Supplement and Supporting Data (SSD)

SSD 1. Flow diagram of study samples



	IPF	COPD	Controls
	(n = 155)	(n = 417)	(n= 379
Age (year), median (IQR)	74 (69–78) ***	73 (67–78) ***	58 (48–65)
Male, n (%)	113 (72.9) †††	365 (87.5) ***	283 (74.7)
Ever smoker <sup>b</sup> , n (%)	98 (63.2) ***, <sup>†††</sup>	403 (96.6) ***	170 (44.8)
Dust exposure, n (%)	24 (15.5)	58 (13.9)	_
Familial history, n (%)			
IIPs	7 (4.5) <sup>††</sup>	2 (0.5)	_
COPD	5 (3.2)	16 (3.8)	_
Cancer history, n (%)	22 (14.2)	66 (15.8)	_
Lung cancer, n (%)	5 (3.2)	8 (1.9)	_
Other, n (%)	17 (11.0)	58 (13.9)	_
GERD, n (%)	9 (5.8)	31 (7.4)	_
COPD, n (%)			
Emphysema	_	363 (87.1)	_
Non emphysema	-	54 (12.9)	_
Surgical lung biopsy, n (%)	13 (8.4)	_	_
BMI (kg/m <sup>2</sup> ), median (IQR)	22.9 (20.9–25.5) <sup>††</sup>	21.8 (19.4–24.1)	_
FVC (L), median (IQR)	2.37 (1.8–2.8) <sup>†††</sup>	2.73 (2.04–3.31) <sup>a</sup>	_
% FVC predicted, median	75.6 (64.5–88.9) <sup>††</sup>	84.5 (67.5–99.7) <sup>a</sup>	_
(IQR)			
$FEV_{1.0}(L)$ , median (IQR)	2.06 (1.49–2.32) ***	1.40 (0.91–1.95) <sup>a</sup>	_
% FEV <sub>1.0</sub> predicted, median	82.3 (73.4–91.8) ***	53.9 (39.3–69.1) <sup>a</sup>	_
(IQR)			
Tiffeneau Index $(FEV_{1}/FVC)$	$0.85~(0.800.90)^{\dagger\dagger\dagger}$	0.54 (0.41–0.65) <sup>a</sup>	-
(L)), median (IQR)			

SSD 2. The distributions of selected characteristics among study subjects

COPD, chronic obstructive pulmonary disease; IIPs, idiopathic interstitial pneumonias; IPF, idiopathic pulmonary fibrosis; IQR, interquartile range;

GERD, gastro esophageal reflux disease; BMI, body mass index;  $FEV_{1.0}$  forced expiratory volume in one second; FVC, forced vital capacity.

<sup>a</sup> 3 missing values.

<sup>b</sup> Current and former smokers were combined.

As compared with controls (\*p < 0.01, \*\*p<0.005, \*\*\*p<0.0001).

As compared with COPD patients ( $^{\dagger}p < 0.01$ ,  $^{\dagger\dagger}p < 0.005$ ,  $^{\dagger\dagger\dagger}p < 0.0001$ ).

Polymorphism	IPF	COPD	Controls						
	n (%)	n (%)	n (%)						
TERT rs2736100 (T>G)									
TT	82 (52.9)	154 (36.9)	137 (36.2)						
TG	57 (36.8)	204 (48.9)	171 (45.1)						
GG	16 (10.3)	59 (14.2)	71 (18.7)						
MAF	0.287	0.386	0.413						
P-value <sup>a</sup>	0.001	0.202	_						
HWE <sup>b</sup>	_	-	0.177						
<i>TERC</i> rs1881984 (T>C)									
TT	79 (51.0)	188 (45.1)	160 (42.2)						
TC	60 (38.7)	190 (45.6)	165 (43.5)						
CC	16 (10.3)	39 (9.3)	54 (14.3)						
MAF	0.297	0.321	0.360						
P-value <sup>a</sup>	0.151	0.099	_						
HWE <sup>b</sup>	_	_	0.281						
<i>OBFC1</i> rs11191865 (G>A)									
GG	84 (54.2)	170 (40.8)	173 (45.7)						
AG	56 (36.1)	189 (45.3)	160 (42.2)						
AA	15 (9.7)	58 (13.9)	46 (12.1)						
MAF	0.277	0.366	0.332						
P-value <sup>a</sup>	0.196	0.366	_						
HWE <sup>b</sup>			0.341						

SSD 3. The allelic frequencies of telomere-related genetic polymorphisms in study subjects

HWE, Hardy- Weinberg equilibrium; MAF, minor allele frequency

 $^a$  P for  $\chi^2$  test (compared with control subjects)

<sup>b</sup> P for Hardy-Weinberg equilibrium test among controls

Presence of "at-risk" genotype		_					
TERC	OBFC1	TERT	Case/controls	Adjusted OR <sup>a</sup> (95% CI)	P-value	Adjusted OR <sup>a</sup> (95% CI)	P-value
rs1881984	rs11191865	rs2736100					
0	0	0	84/73	1.00 (Reference)		1.00 (Reference)	
1	0	0	75/56	0.82 (0.38–1.74)	0.597		
0	1	0	62/69	0.64 (0.30–1.36)	0.242	0.78 (0.42–1.45)	0.431
0	0	1	49/43	0.97 (0.42–2.24)	0.937		
1	1	0	42/44	1.01 (0.40–2.56)	0.984		
1	0	1	39/34	0.71 (0.29–1.71)	0.443 -	0.81 ( 0.41–1.62)	0.557
0	1	1	34/34	0.76 (0.30–1.96)	0.573		
1	1	1	32/26	1.34 (0.51–3.55)	0.553	1.34 (0.51–3.54)	0.553
						$P_{trend} = 0.771$	

SSD 4. The association between the combination of telomere-related genetic polymorphisms and the risk of COPD

95% CI, 95% confidence interval; OR, odds ratio

Based on recessive model.

