

**Understanding asthma phenotypes:  
the World Asthma Phenotypes (WASP) international collaboration**

Lucy Pembrey<sup>1</sup>, Mauricio L. Barreto<sup>2,9</sup>, Jeroen Douwes<sup>3</sup>, Philip Cooper<sup>4-6</sup>, John Henderson<sup>7</sup>,  
Harriet Mpairwe<sup>8</sup>, Cristina Ardura-Garcia<sup>6</sup>, Martha Chico<sup>6</sup>, Collin Brooks<sup>3</sup>, Alvaro A.  
Cruz<sup>10,11</sup>, Alison M. Elliott<sup>8</sup>, Camila A Figueiredo<sup>2</sup>, Sinéad M. Langan<sup>1</sup>, Beatrice Nassanga<sup>8</sup>,  
Susan Ring<sup>7</sup>, Laura Rodrigues<sup>1</sup>, Neil Pearce<sup>1,3</sup>

<sup>1</sup>London School of Hygiene and Tropical Medicine, United Kingdom

<sup>2</sup>Institute of Collective Health, Federal University of Bahia, Salvador, Brazil

<sup>3</sup>Centre for Public Health Research, Massey University, Wellington, New Zealand

<sup>4</sup>St George's University of London, United Kingdom

<sup>5</sup>Universidad Internacional del Ecuador, Quito, Ecuador

<sup>6</sup>Fundacion Ecuatoriana Para Investigacion en Salud, Quito, Ecuador

<sup>7</sup>Population Health Sciences, Bristol Medical School, University of Bristol, United Kingdom

<sup>8</sup>MRC/UVRI Uganda Research Unit on AIDS, Entebbe, Uganda

<sup>9</sup>Center for Data and Knowledge Integration for Health (CIDACS), Fiocruz, Bahia

<sup>10</sup>ProAR, Federal University of Bahia, Salvador, Brazil

<sup>11</sup>Institute for Health Sciences, Federal University of Bahia, Salvador, Brazil

**Correspondence:**

Professor Neil Pearce

Department of Medical Statistics and Centre for Global Chronic Conditions

Faculty of Epidemiology and Population Health

London School of Hygiene and Tropical Medicine

Keppel Street

London WC1E 7HT

United Kingdom

[neil.pearce@lshtm.ac.uk](mailto:neil.pearce@lshtm.ac.uk)

**Table S1: Selected studies identifying phenotypes based on clinical factors and on markers of airways inflammation**

<b>Clinical factors</b>			
<b>Study</b>	<b>Participants</b>	<b>Location</b>	<b>Phenotypes</b>
Henderson et al (2008) [25]	Avon Longitudinal Study of Parents and Children (ALSPAC) participants assessed from birth to 7 years (n=6,265)	United Kingdom	<ol style="list-style-type: none"> <li>1. Never/infrequent wheeze (59%)</li> <li>2. Transient early wheeze (16%)</li> <li>3. Prolonged early wheeze (9%)</li> <li>4. Intermediate onset wheeze (3%)</li> <li>5. Late onset wheeze (6%)</li> <li>6. Persistent wheeze (7%)</li> </ol>
Moore et al (2010) [26]	Severe Asthma Research Program cohort aged 6-80 years (n=726)	United States	<ol style="list-style-type: none"> <li>1. Early onset atopic asthma with normal lung function treated with two or fewer controller medications and minimal health care utilization (15%)</li> <li>2. Early-onset atopic asthma and preserved lung function but increased medication requirements and health care utilization (44%)</li> <li>3. Obese women with late-onset non-atopic asthma, moderate reductions in FEV(1), and frequent oral corticosteroid use (8%)</li> <li>4. Severe airflow obstruction with bronchodilator responsiveness, childhood onset, atopy (17%)</li> <li>5. Severe airflow obstruction with bronchodilator responsiveness, female, later-onset, less atopy (16%)</li> </ol>
Fitzpatrick et al (2011) [27]	Children in Severe Asthma Research Program aged 6-17 years (n=161)	United States	<ol style="list-style-type: none"> <li>1. Normal lung function, less atopy (26%)</li> <li>2. Lower lung function, more atopy, increased symptoms and medication use (32%)</li> <li>3. Greater comorbidity, increased bronchial responsiveness, lower lung function (20%)</li> <li>4. Lowest lung function, most symptoms and medication use (18%)</li> </ol>
Siroux et al (2011) [28]	Adults in the European Community Respiratory Health Survey (n=1,895)	Europe	<ol style="list-style-type: none"> <li>1. Active treated allergic childhood-onset asthma (36%)</li> <li>2. Active treated adult-onset asthma (19%)</li> <li>3. Inactive/mild treated allergic asthma (29%)</li> <li>4. Inactive/mild untreated nonallergic asthma (16%)</li> </ol>
Siroux et al (2011) [28]	Adults in the Epidemiological Study on the Genetics and Environment of Asthma	Europe	<ol style="list-style-type: none"> <li>1. Active treated allergic childhood-onset asthma (35%)</li> <li>2. Active treated adult-onset asthma (15%)</li> </ol>

