

Table S1 Radiological criteria for chronic pulmonary aspergillosis

Chronic pulmonary aspergillosis subtype	Radiological findings
Simple aspergilloma	Round or oval mass within a pulmonary cavity, typically surrounded by an airspace, resulting in the “air crescent” sign
Chronic cavitary pulmonary aspergillosis	Pleural thickening and parenchymal necrosis resulting in the formation of multiple predominantly thick-walled cavities, with or without aspergilloma
Chronic fibrosing pulmonary aspergillosis	Extensive fibrosis with fibrotic destruction of at least two lobes of lung, with or without aspergilloma
Aspergillus nodules	One or more nodules (<3 cm), which do not usually cavitate. Solid lesion on imaging
Invasive aspergillosis	
Airway invasive	Patchy centrilobular nodules with tree-in-bud appearance or confluence of peribronchial consolidation mimicking bronchopneumonia picture
Angio invasive	Large nodules surrounded by ground glass attenuation—“halo sign”. Other findings are pleura-based areas of consolidation secondary to haemorrhagic infarcts