

Online supplement

Methods

Spirometries with bronchodilator test were performed according to international recommendations [S1,S2]. In hospital Vmax 22 (Vmax 22, Viasys Healthcare, Palm Springs, CA) was used and in GP offices M9426 spirometer (Medikro, Kuopio, Finland) was most often used. The quality of primary care spirometry in the study area has been previously analysed in detail and has been found good [S3]. Finnish reference values were used [S4]. Only spirometries of steroid-naïve patients were chosen, i.e. spirometries measured during glucocorticoid medication or <1 month from discontinuation were excluded as well as those with insufficient medication data (n=270). Also spirometries without bronchodilator test were excluded (n=129). Bronchodilator test was made by salbutamol 200 µg according to guidelines [S2,S5].

eTable 1. Inclusion & exclusion criteria used in SAAS study^{S6}

Inclusion criteria	<ul style="list-style-type: none">• a diagnosis of new-onset asthma made by a respiratory specialist• diagnosis confirmed by at least one of the following objective lung function measurements¹:<ul style="list-style-type: none">○ FEV₁ reversibility in spirometry of at least 15% and 200 ml○ diurnal variability (≥ 20%) or repeated reversibility (≥ 15%/60 L/min) in PEF-follow-up○ a significant decrease in FEV₁ (15%) or PEF (20%) in response to exercise or allergen○ a significant reversibility in FEV₁ (at least 15% and 200 ml) or mean PEF (20%) in response to a trial with oral or inhaled glucocorticoids• symptoms of asthma• age ≥ 15years
Exclusion criteria	<ul style="list-style-type: none">• physical or mental inability to provide signed informed consent• of note:<ul style="list-style-type: none">○ patients with comorbidities, either other lung disease or any other significant disease were not excluded○ patients were not excluded because of smoking, alcohol use or any other lifestyle factor

eTable 2 Three most common methods to calculate the immediate FEV₁ BDR discussed in the recommendations, reports and guidelines for asthma and spirometry measurements

	Unit	Calculation formula
Absolute volume change (ΔFEV₁)	litres (L) or millilitres (mL)	<i>postbd FEV1 – initial FEV1</i>
ΔFEV₁ % of the initial FEV₁	Percentage (%)	$\frac{\textit{postbd FEV1} - \textit{initial FEV1}}{\textit{initial FEV1}} * 100$
ΔFEV₁ % of the predicted FEV₁*	Percentage (%)	$\frac{\textit{postbd FEV1} - \textit{initial FEV1}}{\textit{predicted FEV1}} * 100$

postbd = post-bronchodilator, FEV₁= forced expiratory volume in 1 second

* Can also be expressed as the percent predicted FEV₁ after bronchodilator administration minus the percent predicted FEV₁ before bronchodilator administration

eTable 3. Diagnostic criteria fulfilled by the patients in the SAAS-cohort.

Diagnostic criteria fulfilled	n=219
Positive BDR (ΔFEV_1 % of the initial $FEV_1 \geq 15\%$ and ≥ 200 mL) at least in one spirometric measurement n (%)	72 (32.9%)
if not Diurnal variability ($\geq 20\%$) or repeated reversibility ($\geq 15\%/60l/ min$) in peak flow monitoring	119 (54.3%)
if not Variable bronchial obstruction shown in exercise, allergen exposure or as a steroid treatment response	28 (12.8%)

^aPractically all patients underwent one or more spirometric evaluations and 2 week peak flow monitoring. Other tests were performed if considered necessary. Only the major diagnostic feature per patient is shown using a hierarchical evaluation in which positive bronchodilator response on FEV_1 was considered first, if negative, then peak flow changes were considered and if negative, the other tests were considered.

eTable 4. Proportion of steroid-naïve patients (n=219) fulfilling at least one of the BDR thresholds among 369 study spirometries

Absolute change ≥ 200 mL of ΔFEV_1	128 (58.4%)
ΔFEV_1 % of the predicted $FEV_1 \geq 8\%$	95 (43.6%)
ΔFEV_1 % of the predicted $FEV_1 \geq 9\%$	79 (36.1%)
ΔFEV_1 % of the initial $FEV_1 \geq 12\%$ and 200 mL	78 (35.6%)
ΔFEV_1 % of the predicted $FEV_1 \geq 10\%$	65 (29.8%)
ΔFEV_1 % of the initial $FEV_1 \geq 15\%$ and 200 mL	58 (26.5%)
Absolute change ≥ 400 mL of ΔFEV_1	53 (24.2%)
ΔFEV_1 % of the initial $FEV_1 \geq 12\%$ and 400 mL	46 (21.0%)
ΔFEV_1 % of the initial $FEV_1 \geq 15\%$ and 400 mL	40 (18.3%)
None of the criterion was fulfilled	91 (41.6%)

