11 | 0.86 | 0.10 |
| IFN- γ , pg/mL | 0.33 | -0.10 | -0.61 |
| IL-4, pg/mL | -0.14 | 0.81 | 0.12 |
| IL-13, pg/mL | -0.07 | 0.75 | -0.01 |
| IL-1 β , pg/mL | 0.18 | 0.86 | 0.05 |
| TNF- α , pg/mL | 0.24 | 0.55 | 0.37 |
| CCL-2, pg/mL | 0.17 | -0.40 | 0.51 |
| IL-10, pg/mL | 0.16 | 0.25 | 0.57 |
| M-CSF, pg/mL | 0.09 | 0.27 | 0.57 |
| IL-6, pg/mL | 0.73 | -0.22 | 0.30 |
| CXCL13, pg/mL | 0.57 | 0.13 | -0.07 |
| IL-8, pg/mL | 0.45 | 0.05 | 0.16 |
| G-CSF, pg/mL | 0.60 | 0.30 | -0.06 |
| TIMP-1, pg/mL | 0.86 | -0.09 | 0.18 |
| TGF- β , ng/mL | 0.87 | 0.06 | -0.14 |
| LRG, ng/mL | 0.79 | -0.04 | -0.07 |
| VEGF, pg/mL | 0.73 | -0.05 | 0.08 |
| PDGF, ng/mL | 0.82 | 0.02 | 0.08 |
| Variance explained (%) | 27 | 22 | 8 |
| Cumulative variance explained (%) | 27 | 49 | 57 |

- 5 Absolute Variables with coordinates of less than 0.40 were omitted from the component. Components

1 indicate primary components. The proportion of total variance in the data set, as explained by each
 2 component, is shown. The cumulative proportion of total variance explained by the sum of each of the
 3 components and the preceding components has been shown. Components indicate primary components.

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 7 **Supplementary Table 6.** Correlation between serum biomarker levels and disease activity indicators
 8 of MPA-ILD

| | WBC | Alb | CRP | KL-6 | SP-D | MPO-ANCA | %FVC | %DLco | BVAS | Total GGO | Total fibrosis score |
|-----------------------|---------|----------|---------|----------|---------|----------|-------|-------|--------|-----------|----------------------|
| PCA defined group 1 | | | | | | | | | | | |
| IL-6, pg/mL | 0.72*** | -0.87*** | 0.85*** | -0.46** | -0.52* | -0.13 | 0.04 | -0.17 | 0.10 | 0.007 | 0.03 |
| CXCL13, pg/mL | 0.29 | -0.56*** | 0.41* | 0.06 | -0.04 | -0.27 | -0.26 | -0.03 | -0.10 | 0.53** | 0.38* |
