

Online Data Supplement

Omalizumab for Aspirin-Hypersensitivity and Leukotriene Overproduction in Aspirin-Exacerbated Respiratory Disease: A Randomized Trial

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Methods

Inclusion and exclusion criteria

The inclusion criteria were as follows: 1) aged 20 to 79 years; 2) asthma diagnosed according to criteria of the American Thoracic Society (E1); 3) AERD confirmed using the modified oral challenge protocol outlined by Stevenson et al. (E2, E3) within the last two years of enrolment; 4) at least one positive result in by skin test or serum-specific immunoglobulin E test for common environmental allergens; and 5) no previous treatment with omalizumab. Patients were also required to be clinically stable with no recent exacerbations, infections, non-steroidal anti-inflammatory drug ingestion, or changes in maintenance medication for at least 4 weeks before study entry.

The exclusion criteria were as follows: 1) at risk of sinusitis and/or nasal polyp surgery during the study period; 2) comorbidities including autoimmune diseases, renal, hepatic, heart diseases, unstable diabetes mellitus, mental disorders, alcoholism, and malignancy that require treatment; 3) pregnancy, breast-feeding, or potential pregnancy; and 4) patients considered unsuitable by the attending physician. Mepolizumab and immunotherapy or other immunomodulatory drugs were prohibited throughout the study.

Randomisation and masking

Patients individually randomised at a 1:1 ratio in block sizes of four received omalizumab or placebo (saline) at treatment phase 1 at the Clinical Research Center for Allergy and Rheumatology, Sagamihara National Hospital. Treatment assignments linked to a pre-specified unique participant ID number were randomly generated by staff in the research centre using Excel (Microsoft Corporation, Tokyo, Japan). The treatment assignments were sealed in opaque envelopes labelled with the participant ID number by centre staff. Hospital nurses opened the envelopes and provided treatment independent of the investigators. Thus, investigators and/or staff involved in assessing laboratory outcomes were masked to the study assignments.

Anti-immunoglobulin E therapy and placebo

The doses of omalizumab were individualized on the basis of individual body weight and serum immunoglobulin E level. Omalizumab administered every 2 or 4 weeks by subcutaneous injection provided a dose of at least 0.016 mg/kg per IU of immunoglobulin E (E4). Subjects in the placebo group received a physiologic salt solution administered as for omalizumab with the same dosing frequency and injection volume. Furthermore, nurses reconstituted and injected the study drug or placebo independent of investigators because the time for reconstitution and viscosities were different. Patients were observed for 2 h after injection.

Washout period

The drug-washout period was set to be over 126 days (over 18 weeks) in this study, which was 5-times longer than the half-life of omalizumab (21.0 ± 3.5 days) (E5) based on the following calculation: $24.5 \text{ days} \times 5 = 122.5 \text{ days}$. This calculation was also based on previous clinical studies for molecular target drugs against asthma: mepolizumab (E6-E9), benralizumab (E10, E11), and dupilumab (E12, E13).

Aspirin challenge

Single-blind aspirin challenges were performed using the modified oral challenge protocol (E2, E3). The initial dosage of aspirin was 30 mg, and this was doubled (30, 60, 120, 240, and 480 mg; total dose = 930 mg) at 3 h intervals until a positive reaction was observed. All patients were clinically stable at time of testing. Except for daily oral corticosteroids, all medications were stopped for at least 24 h prior to the test. Forced expiratory volume in 1 s was assessed by spirometry (Minato Autospiro AS-303; Minato Medical Science Co., Ltd., Osaka, Japan), three times at each timepoint, and the highest value was used.

Positive reactions were defined as meeting any of following three criteria: 1) decrease in forced expiratory volume in 1 s by 20% or greater compared with baseline value; 2) decrease in forced expiratory volume in 1 s by 10% to 20% with the presence of nasal congestion, rhinorrhoea, sneezing, nasal/eye itching, or eye redness/tearing; and 3) appearance of

additional extra-pulmonary symptoms including unbearable nasal symptoms, chest pain, abdominal pain, nausea, diarrhoea, and/or cutaneous symptoms such as flushing or a pruritic macular eruption on the distal extremities, irrespective of a change in forced expiratory volume in 1 s. Challenges were stopped when a positive reaction was noted or when the highest dose of aspirin had been administered.

Assessments

Baseline characteristics

Baseline characteristics of studied patients were recorded at study entry (at visit 0).

Quantification of urinary leukotriene E₄ (LTE₄) and 11,15-dioxo-9 α -hydroxy-2,3,4,5-tetranorprostan-1,20-dioic acid (tetranor-PGDM)

Spot urine samples were collected and stored (-80°C) at every visit and during oral aspirin challenge (at Before [0] to 3, 3 to 6, 6 to 9, and 9 to 24 h after ingestion of the last dose).

Urinary eicosanoid concentrations were expressed as pg/mg of creatinine.

Polypropylene bottles containing 4-hydroxy-TEMPO (Sigma-Aldrich, St. Louis, MO) at a final concentration of 1 mmol/L were used to collect urine. An Empore C18 disk cartridge (3M, St. Paul, MN) and a high-performance liquid chromatography system (Shimadzu LC-10AD_{VP}) equipped with a NOVA-PACK C18 column (Waters, Milford, MA) were used to

purify 2 mL urine LTE₄, which was then quantified using a commercial enzyme-linked immunosorbent assay (ELISA) kit (Cayman, Ann Arbor, MI) (E14).

To quantify tetranor-PGDM (E15), 1 mL urine was acidified using 0.05 mL 1 N HCl and then added to an Empore C18 SD cartridge. Then, tetranor-PGDM was eluted by ethyl acetate (1 mL) and purified by high-performance liquid chromatography using a NOVA-PAK C18 column and a solvent mixture of acetonitrile-distilled water-phosphoric acid (15:85:0.1 *vol/vol/vol*) at a flow rate of 1.0 mL/min at 35°C. The column effluent that corresponded with the retention time of authentic tetranor-PGDM (approximately 7.0 minutes) was collected. Following the purification of urine by high-performance liquid chromatography, tetranor-PGDM was extracted using the Empore C18 disk cartridge. The methanol extract was stored at -80°C until quantified by ELISA within 1 week of storage.

