"Incidental discovery of interstitial lung disease: diagnostic approach, surveillance and perspectives". Sara Tomassetti, Venerino Poletti, Claudia Ravaglia, Nicola Sverzellati, Sara Piciucchi, Diletta Cozzi, Valentina Luzzi, Camilla Comin and Athol U. Wells. *Eur Respir Rev* 2022; 31: 210206.

Figure 1 in this article was published in an incorrect layout. The corrected figure and caption are reproduced below.

Table 1 was published with an error in the layout. The corrected table is reproduced below.

In the published version of figure 4 there was an arrow linking the boxes "No invasive tests or UIP on histology inconclusive results" and "UIP on histology" which should have been a line. The corrected figure and caption are reproduced below.

The article has been corrected and republished online.

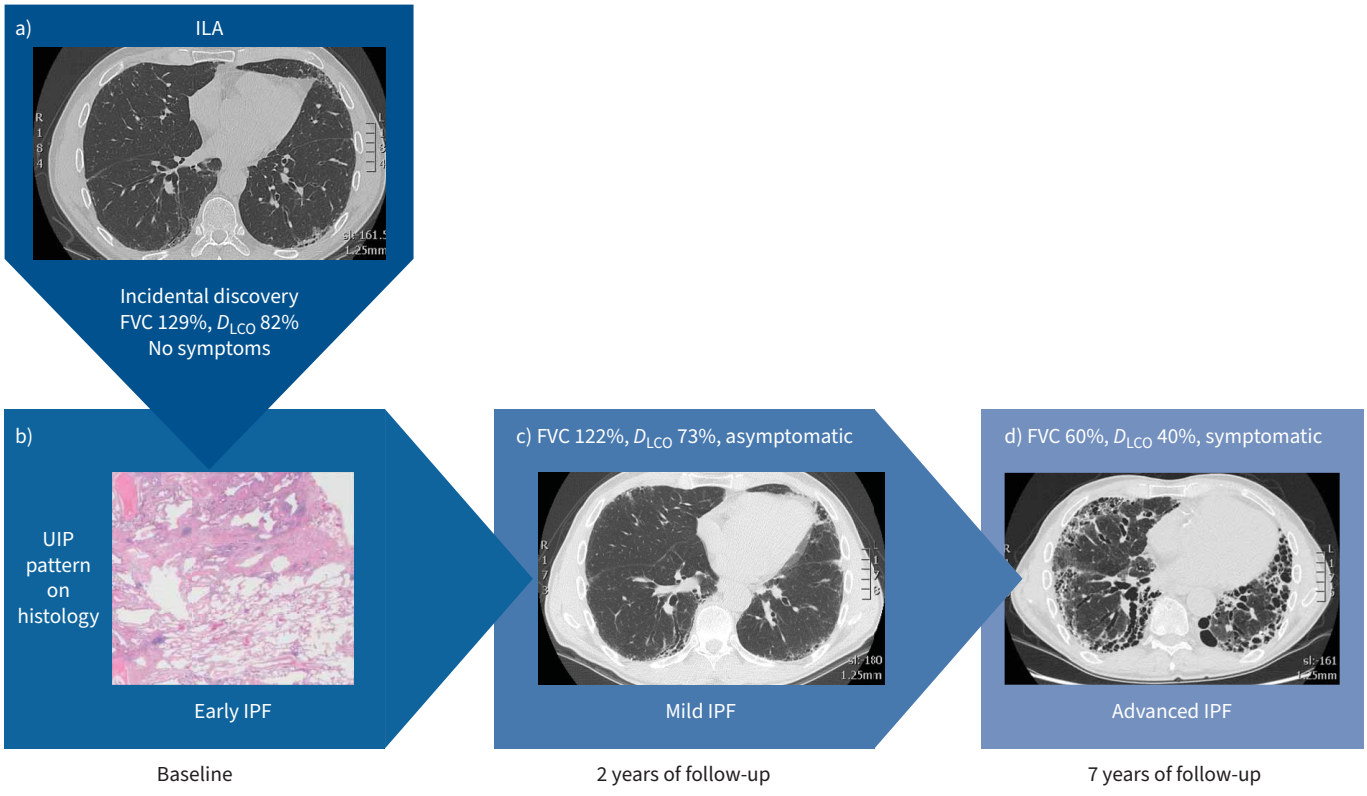

FIGURE 1 Case of clinical evolution from interstitial lung abnormalities (ILA), early idiopathic pulmonary fibrosis (IPF) (subclinical), mild IPF and to advanced IPF. A 70-year-old man without risk factors for interstitial lung disease (ILD). He presented to the Forlì ILD Clinic, V. Poletti, for the incidental finding of ILA, was reclassified to early IPF after multidisciplinary revision of radiological and pathological findings on lung biopsy and during the follow-up evolved to mild IPF, advanced IPF and ultimately died of the disease. a) ILA. Incidental finding of reticular subpleural abnormalities with traction bronchiectasis. Pulmonary function tests: forced vital capacity (FVC) 129%, diffusing capacity of the lung for carbon monoxide (D_{LCO}) 82%. No symptoms. b) Early IPF. The lung biopsy showed a definite usual interstitial pneumonia pattern and the case was reclassified as early IPF. c) Mild IPF. After 2 years of follow-up the D_{LCO} dropped to 73%. The patient remained asymptomatic, with FVC around 120%. d) Advanced IPF. After 7 years of follow-up the FVC dropped to 60%, D_{LCO} to 40% and the patient became symptomatic. The patient died after 10 years of follow-up.