| IL-8, pg/mL | 0.23 | -0.31 | 0.19 | 0.009 | -0.37 | 0.015 | -0.18 | -0.32 | 0.31 | 0.18 | 0.17 |
| G-CSF, pg/mL | 0.34 | -0.51** | 0.46** | -0.05 | -0.05 | -0.13 | -0.32 | -0.15 | 0.08 | 0.17 | 0.15 |
| PDGF, ng/mL | 0.63*** | -0.62*** | 0.73*** | -0.24 | -0.46* | 0.02 | 0.18 | 0.11 | -0.06 | -0.01 | -0.11 |
| VEGF, pg/mL | 0.60*** | -0.63*** | 0.7*** | -0.18 | -0.37 | -0.08 | 0.27 | 0.19 | -0.004 | 0.04 | 0.01 |
| TGF- β , ng/mL | 0.74*** | -0.60*** | 0.81*** | -0.39* | -0.38 | -0.10 | 0.19 | 0.18 | -0.08 | -0.05 | -0.09 |
| LRG, ng/mL | 0.62*** | -0.58*** | 0.62*** | -0.52*** | -0.52* | 0.04 | 0.20 | -0.08 | 0.22 | -0.19 | -0.23 |
| TIMP-1, pg/mL | 0.78*** | -0.77*** | 0.85*** | -0.51** | -0.61** | 0.15 | -0.04 | -0.09 | 0.37* | -0.10 | -0.11 |
| PCA defined group 2 | | | | | | | | | | | |
| GM-CSF, pg/mL | -0.19 | 0.14 | -0.03 | 0.13 | -0.04 | -0.17 | -0.09 | 0.16 | 0.05 | -0.02 | 0.02 |
| IL-2, pg/mL | -0.21 | 0.20 | -0.10 | 0.24 | 0.12 | -0.32 | -0.14 | -0.02 | 0.11 | 0.20 | 0.32 |
| IL-1 β , pg/mL | -0.09 | 0.05 | 0.08 | 0.19 | 0.21 | -0.2 | -0.18 | 0.19 | 0.02 | 0.12 | 0.09 |
| TNF- α , pg/mL | 0.10 | -0.20 | 0.15 | -0.14 | -0.44* | 0.02 | -0.26 | -0.04 | 0.44* | 0.07 | 0.07 |
| IL-4, pg/mL | -0.26 | 0.25 | -0.27 | 0.15 | 0.22 | -0.09 | -0.29 | 0.14 | 0.21 | 0.14 | 0.11 |
| IL-13, pg/mL | -0.11 | 0.17 | -0.07 | 0.08 | 0.35 | -0.28 | -0.32 | 0.10 | 0.10 | 0.24 | 0.35* |
| PCA defined group 3 | | | | | | | | | | | |
| IL-10, pg/mL | 0.17 | -0.17 | 0.10 | -0.14 | -0.32 | -0.39* | -0.04 | 0.18 | 0.12 | 0.05 | 0.08 |
| M-CSF, pg/mL | 0.18 | -0.23 | 0.09 | -0.10 | -0.29 | 0.13 | -0.36 | -0.09 | 0.30 | 0.08 | 0.17 |
| CCL-2, pg/mL | 0.25 | -0.27 | 0.26 | -0.13 | -0.31 | -0.03 | 0.02 | -0.14 | 0.19 | -0.15 | -0.19 |
| IFN- γ , pg/mL | 0.21 | -0.15 | 0.30 | -0.27 | -0.03 | -0.11 | 0.09 | 0.10 | 0.17 | -0.09 | -0.15 |