Blood sample analysis

Peripheral blood eosinophil counts and the serum levels of periostin, tryptase, and eosinophilic cationic protein were measured at every visit. The peripheral eosinophil counts of all patients were determined in the morning (from 9 AM to 11 AM). The serum total immunoglobulin E was assayed before and after each treatment phase (at visits 1, 6, 7, and 12). Blood samples were collected prior to placebo or omalizumab injection and immediately stored at -80°C until further use. Serum periostin (E16) levels were determined by ELISA (Shino-test, Kanagawa,

Japan) (E17). The total concentrations of immunoglobulin E, tryptase, and eosinophilic cationic protein were quantified with Immuno CAP (Thermo Fisher Scientific, Tokyo, Japan).

Platelet activation markers.

Data were collected before and after each treatment phase (at visits 1, 6, 7, and 12). Levels of surface markers (CD62P and CD63) expressed on platelets were analysed by flow cytometry.

Plasma soluble P-selectin levels were measured by ELISA.

Fluorescence-activated cell sorting was performed as described previously (E18). Fluorescein isothiocyanate-conjugated anti-CD61 (GPIIIa) and phycoerythrin-conjugated anti-CD63 were purchased from Beckman Coulter (Fullerton, CA). PE-conjugated anti-CD62P was obtained from BD Biosciences (San Jose, CA). The corresponding isotypes (Beckman Coulter) were used as controls. A FACSCalibur flow cytometer with CellQuest software (Becton Dickinson, San Jose, CA) was used to analyse samples. A 21 G needle was used to collect whole peripheral blood, which was then added into a 3.2% sodium citrate tube. Blood cells were then stained within 10 minutes after collection. Directly-conjugated specific antibodies to CD61 and CD62P, or CD63 were used to stain 10 μ L of unstimulated whole blood for 15 minutes. Cells were then fixed by 1% paraformaldehyde. The detection of platelets was performed using the forward/side scatter characteristics of cells and their expression of CD61. At least 20,000 CD61⁺ platelet events were collected per sample. Platelet activation was

quantified as the percentage of cells positive for each surface marker and the mean fluorescence intensity of cells in the platelet gate, which was drawn based on CD61⁺ staining.

For the quantification of plasma soluble P-selectin (E18), tubes with 1.5 mg/mL EDTA anticoagulant solution were used to collect blood, which was centrifuged for 10 minutes at room temperature at 1600 × g. The final supernatant was stored in aliquots at -80°C until measurement. The concentrations of sP-selectin were measured by ELISA (R&D Systems, Minneapolis, MN). Samples were diluted with ELISA buffer to a final dilution of 1:20 for sP-selectin analysis. The absorbance of the coloured product was measured at 450 nm using a microplate reader (iMark, Bio-Rad Laboratories, Hercules, CA). Each dilution was run in duplicate. The detection limit of the soluble P-selectin assay was 0.5 ng/mL.

Cytokines and chemokines.

The serum levels of 58 cytokines and chemokines (CC chemokine ligand [CCL]1/I-309, CCL2/monocyte chemotactic protein [MCP]-1, CCL3/macrophage inflammatory protein [MIP]-1 α , CCL4/MIP-1 β , CCL5/regulated on activation, normal T cell expressed and secreted [RANTES], CCL7/MCP-3, CCL8/MCP-2, CCL11/eotaxin, CCL13/MCP-4, CCL17/thymus and activation-regulated chemokine [TARC], CCL24/eotaxin-2, CCL26/eotaxin-3, C-X-C motif ligand [CXCL]1/growth related oncogene [GRO] α , CX3CL1/fractalkine, CXCL5/epithelial neutrophil-activating peptide [ENA]-78, CXCL8/interleukin [IL]-8,

CXCL9/monokine induced by γ interferon [MIG], CXCL10/interferon γ -induced protein [IP]-10, CXCL12/stromal cell-derived factor [SDF]-1 α , CXCL13/B-lymphocyte chemoattractant [BLC]/B cell-attracting chemokine [BCA]-1, CD23/Fc ϵ RII, CD40 ligand, granulocyte colony-stimulating factor [G-CSF], granulocyte/macrophage colony-stimulating factor [GM-CSF], IL-1 β , IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-10, IL-11, IL-12 [p70], IL-13, IL-16, IL-17A, IL-17E/IL-25, IL-18, IL-21, IL-22, IL-23, IL-27, IL-31, IL-33, interferon [IFN]- γ , transforming growth factor [TGF]- α , tumor necrosis factor [TNF]- α , stem cell factor [SCF], intercellular adhesion molecule [ICAM]-1, vascular cell adhesion molecule [VCAM]-1, thymic stromal lymphopoietin [TSLP], a proliferation-inducing ligand [APRIL], B-cell activating factor of the TNF family [BAFF]/B-lymphocyte stimulator [BLyS], E-Selectin, P-Selectin, vascular endothelial growth factor [VEGF]-A, and platelet-derived growth factor [PDGF]-BB) were assayed using multiplex assays (Magnetic Luminex[®] Assay, Human Premixed Multi-Analyte Kit from R&D Systems, Minneapolis, MN) on a “Bio-Plex 200” system (Bio-Rad Laboratories) at Filgen (Nagoya, Japan), following the manufacturer’s instructions.

Questionnaires

The patient-reported scores were assessed using Asthma Control Test (at visits 1, 4-6, 7, and 10-12), Asthma Control Questionnaire-6 (at visits 1, 3-6, 7, and 9-12), and Sino-nasal Outcome Test-22 (at visits 1, 4-6, 7, and 10-12) at baseline and during the omalizumab or placebo phase.

At every visit, the asthma- and nasal-related symptoms were assessed by a validated 10 cm visual analogue scale at every visit and during oral aspirin challenge (at Before [0], 3, 6, 9, and 24 h after ingestion of the last dose). Global Evaluation of Treatment Effectiveness was used to assess the effectiveness of omalizumab treatment at every visit.

