

## 1 ONLINE REPOSITORY

### 3 Supplemental Methods

5 Detailed descriptions of the School Inner-city Asthma Study (SICAS) study has previously been  
6 published<sup>1,2</sup>, but will be briefly summarized here.

#### 8 *Study design*

10 The School Inner-city Asthma Study (SICAS) is a single-center prospective cohort study of  
11 children with persistent asthma attending inner-city elementary schools in a northeastern United  
12 States city from 2008-2013. Children with persistent asthma attending these schools were  
13 recruited based on established inclusion criterion<sup>3</sup>; 1) history of physician diagnosed asthma and  
14 either current symptoms defined as cough, wheezing, shortness of breath, or whistling in the  
15 chest in the past 12 months, daily controller medication use, or unscheduled medical visits for  
16 asthma in the past year 2) attendance in grades kindergarten through 6th grade at a school where  
17 permission for environmental sampling had been obtained. Exclusion criteria included any  
18 significant pulmonary disease other than asthma. Written informed consent was obtained from  
19 each participant's parent or legal guardian, and assent was obtained from each participant. The  
20 protocol was approved by the Institutional Review Board (protocol number 07-11-0465) and the  
21 participating school system.

#### 23 *Study procedures*

25 Screening questionnaires were collected each spring in participating schools to identify eligible  
26 asthmatics. Eligible subjects were invited to participate in a baseline comprehensive clinical  
27 phenotyping evaluation during the summer, which included a detailed questionnaire and allergy  
28 skin testing (MultiTest device, Lincoln Diagnostics, Decatur, IL) or specific IgE (ImmunoCAP,  
29 Phadia AB, Uppsala, Sweden) if skin testing was contraindicated. Self-reported race was obtained  
30 during this baseline clinic visit by asking the child's parent or taker a multiple-choice question as follows:  
31 "How would you describe [CHILD]'s race, nationality, or ethnic background?" .

34 Home and classroom air and dust samples were subsequently collected twice during the  
35 academic school year and linked to enrolled students and the temporally closest longitudinally  
36 collected health outcomes. Follow-up phone surveys were administered by study staff  
37 approximately 3, 6, 9, and 12 months after the initial visit.

39 School exposure assessment was performed in the fall and spring of the school year. One week  
40 classroom airborne dust samples were collected using charged particle samplers (Quadra,  
41 Sharper Image, California) based on a validated protocol<sup>4,5</sup>. Collected dust was extracted in  
42 buffered saline and the endotoxin content was measured using the Limulus amoebocyte lysate  
43 assay (BioWhittaker Inc., Walkersville, MD).

45 The outcome of asthma symptom days is defined as follows, and is the same as that used in prior  
46 urban pediatric asthma studies<sup>6-8</sup>. It is defined as the largest of the following variables in the 2  
47 weeks prior to each follow-up survey; 1) daytime wheezing, chest tightness, or cough OR 2)

48 days on which child had to slow down or discontinue play activities due to wheezing, chest  
49 tightness, or cough OR 3) nights with wheezing, chest tightness, or cough leading to disturbed  
50 sleep.

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52 The IL4R $\alpha$ -Q576R polymorphism is also referred to as the IL4R $\alpha$ -Q551R polymorphism  
53 depending on the amino acid numbering approach used. Genotyping was performed on blood or  
54 saliva samples collected during the baseline evaluation during the summer. Genotyping of the  
55 IL4R<sup>Q576</sup> and IL4R<sup>R576</sup> alleles was carried out using the amplification resistance mutation screen  
56 PCR method<sup>9</sup> on DNA was extracted from either whole blood (Gentra Puregene Blood Kit;  
57 Qiagen) or saliva (prepIT L2P; DNA Genotek).

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### 59 *Statistical Analysis*

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61 The IL4R $\alpha$ -Q576R genotypes were modeled as a three-group categorical variable (*Q/Q*, *Q/R*, or  
62 *R/R* genotypes, with the *Q/Q* genotype as the reference group). We chose this approach because  
63 we did not want to assume a linear dose-response effect of the genotypes in our modeling  
64 approach. School endotoxin exposure was modelled as a log-transformed continuous variable  
65 given the skewed distribution. To test the hypothesis that the genotypes differed by self-reported  
66 race, Fisher's exact tests were performed. To test the hypothesis that a gene-environment  
67 interaction was present, a multiplicative term between classroom endotoxin levels (continuous)  
68 and genotype (3-level categorical variable) was included in binomial family generalized  
69 estimating equations with a logit link and an overdispersion parameter. These models included  
70 only observations during the school year, and adjusted for age, gender, self-reported race,  
71 allergic sensitization, baseline asthma severity, use of asthma controller medications, annual  
72 income, and season (using linear and quadratic terms for days since school start). All statistical  
73 analyses were performed in Stata version 13.1 (StataCorp). Two-sided p-values of <0.05 were  
74 considered statistically significant for main effects; p-values of <0.10 were considered  
75 statistically significant for interactions.

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### 79 **Supplemental Results**

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81 In univariate analyses adjusting for repeated measures of asthma symptom days in the same  
82 participant, the average number of asthma symptom days in a 14-day period for these children  
83 differed based on their IL4R $\alpha$ -Q576R polymorphism status, with average symptom days being  
84  $2.9 \pm 4.0$ ,  $3.0 \pm 4.1$ , and  $3.6 \pm 4.4$  in children with the wild type, heterozygote, and homozygote  
85 mutant alleles, respectively, though these results did not reach statistical significance ( $p = 0.33$ ).  
86 Similarly, in univariate analyses, the association between classroom endotoxin exposure and  
87 asthma symptom days did not reach statistical significance (OR= 1.11 [0.90,1.37],  $p=0.31$ ).

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90 **Supplementary Table 1. Allele frequency by self-reported race for IL4R $\alpha$ -Q576R**  
 91 **polymorphism.**  
 92

Self-reported race	<i>Q</i> allele frequency	<i>R</i> allele frequency
White	0.875	0.125
Black	0.327	0.673
Hispanic	0.585	0.415
Other	0.488	0.512
Mixed	0.312	0.688

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 94  
 95 **Supplementary Table 2. Predicted asthma symptom days per two-week period stratified by**  
 96 **IL4R $\alpha$ -Q576R genotype and classroom endotoxin levels.** There is a gene by environment  
 97 (G $\times$ E) interaction. The overall interaction p-value = 0.09; pairwise interaction p-values for *Q/R*  
 98 vs. *Q/Q* = 0.115, *R/R* vs. *Q/Q* = 0.049.  
 99

	<i>Q/Q</i> genotype	<i>Q/R</i> genotype	<i>R/R</i> genotype
10 <sup>th</sup> percentile endotoxin (3.06 EU/m <sup>3</sup> )	3.6 [2.6 – 4.6] days	2.8 [1.9 – 3.6] days	3.1 [1.9 – 4.4] days
90th percentile endotoxin (153.11 EU/m <sup>3</sup> )	2.6 [1.7 – 3.4] days	3.1 [2.3 – 4.0] days	4.4 [3.1 – 5.7] days

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