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 11 Statistical analyses were performed using Spearman's rank correlation coefficient. *P < 0.05, **P < 0.01,
 12 ***P < 0.001. MPA: microscopic polyangiitis; ILD: interstitial lung disease; WBC: White blood cell; Alb:
 13 albumin; CRP: C-reactive protein; KL-6: Krebs von den Lungen-6; SP-D: Surfactant Protein-D; MPO-
 14 ANCA: myeloperoxidase-anti-neutrophil cytoplasmic antibodies; FVC: forced vital capacity; DLCO:
 15 diffusion capacity of the lung for carbon monoxide; GGO: ground-glass opacity; CXCL: C-X-C motif
 16 chemokine ligand; CCL: C-C motif chemokine ligand.

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6**Supplementary Table 7.** Comparison of the cytokine levels between Cluster1 and Cluster 2 in MPA-ILD

| Cytokines | Cluster1 (N=17) | Cluster 2 (N=15) | P value |
|-----------------------|---------------------|----------------------|------------|
| PCA defined group 1 | | | |
| IL-6, pg/mL | 10.9 (8.0-17.9) | 47.5 (28.7-75.4) | <0.0001*** |
| CXCL13, pg/mL | 168.5 (112.6-239.3) | 236.0 (201.9-442.0) | 0.01* |
| IL-8, pg/mL | 18.6 (15.1-27.1) | 35.1 (14.5-98.5) | 0.036* |
| G-CSF, pg/mL | 29.4 (17.8-48.0) | 43.7 (34.4-62.1) | 0.039* |
| PDGF, ng/mL | 5.4 (3.1-7.8) | 11.6 (8.2-12.6) | <0.0001*** |
| VEGF, pg/mL | 307.6 (131.8-560.5) | 990.6 (517.8-1335.1) | <0.0001*** |
| TGF- β , ng/mL | 25.7 (20.9-31.3) | 49.9 (40.6-52.4) | <0.0001*** |
| LRG, ng/mL | 101.2 (69.9-139.4) | 206.8 (170.8-285.9) | <0.0001*** |
| TIMP-1, pg/mL | 228.7 (158.9-321.1) | 437.0 (323.2-512.9) | 0.0002*** |
| PCA defined group 2 | | | |
| GM-CSF, pg/mL | 1.5 (0.25-4.0) | 0.25 (0.25-1.5) | 0.16 |
| IL-2, pg/mL | 5.7 (4.6-6.7) | 4.6 (2.5-7.8) | 0.23 |
| IL-1 β , pg/mL | 5.0 (2.5-9.6) | 3.37 (1.5-6.6) | 0.42 |
| TNF- α , pg/mL | 11.8 (10.4-14.5) | 10.6 (8.3-14.8) | 0.47 |
| IL-4, pg/mL | 96.6 (86.5-104.7) | 86.5 (72.0-93.3) | 0.012* |
| IL-13, pg/mL | 403.6 (265.9-607.3) | 360.9 (145.6-444.1) | 0.20 |
| PCA defined group 3 | | | |
| IL-10, pg/mL | 0.99 (0.17-2.7) | 2.0 (0.38-2.7) | 0.61 |
| M-CSF, pg/mL | 107.9 (5.8-431.0) | 117.2 (15.0-238.7) | 0.86 |
| CCL-2, pg/mL | 312.3 (279.1-445.6) | 334.3 (319.5-467.6) | 0.20 |
| IFN- γ , pg/mL | 16.5 (7.2-34.0) | 26.6 (5.8-91.8) | 0.30 |

The laboratory markers are presented as the median (interquartile range). The P-values were estimated using Wilcoxon rank sum test. *P < 0.05, **P < 0.01, ***P < 0.001. MPA: microscopic polyangiitis; ILD: interstitial lung disease; CXCL: C-X-C motif chemokine ligand; CCL: C-C motif chemokine ligand.

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Supplementary Table 8. Comparison of systemic symptoms between Cluster 1 and Cluster 2 in MPA-ILD

| Characteristics | Cluster 1 (n= 17) | Cluster 2 (n=15) | P value |
|----------------------------|----------------------|---------------------|---------|
| Systemic Symptoms | | | |
| General, n (%) | 9 (52.9) | 13 (86.7) | 0.06 |
| Cutaneous, n (%) | 0 (0) | 0 (0) | NS |
| Mucous membrane, n (%) | 1 (5.9) | 2 (13.3) | 0.59 |
| Ear, nose, throat, n (%) | 4 (23.5) | 6 (40.0) | 0.45 |
| Chest, n (%) | 2 (11.8) | 2 (13.3) | 1.00 |
| Alveolar hemorrhage, n (%) | 1 (5.9) | 1 (6.7) | 1.000 |
| Cardiovascular, n (%) | 0 (0) | 1 (6.7) | 0.47 |
| Abdominal, n (%) | 0 (0) | 0 (0) | NS |
| Renal, n (%) | 13 (76.5) | 8 (53.3) | 0.27 |
| Nervous system, n (%) | 8 (47.1) | 9 (60.0) | 0.50 |

1 The laboratory markers are presented as the median (interquartile range). The P-values were estimated
 2 using Fisher's exact test or Wilcoxon rank sum test. *P < 0.05. MPA: microscopic polyangiitis; ILD:
 3 interstitial lung disease; NS: not significance.

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Supplementary Table 9. Factors associated with severe respiratory infections in MPA-ILD