The Asthma Control Test was used to assess the interference of asthma related to shortness of breath, nocturnal symptoms, rescue medication use, and self-rating of asthma control, when undertaking various activities (E19). Overall scores for an individual patient were determined by the total of responses to five questions, and ranged from 5 (poorly controlled asthma) to 25 (well-controlled asthma). The minimum important difference for the Asthma Control Test was defined as ≥ 3 points (E20).

The overall Asthma Control Questionnaire-6 score (E21) is a six-item questionnaire that assesses daytime and night-time symptoms and rescue agonist use, on a scale from 0 (completely controlled) to 6 (extremely poorly controlled). The total score was divided by six and the mean value was calculated. A decrease in Asthma Control Questionnaire-6 score of ≥ 0.5 points is considered the minimal clinically important improvement (E22).

The Sino-nasal Outcome Test-22 questionnaire was completed by patients based on the severity of their nasal condition (E23). It consists of 22 questions and each item is scored using a 6-point scale (0 to 5). The maximum possible score is 110. A high score indicates severe

symptoms. A change of 8.9 or more points represents a minimally important difference (E24).

The asthma- and nasal-symptom visual analogue scale includes three asthma symptoms (dyspnea, wheezing, and cough) and three nasal symptoms (congestion, anterior rhinorrhoea, and anosmia). Patients were asked to indicate the severity of their symptoms on a validated 10 cm visual analogue scale (0-10 cm). A high score indicates troublesome symptoms (0 cm, none; 10 cm, the most severe).

Global Evaluation of Treatment Effectiveness was used to assess the effectiveness of omalizumab treatment as excellent (complete control), good (marked improvement), moderate (discernible, but limited improvement), poor (no appreciable change), or worsening. Patients with an ‘excellent’ or ‘good’ response were classified as responders, while those with ‘moderate’, ‘poor’, or ‘worsening’ were classified as non-responders (E25).

Lung function testing

Fractional exhaled nitric oxide (NO chemiluminescence analyzer; NOA model 280A, Sievers Instrument) was measured according to the American Thoracic Society guidelines as previously described (E26). The forced oscillation technique was performed with a commercially available device (MostGraph®; Chest M.I., Tokyo, Japan) to measure the respiratory impedance (E27). After the measurement of fractional exhaled nitric oxide and forced oscillation technique, spirometric measurements (forced expiratory volume in 1 s [%

predicted], forced vital capacity [% predicted], and forced expired flow between 25% and 75% of the volume expired) were taken with the spirometer (Minato Autospiro AS-303; Minato Medical Science Co., Ltd.) at visits 1, 6, 7, and 12.

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Figure legends

Figure E1. Difference in VAS for asthma and nasal symptoms during oral aspirin challenge between the placebo and omalizumab phases.

A) Dyspnea, **B)** wheezing, **C)** cough, **D)** nasal congestion, **E)** anterior rhinorrhoea, and **F)** anosmia. Wilcoxon signed rank test. * $p < 0.05$ and ** $p < 0.01$. Closed circles (placebo phase) and squares (omalizumab phase) indicate median values and bars indicate interquartile ranges.

Visual analogue scale (VAS) incorporates quantitative and objective measures to assess the severity of asthma and nasal symptoms as well as the efficacy of treatment. VAS scores ranged from ‘not at all bothersome’ (0 cm) to ‘extremely bothersome’ (10 cm). At Before [0], 3, 6, 9, and 24 h after ingestion of the dose that produced a positive reaction or after ingestion of the last dose of aspirin in patients with AERD who produced a negative reaction.

Figure E2. Difference in the levels of blood biomarkers between placebo and omalizumab phases.

A) Eosinophil count, **B)** eosinophil cationic protein, **C)** periostin, and **D)** tryptase. Wilcoxon signed rank test. * $p < 0.05$. Closed circles (placebo phase) and squares (omalizumab phase) indicate median values and bars indicate interquartile ranges.

Figure E3. Difference in VAS for asthma and nasal symptoms between the placebo and omalizumab phases.

A) Dyspnea, **B)** wheezing, **C)** cough, **D)** nasal congestion, **E)** anterior rhinorrhoea, and **F)** anosmia. Wilcoxon signed rank test. * $p < 0.05$. Closed circles (placebo phase) and squares (omalizumab phase) indicate median values and bars indicate interquartile ranges. Visual analogue scale (VAS) incorporates quantitative and objective measures to assess the severity of asthma and nasal symptoms as well as the efficacy of treatment. VAS scores ranged from ‘not at all bothersome’ (0 cm) to ‘extremely bothersome’ (10 cm).

Table E1. Differences in VAS for respiratory symptoms between placebo and omalizumab phases during oral aspirin challenge.

VAS¶ scores *	Placebo n = 16	Omalizumab n = 16	P value
Dyspnea (cm)			
Before	2.0 (1.5–4.8)	1.2 (0.5–1.8)	<0.001
3 h	4.0 (2.3–7.1)	1.4 (0.5–2.2)	<0.001
6 h	3.9 (2.2–6.4)	1.0 (0.5–2.1)	<0.001
9 h	2.7 (1.9–5.3)	1.0 (0.4–1.8)	<0.001
24 h	2.4 (1.6–4.6)	1.2 (0.4–1.7)	<0.001
Wheezing (cm)			
Before	2.0 (1.4–4.8)	1.1 (0.4–1.8)	0.001
3 h	3.5 (2.7–6.9)	1.3 (0.5–2.5)	<0.001
6 h	3.4 (2.4–6.3)	1.3 (0.4–2.2)	<0.001
9 h	2.9 (2.0–4.3)	1.1 (0.4–2.1)	<0.001
24 h	2.3 (1.7–3.9)	1.1 (0.4–2.2)	<0.001
Cough (cm)			
Before	3.7 (1.9–6.0)	1.5 (0.7–2.0)	<0.001
3 h	4.3 (2.2–7.0)	1.5 (0.4–2.2)	<0.001