Data is shown as n (%)

eTable 5 Differences of the subgroups of patients fulfilling absolute volume of Δ FEV₁% 200mL and either Δ FEV₁% of the initial FEV₁ \geq 12% or Δ FEV₁% of the predicted FEV₁ \geq 9%

	Δ FEV ₁ % of the initial FEV ₁ \geq 12%	Δ FEV ₁ % of the predicted FEV ₁ \geq 9%	P value
	n=9	n=10	
Male gender	5 (55.6%)	7 (70.0 %)	0.650
Age	50 (10)	39 (11)	0.032
BMI	25.3 (23.6-30.3)	25.0 (23.5-28.2)	0.842
Smoking history	5 (55.6%)	7 (70%)	0.650
Current smoker	1 (11.1%)	4 (40%)	0.303
Pack years	15 (4.5-31.5)	5 (3.5-11)	0.343
Atopic	2 (25%)	4 (50%)	0.608
Pre-BD FEV₁ (%ref)	52 (14)	92 (8)	<0.001
Post-BD FEV₁ (%ref)	59 (15)	102 (9)	<0.001
Pre-BD FVC (%ref)	65 (13)	102 (10)	<0.001
Post-BD FVC (%ref)	71 (15)	106 (8)	<0.001
Pre-BD FEV₁ (L)	1.90 (0.49)	3.91 (0.81)	<0.001
Post-BD FEV₁ (L)	2.18 (0.54)	4.34 (0.89)	<0.001
Pre-BD FVC (L)	2.96 (0.57)	5.22 (1.19)	<0.001
Post-BD FVC (L)	3.22 (0.58)	5.40 (1.05)	<0.001
Pre-BD FEV₁/FVC	0.64 (0.10)	0.76 (0.07)	0.008
Post-BD FEV₁/FVC	0.68 (0.09)	0.80 (0.06)	0.002
FEV1 reversibility, ml	283 (67)	428 (88)	0.001
FVC reversibility, ml	261 (196)	179 (200)	0.380
FEV1 reversibility, % of initial value	15.2 (3.0)	11.0 (0.8)	<0.001
FVC reversibility, % of initial value	9.1 (7.0)	4.4 (5.6)	0.125
FEV1 reversibility, % of predicted	7.6 (1.4)	10.1 (1.1)	0.001
Blood eosinophils x10⁹/L	0.50 (0.16-0.73)	0.34 (0.11-0.60)	0.604
Total IgE kU/L	74 (23-107)	71 (44-331)	0.481
Fulfills COPD criteria (\geq10 pack years and post-FEV₁/FVC$<$0.7)	2 (22.2%)	0	0.211

Data is shown as n (%)

eTable 6. Baseline characteristics of the patients with pre-bronchodilator FEV₁/FVC ≥ 0.7 vs. FEV₁/FVC < 0.7

	pre-BD FEV ₁ /FVC ≥ 0.7	pre-BD FEV ₁ /FVC < 0.7	
	n=151	n=68	
Age	45 (15)	50 (15)	0.028
Female gender	95 (62.9 %)	31 (45.6 %)	0.019
BMI	27.1 (24.1-30.9)	27.2 (23.6-30.1)	0.695
Smoking history	70 (46.4 %)	43 (63.2 %)	0.028
Current smokers	30 (19.9 %)	15 (22.1 %)	0.720
Pack years	11 (4-20)	15 (9-26)	0.098
Blood eosinophils x10⁹/L	0.24 (0.18-0.40)	0.30 (0.17-0.50)	0.935
Total IgE kU/L	99 (34-198)	71 (29-111)	0.160
Atopic	51 (37.5 %)	16 (27.1 %)	0.190
Pre-BD FEV₁ (L)	2.9 (2.4-3.5)	2.1 (1.7-2.8)	<0.001
Post-BD FEV₁ (L)	3.1 (2.5-3.7)	2.5 (2.0-3.2)	<0.001
Pre-BD FVC (L)	3.6 (3.0-4.4)	3.5 (2.8-4.4)	0.508
Post-BD FVC (L)	3.7 (3.2-4.6)	3.8 (3.2-4.6)	0.859
Pre-BD FEV₁ (%ref)	84 (14)	64 (15)	<0.001
Post-BD FEV₁ (%ref)	91 (15)	74 (17)	<0.001
Pre-BD FVC (%ref)	88 (16)	84 (17)	0.129
Post-BD FVC (%ref)	93 (15)	90 (17)	0.207
Pre-FEV₁/FVC, ratio	0.79 (0.75-0.84)	0.64 (0.59-0.67)	<0.001
Post-FEV₁/FVC, ratio	0.82 (0.79-0.87)	0.69 (0.62-0.74)	<0.001
Fulfills COPD criteria (≥ 10 pack years and post-FEV₁/FVC < 0.7)	3 (2 %)	21 (32.3 %)	<0.001