| Variables | Univariate analysis | | Multivariate analysis | |
|---------------------------------|---------------------|---------|-----------------------|---------|
| | HR [95% CI] | p-Value | HR [95% CI] | p-Value |
| Age, per 1 year | 1.05 (0.96-1.15) | 0.34 | | |
| Female (vs male) | 0.39 (0.08-1.9) | 0.24 | | |
| WBC, per 1 cell/mm ³ | 0.999 (0.999-1.000) | 0.12 | | |
| Alb, per 1 g/dl | 1.43 (0.58-3.2) | 0.42 | | |
| CRP, per 1 mg/dl | 0.93 (0.81-1.04) | 0.21 | | |
| KL-6, per 1 U/ml | 1.003 (1.001-1.007) | 0.01 | 1.006 (1.002-1.01) | 0.001 |
| Sp-D, per 1 ng/mL | 1.004 (0.997-1.011) | 0.25 | | |
| %FVC, per 1% | 0.95 (0.892-0.997) | 0.04 | 0.96 (0.90-1.01) | 0.11 |
| BVAS at onset, per 1point | 1.09 (0.98-1.23) | 0.12 | | |
| Initial PDN dose, per 1 mg | 1.03 (0.99-1.06) | 0.16 | | |
| Total IVCY dose, per 1g | 1.90 (0.62-4.90) | 0.23 | | |

1 Each variable with a univariate $p < 0.05$ was included in the multivariate analysis. HR: hazard ratio; CI:
 2 confidence interval; WBC: white blood cell; Alb: albumin; CRP: C-reactive protein; KL-6: Krebs von
 3 den Lungen-6; Sp-D: Surfactant protein D; FVC: forced vital capacity; BVAS: Birmingham Vasculitis
 4 Activity Score; PDN: prednisolone; IVCY: intravenous cyclophosphamide.

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Supplementary Table 10. Comparison of clinical characteristics of three patients in MPA-ILD who underwent lung biopsy.

| Characteristics | Case 1 | Case 2 |
|---|--------|--------|
| Age, years | 77 | 63 |
| Disease duration of ILD (months) | 72 | 84 |
| Total Fibrosis score | 9.9 | 8.7 |
| Serum CXCL13 levels, pg/mL | 253.71 | 363.06 |
| The number of CXCL13 positive B cells (HPF) (400 ×) | 26 | 46 |
| The number of CCR4 positive Th2 cells (HPF) (400 ×) | 81 | 54 |
| Serum IL-4 levels, pg/mL | 91.64 | 83.0 |
| Serum IL-13 levels, pg/mL | 360.91 | 360.91 |

MPA: microscopic polyangiitis; ILD: interstitial lung disease; Disease duration of ILD: the period from appearance of respiratory symptoms to start of treatment; HPF: high power field; Th2: T helper 2.

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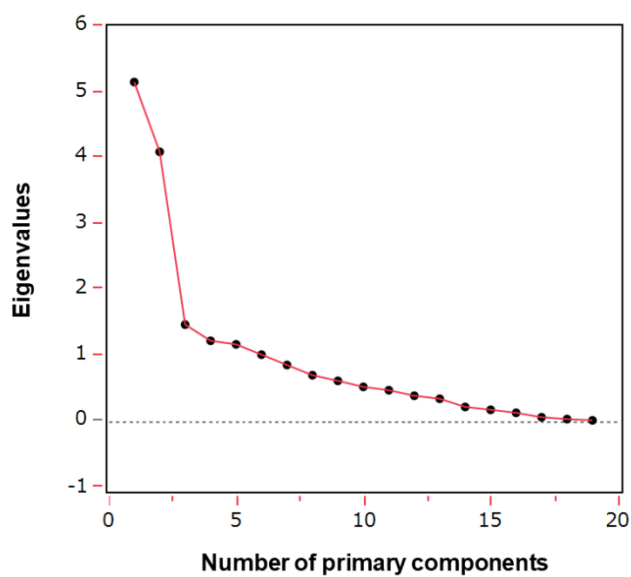
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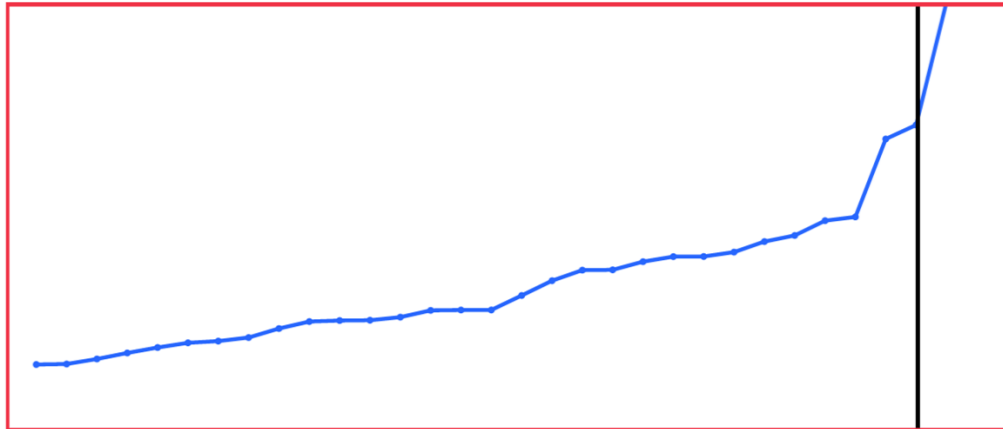
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8 **Supplementary Figure 1. Scree plot for principal components analysis**