6 h	3.9 (2.0–6.4)	1.5 (0.5–1.9)	<0.001
9 h	3.0 (1.8–4.6)	1.5 (0.6–1.6)	<0.001
24 h	2.9 (1.4–4.7)	1.5 (0.5–1.6)	<0.001
Nasal congestion (cm)			
Before	4.0 (2.2–6.5)	2.8 (1.2–4.7)	0.002
3 h	6.1 (3.5–8.2)	2.8 (1.3–5.3)	<0.001
6 h	5.7 (3.6–9.2)	2.0 (1.2–4.3)	<0.001
9 h	4.7 (2.0–6.6)	2.0 (0.9–4.3)	<0.001
24 h	3.3 (2.2–4.7)	2.0 (1.0–3.6)	0.002
Anterior rhinorrhoea (cm)			
Before	5.3 (2.2–9.0)	3.0 (1.3–5.1)	0.018
3 h	7.0 (4.8–8.5)	3.8 (1.6–5.6)	<0.001
6 h	6.1 (4.5–8.6)	3.2 (1.4–4.8)	<0.001
9 h	6.1 (2.8–8.0)	1.5 (1.0–4.4)	<0.001
24 h	3.8 (2.3–5.7)	2.7 (1.2–4.2)	0.006
Anosmia (cm)			
Before	8.9 (4.3–10.0)	4.8 (1.4–7.1)	0.034
3 h	9.3 (1.9–10.0)	4.7 (1.1–7.1)	<0.001
6 h	9.5 (2.0–10.0)	3.2 (0.9–7.2)	<0.001

9 h	8.6 (1.6–9.8)	2.7 (1.0–7.3)	<0.001
24 h	6.2 (1.6–9.9)	3.0 (1.0–7.4)	<0.001

Data are expressed as the median (interquartile range).

Significance testing was performed using the Wilcoxon signed rank test.

* At Before [0], 3, 6, 9, and 24 h after ingestion of the dose that produced a positive reaction or after ingestion of the last dose of aspirin in patients with AERD who produced a negative reaction.

¶VAS scores ranged from ‘not at all bothersome’ (0 cm) to ‘extremely bothersome’ (10 cm).

VAS, visual analogue scale.

Table E2. Differences in the maximal decline in FEV₁ during oral aspirin challenge between placebo and omalizumab phases.

	Placebo	Omalizumab *	P value
	n = 16	n = 16	
Change in FEV ₁ (%)	-10.0 (-14.6 to -3.6)	-4.7 (-7.5 to -0.5)	0.039

Data are expressed as the median (interquartile range).

Significance testing was performed using the Wilcoxon signed rank test.

* Ten of 16 patients (62.5%) did not show a positive reaction, even after the highest cumulative dose (930 mg) was administered.

FEV₁, forced expiratory volume in 1 s.

Table E3. Comparison of baseline characteristics between patients who did and did not develop aspirin tolerance.

Variable before initial treatment	Developed aspirin tolerance n = 10	Not developed aspirin tolerance n = 6	P value
Age (years)	57.0 (53.0–63.8)	46.5 (41.0–51.3)	0.051
Gender, no. (%)			0.307
Male	5 (50.0)	1 (16.7)	
Female	5 (50.0)	5 (83.3)	
Body weight (kg)	50.9 (49.1–56.4)	58.5 (57.2–59.7)	0.313
Body mass index (kg/m ²)	20.8 (20.4–21.7)	22.6 (21.7–23.1)	0.220
Smoking status (never/past/current), no. (%)	6 (60.0)/4 (40.0)/0 (0.0)	2 (33.3)/2 (33.3)/2 (33.3)	0.275
Pack-year (among smokers)	28.0 (20.3–30.0)	10.0 (5.0–16.9)	0.146
Asthma onset age	53.0 (41.3–57.8)	26.5 (13.5–38.8)	0.023
History of sinus surgery and polypectomy, no (%)	3 (30.0)	4 (66.7)	0.307
Cumulative provoking aspirin dose (mg)	210.0 (90.0–270.0)	90.0 (90.0–210.0)	0.351

(Placebo phase)

Inhaled corticosteroid dose

	500.0 (357.5–	1000.0 (812.5–	
(µg/day)	1000.0)	1000.0)	0.079
(Fluticasone equivalents)			

Systemic corticosteroids, no. (%)	1 (10.0)	2 (33.3)	0.518
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Systemic corticosteroids

(mg/day)	3	3 / 7	
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(Prednisolone equivalents)

Omalizumab dose (mg)	300.0 (300.0–600.0)	150.0 (150.0–262.5)	0.112
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Washout phase (days)	142.5 (132.3–145.8)	135.0 (129.0–139.5)	0.440
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Urine biomarkers (log-transformed)

LTE ₄ (pg/mg of creatinine)	2.4 (2.0–2.7)	2.6 (2.1–3.1)	0.713
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Tetranor-PGDM (pg/mg of creatinine)	2.4 (2.4–2.5)	2.6 (2.5–2.8)	0.147
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Blood biomarkers

Total IgE (IU/mL)	221.0 (118.8–1055.8)	44.9 (34.4–214.8)	0.093
Eosinophil count (per μ L)	370.0 (287.5–495.0)	335.0 (270.0–505.0)	0.936
Periostin (ng/mL)	110.5 (98.8–134.3)	136.5 (108.5–230.5)	0.428
Eosinophil cationic protein (μ g/L)	11.7 (4.7–13.1)	11.8 (7.5–13.8)	0.580
Tryptase (μ g/L)	2.7 (2.4–4.7)	3.0 (2.9–3.6)	0.428
Platelet count and activation markers			
Platelet count ($\times 10^4$ per μ L)	23.4 (20.5–26.0)	30.2 (27.0–30.9)	0.003
Plasma soluble P-selectin level (ng/mL)	111.1 (101.1–141.3)	125.8 (118.0–132.1)	0.635
CD62P expression on platelets (%)	3.3 (1.3–4.5)	2.6 (2.0–3.8)	1.000
CD63 expression on platelets (%)	4.3 (1.8–5.5)	4.2 (2.9–4.8)	0.958