Data is shown as n (%)

eTable 7. Diagnostic criteria fulfilled by the obstructive and non-obstructive patients^a in the SAAS-cohort.

	pre-BD FEV ₁ /FVC ≥ 0.7	pre-BD FEV ₁ /FVC < 0.7	P value
Subjects	151	68	
Positive BDR (Δ FEV ₁ % of the initial FEV ₁ $\geq 15\%$ and ≥ 200 mL) at least in one spirometric measurement n (%)	39 (25.8%)	33 [†] (48.5%)	0.001
if not Diurnal variability ($\geq 20\%$) or repeated reversibility ($\geq 15\%/60l/$ min) in peak flow monitoring	94 (62.3%)	25 [†] (36.8%)	
if not Variable bronchial obstruction shown in exercise, allergen exposure or as a steroid treatment response	18 (11.9%)	10 (14.7%)	

[†] p < 0.05 vs. group with pre-BD FEV₁/FVC ≥ 0.7 , BD=bronchodilator, BDR=bronchodilator response

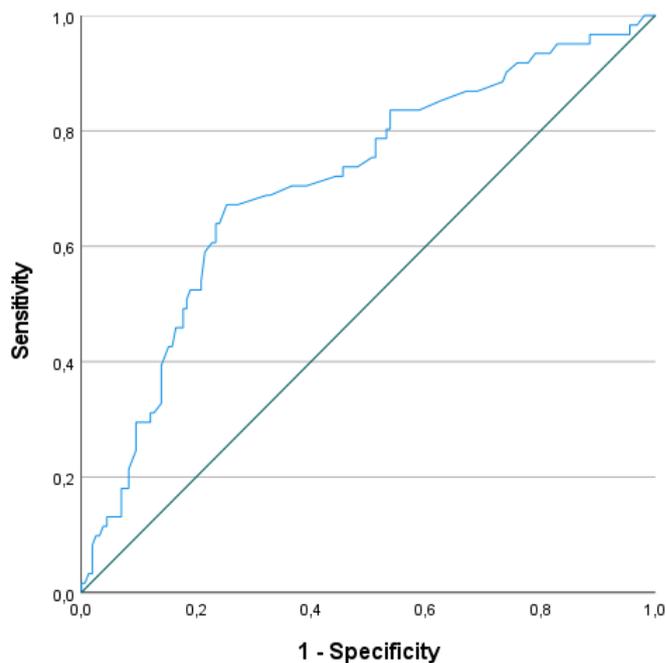
eTable 8. Predicting fulfilling threshold of 12% and 200ml FEV₁ reversibility by pre-BD FEV₁/FVC ratio

AUC	0.71 (fair)
p-value	<0.001
Lower AUC boundary (of 95% CI)	0.632
Upper AUC boundary (of 95% CI)	0.788
Cut-off point	0.7205
Sensitivity %	67.2
Specificity %	74.7

	Predicted positive	Predicted negative	Total
Actual positive	41 (67.2%)	20 (32.8%)	61 (100%)
Actual negative	40 (25.3%)	118 (74.7%)	158 (100%)

Accuracy $41+118 / (41+20+40+118) = 72.6\%$

eFigure 1. Receiver-operation characteristic (ROC) curve for the performance of FEV₁/FVC for predicting fulfilling FEV₁ reversibility threshold 12% and 200 mL



- S1. Quanjer PH, Tammeling GJ, Cotes JE, Pedersen OF, Peslin R, Yernault JC. Lung volumes and forced ventilatory flows. Report Working Party Standardization of Lung Function Tests, European Community for Steel and Coal. Official Statement of the European Respiratory Society. *Eur Respir J* 1993; 6: Suppl. 16, 5–40.
- S2. American Thoracic Society. Standardisation of spirometry:1994 update. *Am J Respir Crit Care Med* 1995;152:1107-36.
- S3. Tuomisto L.E. et al. Asthma Programme in Finland: the quality of primary care spirometry is good. *Prim Care Respir J*. 2008;17:226-231.
- S4. Viljanen AA, Halttunen PK, Kreuz KE, Viljanen BC. Spirometric studies in non-smoking health adults. *Scand J Clin Lab Invest* 1982;159:5-20.
- S5. Sovijärvi ARA, Piirilä P, Korhonen O, Louhiluoto E, Pekkanen L, Forstedt M. Performance and evaluation of spirometric and PEF measurements, offprint 3. KP-paino, Kokkola: Kliinisten Laboratoriotutkimusten Laaduntarkkailu Oy; Moodi 1995 [in Finnish]
- S6. Kankaanranta H, Ilmarinen P, Kankaanranta T, et al. Seinäjoki Adult Asthma Study (SAAS): a protocol for a 12-year real-life follow-up study of new-onset asthma diagnosed at adult age and treated in primary and specialised care. *NPJ Prim Care Respir Med* 2015;25:15042.