Supplementary Table 1: Parameters of VNS and major outcomes of treatment in clinical studies.

Condition/Study	*Type of VNS device*	*Current*	*Duty cycle*	*Outcome*
Heart (atrial fibrillation)				
TREAT-AF Paroxysmal AF (Stavrakis et al., 2020)	Auricular VNS: ear clip attached to the tragus	20 Hz, 1 mA below the discomfort threshold	4.2%: 1 h daily over 6 months	6 months: the median AF burden was 85% lower in the active arm (n=26) compared with the control arm (n=27), increase in HRV; TNF-α decreased by 23%.
Crohn disease				
NCT01569503 (Bonaz et al., 2016)	Left VN: helical cuff Cyberonics electrode (model 302)	1.25 mA, 500 μs pulse, 10 Hz	9%: 30 s on, 300 s off	5 out of 9 patients showed full clinical-biological-endoscopic remission; increased HRV; improvement in C-reactive protein values.
NCT02311660 (Bonaz et al., 2016)	Left VN: helical cuff Cyberonics electrode (model 302)	2 mA, 250 μs pulse, 10 Hz	9%: 30 s on, 300 s off	At 16 weeks, improvements in endoscopic scores and HRV in 6 out of 8 patients.
Rheumatoid arthritis				
NCT01552941 (Koopman et al., 2016)	Left VN: patients with VNS for epilepsy	1-2 mA, 500 μs pulse, 20 Hz	0.07-0.28%: 60 s 1-4 times daily	In 17 RA patients, decreased TNF-α, IL-1β, and IL-6 production and significantly improved clinical signs and symptoms for 84 days.
Asthma				
VNS for acute exacerbation of asthma (Miner et al., 2012)	Percutaneous stimulation of right VN	Median peak stim at 4.4 V (1-11.6 V range), 200 μs pulse, 25 Hz	One-off stim for 60 min	In 25 patients, rapid and progressive improvement of forced expiratory volume and perceived dyspnea.
Experimental ARDS				
Venom-induced lung injury: MBT and OA models (Akella and Deshpande, 2015)	Bilateral stimulation of transected vagi: efferent fibers only	10 V, 1 ms pulse, 5 Hz	5 min stim before venom administration, and repeated for 5 min 10 min after injection	Extended survival of MBT model but no effect on OA model.
Rats, ventilator-induced lung injury (Brégeon et al., 2011)	Bilateral efferent VNS (transected vagi): bipolar platinum electrodes	5–10 V, 2 ms pulse, 5–10 Hz	50%: 10 min on, 10 min off	Decreased inflammation in alveolar tissue (no lymphocyte infiltration), IL-6 concentration decreased both locally (lung extracts) and systemically (plasma). This was attenuated by alpha7 nicotinic ACh receptor antagonists.
Rats and mice, ventilator- and hemorrhagic shock induced lung injury (Dos Santos et al., 2011)	Bilateral stimulation of distal end of transected vagi Bipolar hook electrodes	1 V, 2 ms pulse, 5 Hz	20 min total	IL-6 values improved.

Two-hit model in rats: sepsis and mechanical damage to the lungs (ventilation at 15 cmH2O) (Kox et al., 2012)	Vagi intact, bilateral stimulation of both afferent and efferent fibers.	5 V, 2 ms pulse, 5 Hz	3 min total	No effect on pulmonary inflammation.
Acid-induced acute lung injury in rabbits (Liu et al., 2017)	Right vagus nerve (intact – both afferents and efferents)	5 V, 2 ms pulse, 1 Hz	15 min total after acid aspiration	Decreased levels of plasma IL-10 and pulmonary leucocyte infiltration; improved pulmonary function.

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