Symptom scores

ACT	20.5 (16.3–22.8)	20.5 (15.3–24.3)	0.936
ACQ6	0.9 (0.8–2.2)	0.8 (0.2–2.1)	0.630
SNOT-22	43.5 (33.8–54.5)	40.5 (30.0–42.8)	0.382
VAS ¶ (cm)			
Dyspnea	2.0 (1.7–3.0)	3.3 (1.2–4.3)	0.855
Wheezing	1.7 (1.1–3.1)	2.7 (1.0–3.9)	0.816
Cough	1.9 (1.6–4.7)	3.5 (1.6–5.5)	0.852
Nasal congestion	4.9 (2.1–7.4)	3.2 (1.1–7.2)	0.411
Anterior rhinorrhoea	4.5 (3.0–8.1)	3.6 (1.7–7.0)	0.618
Anosmia	7.0 (2.6–8.7)	9.6 (5.7–10.0)	0.248
Respiratory function			
FEV ₁ (% predicted)	103.9 (94.0–112.6)	102.2 (90.5–105.4)	0.635
FEV ₁ /FVC (%)	76.9 (70.5–78.0)	75.1 (66.5–81.2)	0.958
FVC (% predicted)	116.8 (106.8–127.4)	124.8 (115.3–127.2)	0.635
FEF _{25–75%} (%)	63.5 (44.8–68.5)	55.8 (37.8–73.7)	1.000
FeNO (ppb)	27.3 (23.9–33.3)	18.0 (12.6–29.4)	0.181

Data are presented as medians and interquartile ranges.

Significance testing was performed using the Mann-Whitney *U*-test for continuous variables and Fisher's exact test for categorical variables.

¶VAS scores ranged from 'not at all bothersome' (0 cm) to 'extremely bothersome' (10 cm).

ACT, Asthma Control Test; ACQ-6, Asthma Control Questionnaire-6; FEF₂₅₋₇₅, forced expired flow between 25% and 75% of the volume expired; FeNO, fraction of exhaled nitric oxide; FEV₁, forced expiratory volume in 1 s; FVC, forced vital capacity; IgE, immunoglobulin E; LTE₄, leukotriene E₄; SNOT-22, Sino-Nasal Outcome Test-22; Tetranor-PGDM, 11,15-dioxo-9 α -hydroxy-2,3,4,5-tetranorprostan-1,20-dioic acid; VAS, visual analogue scale.

Table E4. Comparison of baseline serum cytokine level between patients who did and did not develop aspirin tolerance.

Cytokines (pg/mL)	Developed aspirin	Not developed aspirin	P value
	tolerance n = 10	tolerance n = 6	
CCL1/I-309	7 BDL 10.2 (9.9–10.3)	2 BDL 10.0 (9.9–10.2)	0.971
CCL2/MCP-1	305.5 (266.1–452.2)	274.0 (265.3–304.8)	0.793
CCL3/MIP-1 α	5 BDL 231.3 (231.3–251.5)	3 BDL 183.0 (183.0–207.1)	0.125
CCL4/MIP-1 β	1141.3 (1053.3–1245.5)	1213.6 (1139.5–1281.6)	0.211
CCL5/RANTES	46,303.7 (26,830.5–49,801.6)	43,511.3 (40,189.2–48,412.3)	0.958
CCL7/MCP-3	All BDL (–)	All BDL	NA
CCL8/MCP-2	1 BDL 83.2 (79.2–96.8)	90.0 (68.4–96.9)	0.930
CCL11/eotaxin	3 BDL 133.1 (129.2–181.3)	5 BDL 148.1 (148.1–148.1)	0.750
CCL13/MCP-4	97.5 (80.1–144.4)	115.6 (95.6–134.4)	0.713
CCL17/TARC	714.3 (529.7–1006.2)	821.8 (716.7–1112.5)	0.368
CCL24/eotaxin-2	1116.0 (771.6–1252.4)	883.8 (804.6–1044.6)	0.713
CCL26/eotaxin-3	All BDL	All BDL	NA
CXCL1/ GRO α	9 BDL 515.6 (515.6–515.6)	5 BDL 564.5 (564.5–564.5)	1.000
CX3CL1/fractalkine	6654.0 (5853.6–7094.1)	6072.6 (5592.3–6982.4)	0.543

CXCL5/ENA-78	1298.2 (1077.9–1424.1)	1338.8 (1025.5–2163.0)	0.736
CXCL8/IL-8	1 BDL 11.5 (11.2–13.8)	1 BDL 11.5 (10.2–12.7)	0.897
CXCL9/MIG	9 BDL 3648.2 (3648.2–3648.2)	All BDL	NA
CXCL10/IP-10	36.0 (25.7–42.4)	35.3 (32.7–38.2)	0.958
CXCL12/SDF-1 α	851.8 (821.6–904.0)	1004.6 (891.0–1104.7)	0.077
CXCL13/BLC)/BCA-1	64.5 (57.5–82.3)	69.5 (53.8–79.8)	0.980
CD23/Fc ϵ RII	2354.6 (1521.1–3012.6)	2311.1 (1855.4–2811.6)	1.000
CD40 ligand	5494.7 (5009.8–6450.1)	8323.8 (6907.4–8674.9)	0.099
G-CSF	9 BDL 68.1 (68.1–68.1)	All BDL	NA
GM-CSF	9 BDL 25.6 (25.6–25.6)	All BDL	NA
IL-1 β	9 BDL 34.6 (34.6–34.6)	5 BDL 36.5 (36.5–36.5)	1.000
IL-2	2 BDL 160.6 (125.5–269.0)	1 BDL 152.5 (146.8–231.9)	0.971
IL-3	All BDL	All BDL	NA
IL-4	8 BDL 86.0 (83.2–88.8)	All BDL	NA
IL-5	All BDL	All BDL	NA
IL-6	All BDL	All BDL	NA
IL-7	4 BDL 16.0 (13.6–20.0)	14.5 (12.3–15.6)	0.333
IL-10	9 BDL 20.6 (20.6–20.6)	All BDL	NA
IL-11	All BDL	All BDL	NA