TABLE 1 Simplified definitions

Entity		Population	Diagnostic criteria	Definition
ILA		Only individuals without known or suspected ILD[#]	Clinical-radiological entity	Incidental finding of CT abnormalities affecting more than 5% of any lung zone
Early ILD	**Pre-clinical ILD**	Individuals at risk for ILD	Clinical-radiological-pathological entity	Any ILD in asymptomatic patients with preserved lung function
	Subclinical ILD	Individuals NOT at risk for ILD		
Mild ILD		All individuals	Clinical-radiological-pathological entity	Any clinically significant ILD with minor symptoms and/or trivial PFT abnormalities

ILA: interstitial lung abnormalities; ILD: interstitial lung disease; CT: computed tomography; PFT: pulmonary function test. [#]: abnormalities identified during screening for ILD in high-risk groups (*e.g.* those with rheumatoid arthritis, systemic sclerosis or familial ILD) are not considered as ILA because they are not incidental.

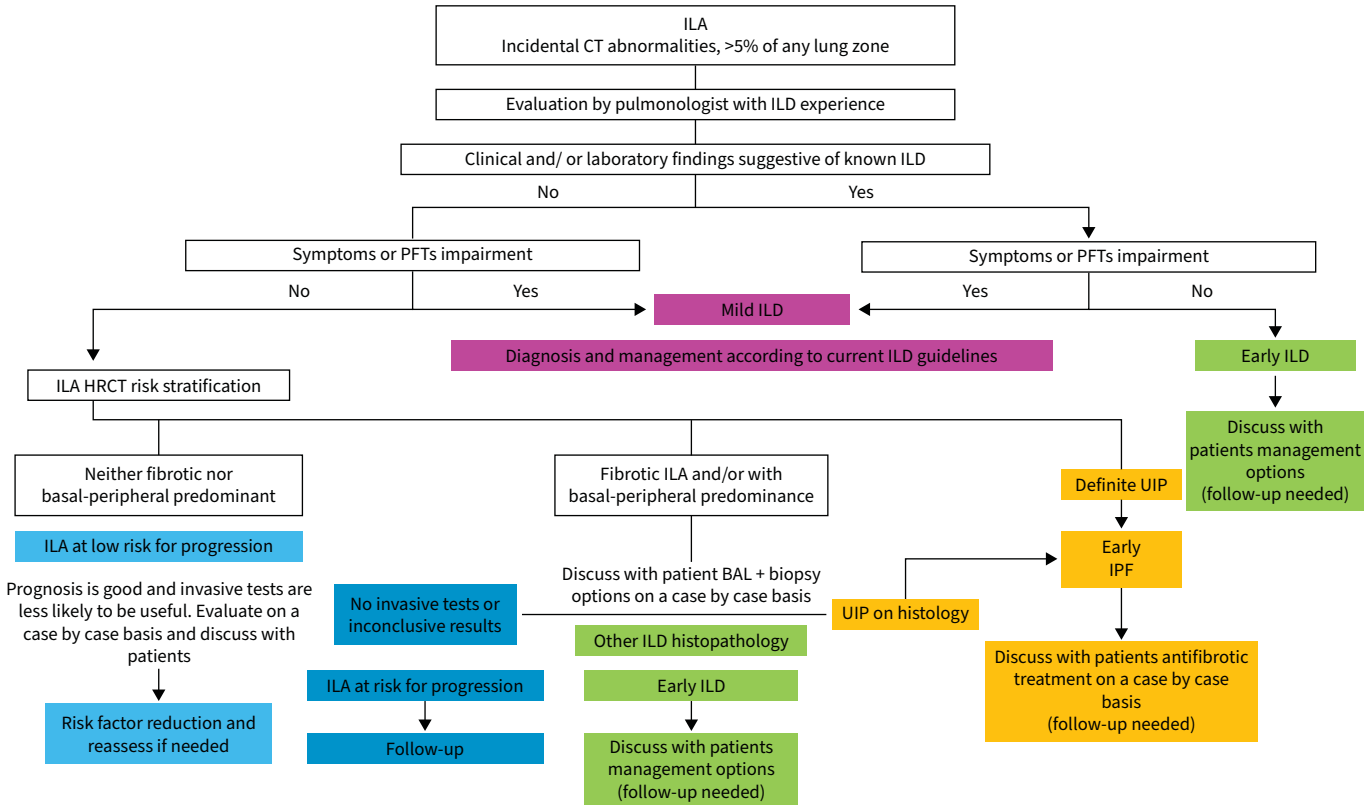

FIGURE 4 Proposed algorithm for diagnosis and management of interstitial lung abnormalities (ILA), early interstitial lung disease (ILD) (both subclinical and pre-clinical) and mild ILD. BAL: bronchoalveolar lavage; CT: computed tomography; HRCT: high-resolution computed tomography; IPF: idiopathic pulmonary fibrosis; PFT: pulmonary function test; UIP: usual interstitial pneumonia.