

Table S2. Major findings in literature and summary of results

Citation	Design, country	Participants, setting	Outcomes and primary objectives of the studies	N of patients with NCFB and LC	Incidence rates of LC in patients with NCFB (%)	Age ≥ 60 or ≥65 , % (n)	Male sex, %, (n)	Ever smokers, %, (n)	COPD %, (n)	Major study results
Kim Y et al. (2022) [1]	Population-based cohort study, Korea	Patients from Korean NHIS database	The risk factors of lung cancer in participants with NCFB	138	1.9	84.1 (116)	79 (109)	59.4 (82)	35.5 (49)	Higher risk of incident LC in NCFB pts who were males (aHR = 3.54, 95% CI= 2.17–5.79) , and ever smokers (aHR 3.10, [95% CI = 2.00–4.79]). Risk of LC higher in NCFB pts with CCI ≥2 (aHR 1.59 [95% CI 0.70–3.64])
Choi H et al. (2022) [2]	Population-based cohort study, Korea	Patients from Korean NHIS database	The risk of lung cancer in participants with NCFB in comparison to those without NCFB	1092	2.1	84.6 (924)	73.4 (802)	54.85 (599)	55.2 (603)	Higher risk of LC in NCFB pts than non bronchiectatic ones (aHR 1.22 [95% CI, 1.14–1.30]) Risk of lung cancer higher in NCFB pts who smoked ≥ 20 pack/years (aHR 1.14 [95% CI, 1.03–1.26]), but not in those with a story of < 10 pack-years (aHR 1.23 [95% CI, 0.94–1.61]) and 10-19 pack/years (aHR 1.21 [95% CI, 0.97–1.51]) Risk of lung cancer higher in NCFB group than in the non bronchiectasis group only in patients without COPD (aHR 1.19 [95% CI, 1.09–1.31]) .

Chung WS et al. (2015) [3]	Nationwide retrospective cohort study, Taiwan	Patients enrolled in the National Health Insurance System	The incidence and risk of cancer in patients hospitalized with NCFB compared with the general population without NCFB	4345	4.46	NA	62 (2694)	NA	NA	Higher risk of LC in NCFB pts than non bronchiectatic ones (aHR 2.40 [95% CI, 2.22–2.60])
Chung WS et al. (2016) [4]	Nationwide retrospective cohort study, Taiwan	Patients enrolled in the National Health Insurance System	The incidence and risk of cancer in patients hospitalized with NCFB	1210	4.58	72.8 (881) ^o	67.5 (817)	NA	35.2 (426)	Higher risk of LC in NCFB pts than non bronchiectatic ones (2.36, [95% CI = 2.19–2.55]) Higher risk of LC in NCFB population among the younger adults (aHR 5.25([CI95%.81, 33.9] in 20–45 years) than in the older adults (aHR 5.05 [95% 3.36, 7.60] in 46–55 years, aHR 3.42 [CI95% 2.85, 4.11] in 46-65 years, and aHR 2.25(1.97, 2.57 from 65-75 years) Higher risk of LC for patients with NCFB and concomitant COPD (aHR = 1.14, 95% CI = 1.04–1.26)
Kim YW et al. (2015) [5]	Matched case–control study, Korea	COPD patients aged > 40 years from an academi	The association between NCFB and the risk of lung cancer	10	1.4	NA	NA	NA	NA	The presence of NCFB in COPD patients is inversely associated with the risk of LC (OR 0.25, 95% CI 0.12–0.52, P<0.001) The presence of NCFB is associated with a lower risk of

		c medical center	in patients with COPD							squamous cell carcinoma in COPD cohort (OR 0.11, 95% CI 0.03–0.49, P=0.001)
Kim YW et al. (2016) [6]	2-centers retrospective study, Korea	Patients with NCFB aged > 40 years from two academic medical centers	The association between NCFB and the risk of lung cancer by analysing the lobar location of lung cancer in patients with underlying NCFB	81	NA	NA	64.2 (52)	NA	NA	The presence of NCFB is associated with a significantly lower risk of LC in the same lobe (β -value calculated by evaluating NCFB as a risk factor of lung cancer : -1.091 , [CI95% $-1.716 - 0.466$, $p = 0.001$])
Sin S et al. (2019) [7]	Single-center retrospective cohort study, Korea	Patients aged ≥ 20 years who underwent chest CT from an academic medical center	Mortality risk and causes of death between the group with NCFB and controls without lung disease	205	NA	NA	NA	NA	NA	Malignancy is the major cause of death in the NCFB group (31.2%), in particular LC (12.4%) NCFB is significantly associated with increased LC-related death (aHR, 3.36; 95% CI, 2.18–5.18)
Sanchez-Carpintero Abad et al. (2020) [8]	Population-based cohort	Patients aged > 40 years-	Prevalence of NCFB, detection of nodules,	5	6.8	NA	NA	NA	NA	Non significant difference in incidence and prevalence of LC in NCFB population and non-bronchiectatic one

	study, Spain	old, with a smoking history, without any cancer within 5 years prior to entry, from Pamplona cohort of I-ELCAP	need for additional studies and incidence of cancer in patients with NCFB							
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LC, lung cancer; NCFB, non-cystic fibrosis bronchiectasis; COPD, Chronic obstructive pulmonary disease; aHR, adjusted Hazard Ratio; CCI, Charlson Comorbidity Index

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