IL-12 (p70)	9 BDL 302.4 (302.4–302.4)	All BDL	NA
IL-13	All BDL	All BDL	NA
IL-16	129.0 (120.1–163.5)	130.9 (128.1–151.0)	0.852
IL-17A	All BDL	All BDL	NA
IL-17E/IL-25	9 BDL 1329.3 (1329.3–1329.3)	All BDL	NA
IL-18	189.7 (169.5–214.7)	159.8 (139.8–189.7)	0.118
IL-21	All BDL	All BDL	NA
IL-22	188.1 (179.4–196.9)	206.7 (194.8–219.3)	0.042
IL-23	957.8 (803.8–1033.8)	1025.7 (928.8–1122.3)	0.580
IL-27	All BDL	All BDL	NA
IL-31	All BDL	All BDL	NA
IL-33	All BDL	5 BDL 32.4 (32.4–32.4)	NA
IFN- γ	All BDL	All BDL	NA
TGF- α	All BDL	All BDL	NA
TNF- α	All BDL	All BDL	NA
SCF	1 BDL 52.6 (43.0–67.3)	52.3 (48.1–72.6)	0.510
ICAM-1	300,482.3 (282,840.7–340,813.5)	256,993.4 (196,382.9–352,890.6)	0.313
VCAM-1	885,105.2 (772,516.0– 963,921.1)	860,086.5 (744,720.3– 1,025,740.6)	1.000

TSLP	All BDL	All BDL	NA
APRIL	2732.8 (2620.8–2962.3)	3223.6 (3081.5–3247.1)	0.073
BAFF/BLyS	818.9 (776.9–857.8)	971.4 (916.4–1020.2)	0.073
E-Selectin	19,011.4 (16,793.1–22,997.4)	22,912.5 (14,228.5–27,716.0)	0.793
P-Selectin	43,610.4 (33,110.2–50,395.1)	51,785.5 (46,351.9–57,613.2)	0.313
VEGF-A	104.0 (92.1–157.8)	170.7 (117.5–223.7)	0.264
PDGF-BB	7092.1 (6164.5–7753.1)	8652.3 (6977.5–10125.3)	0.252

Data are presented as medians and interquartile ranges.

Significance testing was performed using the Mann-Whitney *U*-test.

BDL, below detectable level; NA, not available.

Table E5. Differences in platelet activation markers between placebo and omalizumab

phases.

Variable	Placebo n = 16	Omalizumab n = 16	P value
Platelet cell ($\times 10^4/\mu\text{L}$)			
Day 0	25.2 (22.5–28.6)	26.5 (22.5–27.5)	0.831
Day 1	25.3 (22.9–29.6)	26.0 (22.5–27.4)	0.411
Day 7	25.5 (23.1–28.5)	27.2 (23.7–29.2)	0.368
Month 1	25.8 (23.3–29.6)	25.7 (24.1–28.0)	0.463
Month 2	26.0 (23.8–29.9)	26.7 (24.5–28.4)	0.678
Month 3	27.0 (24.1–30.7)	26.9 (25.5–28.6)	0.734
Platelet activation markers			
Plasma soluble P-selectin level (ng/mL)			
Day 0	108.7 (88.1–133.4)	105.3 (94.2–134.7)	0.669
Month 3	117.6 (94.0–127.9)	96.5 (86.7–106.9)	0.298
CD62P expression on platelets (%)			
Day 0	3.5 (2.0–5.1)	3.5 (1.9–6.1)	0.495
Month 3	4.8 (3.7–7.6)	5.0 (3.8–9.6)	0.404

CD63 expression on platelets (%)

Day 0	4.0 (2.7–5.1)	4.9 (3.0–6.1)	0.821
Month 3	5.0 (2.6–11.3)	5.0 (3.4–8.8)	0.669

Data are expressed as the median (interquartile range).

Significance testing was performed using the Wilcoxon signed rank test.

Table E6. Differences in each serum cytokine level between placebo and omalizumab

phases.

Cytokines (pg/mL)	Placebo n = 16	Omalizumab n = 16	P value
CCL1/I-309			
Day 0	9 BDL 9.9 (9.8–11.2)	10 BDL 1.0 (9.8–10.2)	0.438
Month 3	10 BDL 9.9 (9.5–10.5)	11 BDL 9.7 (9.7–9.9)	0.625
CCL2/MCP-1			
Day 0	299.0 (223.6–320.1)	279.3 (235.0–356.5)	0.376
Month 3	277.7 (225.2–355.9)	315.0 (228.8–360.1)	0.274
CCL3/MIP-1α			
Day 0	7 BDL 183.0 (183.0–208.8)	9 BDL 220.4 (202.6–231.3)	0.375
Month 3	8 BDL 208.8 (183.0–231.3)	5 BDL 208.8 (183.0–231.3)	1.000
CCL4/MIP-1β			
Day 0	1147.0 (1061.2–1244.0)	1148.9 (1095.5–1267.7)	0.940
Month 3	1132.0 (1103.3–1234.4)	1137.6 (1093.6–1221.9)	0.890
CCL5/RANTES			
Day 0	37,133.1 (28,032.1–46,262.0)	36,151.8 (24,333.4–48,898.7)	0.706
Month 3	25,494.2 (20,070.6–31,598.0)	21,850.9 (15,917.3–34,164.8)	0.669

CCL7/MCP-3

Day 0	All BDL	All BDL	NA
Month 3	15 BDL 155.6 (155.6–155.6)	All BDL	NA

CCL8/MCP-2

Day 0	2 BDL 96.1 (77.5–98.3)	1 BDL 84.5 (71.1–103.1)	0.685
Month 3	1 BDL 77.8 (72.3–89.7)	1 BDL 85.8 (72.0–98.0)	0.808

CCL11/eotaxin

Day 0	9 BDL 133.1 (129.2–150.0)	11 BDL 152.9 (148.1–229.6)	0.125
Month 3	11 BDL 157.6 (143.2–178.1)	10 BDL 140.7 (130.5–175.9)	1.000

CCL13/MCP-4

Day 0	107.9 (82.6–136.5)	92.0 (76.6–146.7)	0.900
Month 3	94.1 (79.5–135.6)	94.5 (77.2–123.4)	0.528

CCL17/TARC

Day 0	710.7 (576.5–864.3)	806.3 (554.6–862.6)	0.747
Month 3	1 BDL 656.2 (568.0–846.4)	727.7 (621.5–844.7)	0.946