<sup>a</sup> Adjusted for age, sex and smoking status

SSD 5. All of the investigators participating in the Fukuoka Tobacco-Related Lung Disease (FOLD) registry group

Members of the FOLD registry group listed in alphabetical order for each affiliation. Masako Arimura-Omori, Eiji Harada, Naoki Hamada, Yoichi Nakanishi [principal investigator] Kunihiro Suzuki, Saiko Ogata-Suetsugu, Toyoshi Yanagihara Research Institute for Diseases of the Chest, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan Shoji Tokunaga Department of Preventive Medicine, Kyushu University Faculty of Medical Sciences, Kyushu University, Fukuoka, Japan Chikako Kiyohara Department of Preventive Medicine, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan Masaki Fujita (co-principal investigator), Hiroshi Isihi, Kentaro Watanabe Department of Respiratory Medicine, Fukuoka University School of Medicine, Fukuoka, Japan Takashi Kido, Hiroshi Mukae, Kazuhiro Yatera (co-principal investigator) Department of Respiratory Medicine, University of Occupational and Environmental Health, Japan, Fukuoka, Japan Tomoaki Hoshino (co-principal investigator), Masaki Okamoto Division of Respirology, Neurology, and Rheumatology, Department of Medicine, Kurume University School of Medicine, Fukuoka, Japan Ryo Torii, Chiharu Yoshii (co-principal investigator) Department of Respiratory Medicine, Wakamatsu Hospital of the University of Occupational and Environmental Health, Japan, Fukuoka, Japan Taishi Harada, Nobuhiko Nagata (co-principal investigator), Yuji Yoshida Department of Respiratory Medicine, Fukuoka University Chikushi Hospital, Fukuoka, Japan Kazunori Tobino (co-principal investigator) Aso Iizuka Hospital, Fukuoka, Japan Atsushi Moriwaki (co-principal investigator) Saiaseikai Iizuka Kaho Hospital, Fukuoka, Japan Takako Hidaka (co-principal investigator) Kokura Medical Center, Fukuoka, Japan

Hiroshi Wataya (co-principal investigator), Hironori Mikumo Saiseikai Fukuoka General Hospital, Fukuoka, Japan Takashige Maeyama (co-principal investigator) Hamanomachi Hospital, Fukuoka, Japan Masayuki Kawasaki (co-principal investigator) National Hospital Organization Omuta Hospital, Fukuoka, Japan Shohei Takata (co-principal investigator), Michihiro Yoshimi Division of Respiratory Medicine, National Hospital Organization, Fukuoka Higashi Medical Center, Fukuoka, Japan Tomoaki Iwanaga (co-principal investigator) Fukuoka Hospital, Fukuoka, Japan Hiroshi Koto (co-principal investigator) Kyushu Central Hospital of the Mutual Aid Association of Public School Teachers, Fukuoka, Japan Taishi Harada (co-principal investigator), Kazuya Tsubouchi Japan Community Health care Organization Kyushu Hospital, Fukuoka, Japan Tetsuya Yokoyama (co-principal investigator) Japan Community Health care Organization Fukuoka Yutaka Central Hospital, Fukuoka, Japan Masahumi Takeshita (co-principal investigator) Kitakyushu Municipal Medical Center, Fukuoka, Japan Nobuyuki Hirose (co-principal investigator) Kitakyushu Municipal Moji Hospital, Kyushu Hospital, Fukuoka, Japan Masashi Komori (co-principal investigator) Steel Memorial Yawata Hospital, Fukuoka, Japan Ritsuko Kunitake (co-principal investigator) Nishifukuoka Hospital, Fukuoka, Japan Yosuke Miyakawa (co-principal investigator) Koga Hospital 21, St Mary's Hospital, Fukuoka, Japan Yuichi Mizuta (co-principal investigator) St.Mary's Hospital, Fukuoka, Japan Yoichi Takaki (co-principal investigator) Harasanshin Hospital, Fukuoka, Japan Tomonobu Kawaguchi (co-principal investigator) Japanese Red Cross Fukuoka Hospital, Fukuoka, Japan Katsuyuki Ichiki, Toru Tsuda (co-principal investigator)

Kirigaoka Tsuda Hospital, Fukuoka, Japan Toru Rikimaru (co-principal investigator) Fukuoka Sanno Hospital, Fukuoka, Japan Yasuhiko Kitasato (co-principal investigator) Department of Medicine, Kurume General Hospital, Fukuoka, Japan Ikuko Shimabukuro (co-principal investigator), Kanako Hara Kyushu Rosai Hospital, Fukuoka, Japan