	(EGEA2) (n=641)		3. Inactive/mild untreated allergic childhood onset asthma (25%) 4. Inactive/mild untreated adult onset asthma (26%)
Savenije et al (2011) [29]	Children in Prevention and Incidence or Asthma and Mite Allergy (PIAMA) (n=2,810)	The Netherlands	1. Never/infrequent wheeze (75%) 2. Transient early wheeze (17%) 3. Intermediate onset wheeze (3%) 4. Late onset wheeze (2%) 5. Persistent wheeze 4%)
Weinmayr et al (2013) [30]	Children aged 8-12 years in cross-sectional studies in four centres (n>4,000); Spain	Spain	1. Cough during colds (22%) 2. Chronic cough and phlegm (5%) 3. Nocturnal breathlessness (6%) 4. Wheeze only with colds (5%) 5. Wheeze without colds, with cough (4%) 6. Wheeze without colds, without cough (2%)

### Markers of airways inflammation

Study	Participants	Location	Phenotypes
Simpson et al (2006)[32]	93 adult non-smokers with asthma	Australia	1. Eosinophilic asthma (41%) 2. Neutrophilic asthma (20%) 3. Mixed granulocytic asthma (8%) 4. Paucigranulocytic asthma (31%)
Drews et al (2009)[22]	57 asthmatic children	Brazil	1. Atopic asthma (49%); 81% with sputum eosinophilia 2. Non-atopic asthma (51%); 24% with sputum eosinophilia
Wang et al (2011)[63]	51 adults with asthma (29 stable, 22 acute); 77 children with asthma (49 stable, 28 acute)	Australia	1. Eosinophilic asthma (17% adult stable, 0% adult acute, 29% children stable, 50% children acute) 2. Neutrophilic asthma (28% adult stable, 82% adult acute, 20% children stable, 7% children acute) 3. Mixed granulocytic asthma (4% adult stable, 18% adult acute, 2% children stable, 36% children acute) 4. Paucigranulocytic asthma (52% adult stable, 0% adult acute, 49% children stable, 7% children acute)
Brooks et al (2016)[14]	Asthmatic and non-asthmatic children aged 12-17 years	New Zealand	1. Eosinophilic asthma (46%) 2. Non-eosinophilic asthma (54%) (8% neutrophilic, 46% other)

**Table S2 Skin prick test allergens to be used in each study centre**

	<b>Allergens to be tested:</b>	<b>Uganda</b>	<b>Wellington, NZ</b>	<b>Bristol, UK</b>	<b>Ecuador</b>	<b>Brazil</b>
Standard panel	Dermatophagoides pteronyssinus (house dust mite)	✓ pteronysinus & farinae mix	✓	✓	✓ pteronysinus & farinae mix	✓
	tree pollen mix	✓	✓	✓		
	grass pollen mix	✓ weeds	✓	✓	✓	
	cat dander	✓	✓	✓	✓	✓
	dog dander	✓	✓	✓	✓	✓
	Alternaria tenuis (=Alternaria alternata)		✓	✓	✓	
	Penicillium mix		✓			
Other locally relevant allergens	Blomia tropicalis (dust mite)	✓				✓
	Dermatophagoides farinae (house dust mite)	✓				✓
	Mould mix	✓				
	Mixed fungi				✓	
	Aspergillus fumigatus			✓		✓
	Cladosporium		✓			✓
	Blatella germanica (German cockroach)	✓		✓		✓
	Periplaneta Americana (American cockroach)				✓	✓
	peanut	✓				
	Anisakis simplex (parasitic worm)	✓				

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