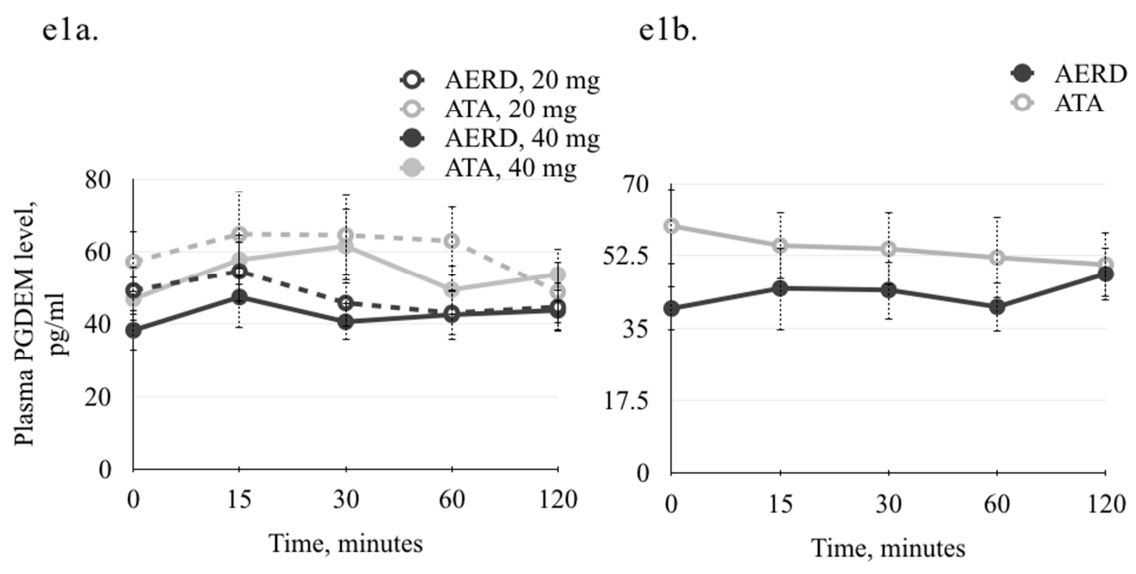


significant increase in LTE<sub>4</sub> levels ( $p=0.001$ ). **4b.** There was a significant increase in urinary LTE<sub>4</sub> levels after standard graded aspirin challenge in AERD and in ATA patients ( $p<0.001$  and  $p=0.02$ , respectively).

**Figure 5.** Change in tetranor PGDM urine levels after low and standard oral graded aspirin challenge. **5a.** After low-dose aspirin challenge there was no significant change in tetranor PGDM levels in either group. **6b.** After standard graded aspirin challenge, there was a significant increase in tetranor PGDM levels in AERD patients with FEV1 decrease of  $\geq 20\%$  ( $n=10$ ,  $p=0.001$ ). There was a decrease in tetranor PGDM levels in AERD patients with FEV1 decrease of  $<20\%$  ( $n=6$ ), and in ATA patients ( $n=13$ ), ( $p=0.02$  and  $p<0.01$ , respectively).

**Figure 6.** Receiver operating characteristic (ROC) curves for FeNO change (**6a.**) and urinary LTE<sub>4</sub> change (**6b.**) after 40 mg aspirin challenge.

**eFigure 1.** There was no significant change in PGEM plasma levels in either group after low dose aspirin challenge (**e1a.**), or after standard graded aspirin challenge (**e1b.**).



eFigure 1.