CCL24/eotaxin-2

Day 0	872.0 (723.0–1073.8)	889.3 (765.8–1173.8)	0.376
Month 3	875.4 (696.2–970.7)	917.7 (699.8–1079.5)	0.376

CCL26/eotaxin-3

Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA
CXCL1/GRO α			
Day 0	13 BDL 422.1 (380.7–493.3)	14 BDL 515.6 (515.6–515.6)	1.000
Month 3	14 BDL 443.4 (402.3–484.5)	14 BDL 475.2 (446.8–503.7)	1.000
CX3CL1/fractalkine			
Day 0	6320.8 (5653.0–7171.7)	6320.3 (5570.6–7130.8)	0.821
Month 3	6176.2 (5790.7–6876.9)	6337.3 (5777.9–6537.9)	0.761
CXCL5/ENA-78			
Day 0	1288.1 (885.0–1472.7)	1213.6 (1069.9–1297.4)	0.720
Month 3	1081.1 (877.5–1312.5)	1051.2 (931.9–1287.1)	0.706
CXCL8/IL-8			
Day 0	4 BDL 11.5 (10.1–12.8)	4 BDL 11.3 (10.0–12.5)	0.645
Month 3	13 BDL 11.0 (10.0–11.5)	4 BDL 10.3 (9.3–11.9)	1.000
CXCL9/MIG			
Day 0	All BDL	15 BDL 3648.2 (3648.2–3648.2)	NA
Month 3	All BDL	All BDL	NA
CXCL10/IP-10			
Day 0	32.3 (29.0–40.9)	32.8 (28.2–45.0)	0.980

Month 3	32.6 (26.5–41.5)	35.8 (29.1–45.8)	0.433
CXCL12/SDF-1 α			
Day 0	861.1 (808.5–1031.3)	879.3 (823.9–998.8)	0.855
Month 3	879.3 (849.5–1015.4)	915.0 (826.3–994.5)	0.744
CXCL13/BLC/BCA-1			
Day 0	63.7 (51.7–78.3)	66.1 (57.9–81.5)	0.685
Month 3	59.3 (48.7–74.6)	60.9 (56.4–75.4)	0.463
CD23/Fc ϵ RII			
Day 0	2368.0 (1642.7–3081.1)	2293.7 (1363.5–2989.6)	0.433
Month 3	2292.6 (1519.7–2827.7)	2541.0 (1517.9–2926.5)	0.489
CD40 ligand			
Day 0	5729.4 (4845.1–8185.0)	6281.0 (5616.6–7021.5)	0.597
Month 3	5985.4 (4906.2–7902.7)	6738.1 (5522.1–7428.5)	0.083
G-CSF			
Day 0	All BDL	15 BDL 68.1 (68.1–68.1)	NA
Month 3	All BDL	All BDL	NA
GM-CSF			
Day 0	All BDL	15 BDL 25.6 (25.6–25.6)	NA
Month 3	All BDL	All BDL	NA

IL-1 β

Day 0	14 BDL 36.5 (36.5–36.5)	14 BDL 33.6 (33.1–34.1)	1.000
Month 3	All BDL	14 BDL 32.7 (32.7–32.7)	NA

IL-2

Day 0	4 BDL 148.2 (101.8–204.0)	6 BDL 160.6 (111.4–257.9)	0.910
Month 3	5 BDL 171.8 (112.9–184.9)	7 BDL 158.1 (129.0–263.9)	0.719

IL-3

Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA

IL-4

Day 0	15 BDL 80.5 (80.5–80.5)	14 BDL 80.0 (74.3–85.8)	1.000
Month 3	14 BDL 65.7 (52.8–78.6)	15 BDL 91.6 (91.6–91.6)	1.000

IL-5

Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA

IL-6

Day 0	All BDL	15 BDL 17.6 (17.6–17.6)	NA
Month 3	15 BDL 9.9 (9.9–9.8)	All BDL	NA

IL-7

Day 0	4 BDL 13.4 (11.7–16.2)	4 BDL 15.6 (13.0–20.1)	0.037
Month 3	4 BDL 12.7 (11.2–14.3)	6 BDL 14.5 (10.7–17.8)	0.625
IL-10			
Day 0	All BDL	15 BDL 20.6 (20.6–20.6)	NA
Month 3	15 BDL 7.3 (7.3–7.3)	All BDL	NA
IL-11			
Day 0	15 BDL 1054.6 (1054.6–1054.6)	All BDL	NA
Month 3	15 BDL 1112.0 (1112.0–1112.0)	All BDL	NA
IL-12 (p70)			
Day 0	All BDL	15 BDL 302.4 (302.4–302.4)	NA
Month 3	All BDL	All BDL	NA
IL-13			
Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA
IL-16			
Day 0	1 BDL 166.3 (128.1–180.2)	128.1 (102.1–160.6)	0.048
Month 3	144.4 (131.2–163.9)	130.0 (113.2–153.2)	0.083
IL-17A			
Day 0	All BDL	All BDL	NA

Month 3	All BDL	All BDL	NA
IL-17E/IL-25			
Day 0	All BDL	15 BDL 1329.3 (1329.3–1329.3)	NA
Month 3	All BDL	All BDL	NA
IL-18			
Day 0	165.8 (154.2–197.0)	195.7 (156.9–227.3)	0.144
Month 3	167.8 (156.5–203.0)	190.4 (146.3–252.7)	0.193
IL-21			
Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA
IL-22			
Day 0	179.3 (168.9–213.3)	191.4 (178.2–200.6)	0.744
Month 3	187.5 (174.7–201.0)	189.9 (177.7–201.3)	0.404
IL-23			
Day 0	973.5 (905.1–1122.3)	984.0 (936.7–1015.5)	0.855
Month 3	1057.3 (931.5–1078.1)	1025.9 (860.0–1059.9)	0.421
IL-27			
Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA

IL-31

Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA

IL-33

Day 0	15 BDL 32.4 (32.4–32.4)	All BDL	NA
Month 3	15 BDL 32.4 (32.4–32.4)	All BDL	NA