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14 **Supplementary Figure 2. Scree plot for cluster analysis**

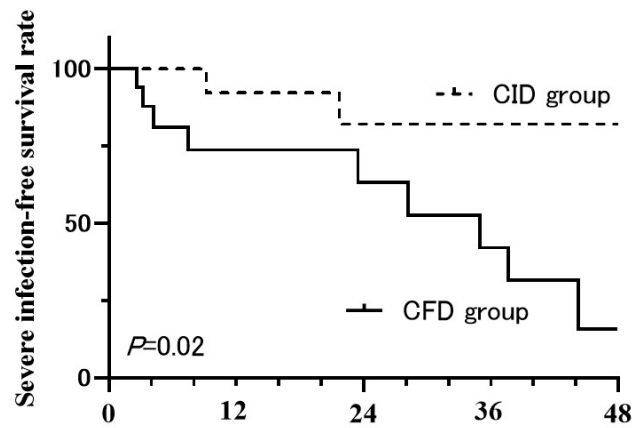


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3 **Supplementary Figure 3. Kaplan-Meier curves for severe infection-free survival rate of**

4 **the CFD group and CID group**



| | Number at risk | | | | |
|-----------|----------------|----|----|----|----|
| | 0 | 12 | 24 | 36 | 48 |
| CFD group | 17 | 11 | 7 | 5 | 1 |
| CID group | 15 | 13 | 9 | 6 | 4 |

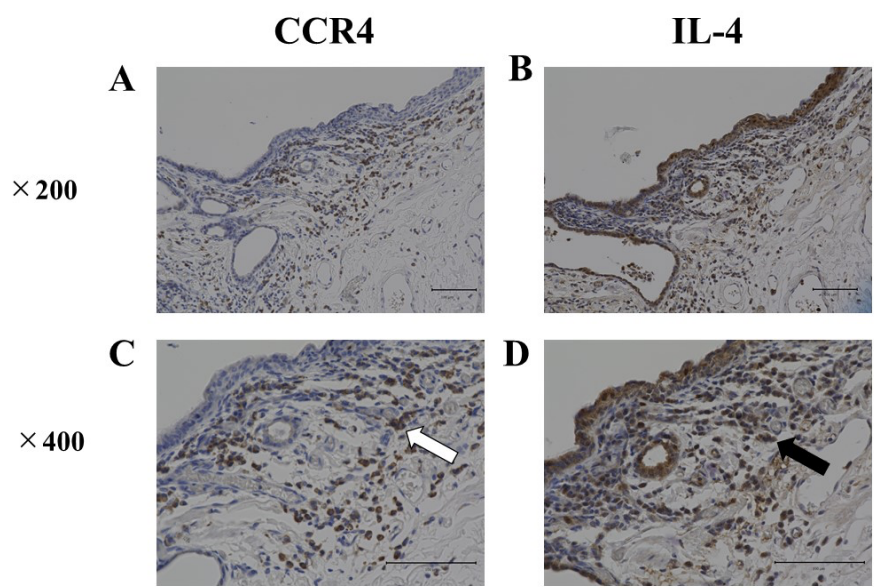
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9 **Supplementary Figure 4. Immunohistochemical staining of CCR4 and IL-4 in lung**
10 **biopsy sections from patients with MPA-ILD**



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