**Supplemental Figure legends**

**Supplemental Figure 1**

Flowchart of patient selection. A total of 182 patients underwent curative-intent resection for primary lung cancer. Serum samples were obtained before resection in 162 patients, and the S100A4 level was measured. UIP was diagnosed in surgically resected specimens from 76 patients, and these specimens were subjected to immunohistochemistry for S100A4.

**Supplemental Figure 2**

Representative computed tomographic images of IP. Representative images of UIP pattern (A), possible UIP pattern (B), and pattern inconsistent with UIP (C) according to the ATS, ERS, JRS, and ALTA classiﬁcations.

**Supplemental Figure 3**

Representative image of UIP pattern. UIP pattern in resected specimens was diagnosed based on the following features, according to the guidelines of IP from the ATS, ERS, JRS, and ALTA: (1) evidence of marked ﬁbrosis/architectural distortion and honeycombing in a predominantly subpleural/paraseptal distribution; (2) presence of patchy involvement of lung parenchyma by ﬁbrosis; (3) presence of ﬁbroblast foci (\*); and (4) absence of features suggesting an alternative diagnosis.

**Supplemental Figure 4**

ROC curve of KL-6 level to predict AE of IP.ROC curve analysis of the level of KL-6 in predicting postoperative AE of IP (area under the curve, 0.671; 95% confidence interval, 0.520–0.821; *P* = 0.108).