

MATERIAL SUPPLEMENTARY

Table 1. Baseline patient characteristics

Parameter	N = 84
Women n (%)	49 (58,3)
Age (mean ± SD)	59,5 ± 12
BMI (mean ± SD)	29,5 ± 6
Smoking	
Never smoker, n (%)	43 (51,2)
Ex-smoker, n (%)	38 (45,2)
Smoker, n (%)	3 (3,6)
Age onset symptoms	
0 – 18 y n (%)	16 (20,2)
> 18 y n (%)	63 (79,8)
Atopy n (%)	32 (38,1)
Rhinosinusitis n (%)	37 (44)
Nasal polyps n (%)	32 (38)
Corticosteroid-dependent n (%)	39 (46)
Oral prednisone (or equivalent) dose, mg/day (mean ± SD)	16,5 ± 19
Eosinophils (mean ± SD)	682,2 ± 481
IgE (mean ± SD)	268,4 ± 312
FeNO (n 53) (mean ± SD)	51,9 ± 51
ACT (n 75) (mean ± SD)	12,5 ± 4,6
AQLQ (n 49) (mean ± SD)	3 ± 1
Exacerbations (mean ± SD)	4,5 ± 4,3
≥1 ED visit n (%)	43 (51)
FVC ml (mean ± SD)	2722 ± 887
FVC % (mean ± SD)	82,6 ± 18
FEV1 ml (mean ± SD)	1840 ± 669
FEV1 % (mean ± SD)	67,5 ± 20
Prior treatment with a biologic agent	
Omalizumab, n (%)	32 (38)
Mepolizumab, n (%)	16 (19)

Table 2. Exacerbations according eosinophil level

	TOTAL N = 84		
	Baseline	After treatm	p
Exacerbations	3 (2-5)	0 (0-1)	< 0.00001
<300 Eos (n 15)	3 (2-8)	0 (0-2)	0.0010
300-500 Eos (n 19)	3 (2-7)	0 (0-1)	0.0003
>500 Eos (n 50)	3.5 (2-5)	0 (0-0)	<0.00001
Oral prednisone	10 (5-20)	0 (0-5)	< 0.00001
<300 Eos (n 7)	20 (15-90)	5 (2.5-30)	0.0277
300-500 Eos (n 9)	18 (10-30)	0 (0-5)	0.0076
>500 Eos (n 23)	7.5 (5-10)	0 (0-0)	< 0.00001

Median (Interquartile range)

Appendix 1. Members of the Register of Severe Asthma of the Region of Murcia Group

Registro de ASma GRAVE de la Región de MURcia (RE-ASGRAMUR)

Steering Group

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Appendix 2. Methods

All patients with nasal polyposis had a diagnosis performed by ENT, with nasal endoscopy and/or sinus CT.

An asthma exacerbation was defined as a worsening of asthma that led to any one of the following: use of systemic corticosteroids (or a temporary increase in a stable oral corticosteroid background dosage) for at least 3 days; an emergency room or urgent care visit owing to asthma that required systemic corticosteroids; and an inpatient hospitalisation because of asthma.

The presence of atopy was defined by presenting positive skin tests (Prick Test) with a standard battery of aeroallergens (molds, mites, animal dander, and pollens) and/or positive serum specific IgE to aeroallergens.

Lung function test were performed according to the SEPAR guidelines, using its reference values. These test were performed under regular maintenance treatment and prebronchodilation.

FeNo measurements have been carried out using the Nioxvero electrochemical analyzer according to the standardized technique.