IFN- γ

Day 0	All BDL	All BDL	NA
Month 3	15 BDL 99.6 (99.6–99.6)	All BDL	NA

TGF- α

Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA

TNF- α

Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA

SCF

Day 0	1 BDL 48.1 (44.7–63.0)	1 BDL 48.1 (41.3–67.3)	0.762
Month 3	2 BDL 54.0 (47.9–67.0)	2 BDL 54.3 (45.8–66.1)	0.966

ICAM-1

Day 0	285,661.3 (255,347.5– 332,163.6)	295,542.8 (251,607.6– 350,148.9)	0.940
Month 3	299,279.5 (259,386.3– 336,682.6)	294,381.6 (249,565.1– 352,364.3)	0.900
VCAM-1			
Day 0	885,105.2 (756,313.8– 987,991.4)	965,757.9 (760,943.9– 1,103,350.0)	0.348
Month 3	926,067.1 (819,052.4– 1,015,725.0)	951,435.7 (776,413.6– 1,043,275.0)	0.744
TSLP			
Day 0	All BDL	All BDL	NA
Month 3	All BDL	All BDL	NA
APRIL			
Day 0	2732.8 (2540.6–3029.9)	2837.4 (2599.2–3192.1)	0.821
Month 3	2775.8 (2568.6–3032.8)	2774.3 (2554.9–2956.0)	0.706
BAFF/BLyS			
Day 0	840.4 (766.5–961.1)	847.6 (761.3–958.1)	0.934
Month 3	869.0 (731.9–888.5)	885.4 (815.1–947.8)	0.025
E-selectin			

Day 0	18,862.1 (15,686.9–27,509.0)	18,233.0 (13,222.0–26,846.5)	0.117
Month 3	20,640.8 (12,918.7–24,752.5)	18,601.2 (13,636.0–23,789.8)	0.323
P-selectin			
Day 0	1 BDL 46,140.8 (32,903.9– 51,661.5)	46,725.9 (36,761.3–53,918.7)	0.277
Month 3	45,397.4 (36,660.8–53,497.1)	45,956.0 (39,041.0–52,513.1)	0.323
VEGF-A			
Day 0	119.5 (91.8–198.6)	124.0 (99.9–219.7)	0.175
Month 3	112.0 (88.1–196.8)	112.3 (93.3–169.1)	1.000
PDGF-BB			
Day 0	7458.2 (6139.3–8408.5)	7005.8 (6669.4–7904.4)	1.000
Month 3	6821.2 (5833.1–7574.0)	6821.1 (4945.9–8137.5)	0.706

Data are expressed as the median (interquartile range).

Significance testing was performed using the Wilcoxon signed rank test.

BDL, below detectable level; NA, not available

Table E7. Differences in symptom scores between placebo and omalizumab phases.

Variable	Placebo n = 16	Omalizumab n = 16	P value
Symptom scores			
ACT			
Day 0	20.0 (17.8–25.0)	20.5 (14.0–22.5)	0.253
Day 1	NA	NA	
Day 7	NA	NA	
Month 1	20.5 (17.8–24.0)	22.0 (20.0–25.0)	0.054
Month 2	20.0 (15.0–22.5)	23.0 (21.0–25.0)	0.002
Month 3	20.5 (17.8–24.0)	23.0 (21.0–24.3)	0.003
ACQ-6			
Day 0	0.9 (0.7–1.7)	1.0 (0.8–2.3)	0.556
Day 1	NA	NA	
Day 7	1.1 (0.7–1.7)	0.8 (0.4–1.2)	0.123
Month 1	1.0 (0.7–1.8)	0.8 (0–1.1)	0.026
Month 2	1.4 (0.8–2.4)	0.8 (0–1.0)	0.002
Month 3	1.1 (0.8–2.0)	0.8 (0.2–0.8)	0.002
SNOT-22			

Day 0	29.5 (25.3–47.0)	43.0 (33.8–56.8)	0.074
Day 1	NA	NA	
Day 7	NA	NA	
Month 1	44.0 (22.8–54.3)	31.0 (19.8–44.5)	0.049
Month 2	43.5 (29.8–54.5)	28.0 (17.3–36.0)	0.006
Month 3	40.5 (30.5–50.8)	27.0 (16.3–35.5)	0.004

VAS¶

Dyspnea (cm)

Day 0	2.5 (1.7–3.8)	2.0 (1.5–6.5)	0.504
Day 1	2.3 (1.8–3.6)	2.3 (1.5–3.5)	0.572
Day 7	2.0 (1.6–3.5)	1.7 (1.0–2.8)	0.058
Month 1	2.0 (1.7–3.2)	1.6 (0.6–2.5)	0.011
Month 2	2.1 (1.5–4.8)	1.4 (0.4–2.2)	<0.001
Month 3	2.0 (1.5–4.8)	1.2 (0.5–1.8)	<0.001

Wheezing (cm)

Day 0	1.9 (1.2–3.5)	2.1 (1.3–6.4)	0.266
Day 1	1.9 (1.2–3.3)	1.9 (1.5–3.5)	0.812
Day 7	1.9 (1.3–3.9)	1.7 (0.9–2.5)	0.052
Month 1	2.0 (1.4–3.6)	1.6 (0.6–2.3)	0.014

Month 2	2.8 (1.8–4.9)	1.5 (0.4–2.1)	<0.001
Month 3	2.0 (1.4–4.8)	1.1 (0.4–1.8)	0.001
Cough (cm)			
Day 0	2.8 (1.8–4.0)	2.6 (1.6–6.3)	0.163
Day 1	2.9 (1.7–4.1)	2.6 (1.6–4.7)	0.946
Day 7	2.5 (1.5–4.3)	1.8 (1.5–2.8)	0.310
Month 1	2.4 (1.5–5.3)	1.6 (1.3–2.2)	0.046
Month 2	3.0 (2.0–7.6)	1.4 (0.6–1.9)	<0.001
Month 3	3.7 (1.9–6.0)	1.5 (0.7–2.0)	0.001
Nasal congestion (cm)			
Day 0	4.9 (2.5–7.2)	5.6 (1.8–7.9)	1.000
Day 1	4.7 (1.9–6.6)	5.0 (1.5–6.8)	0.524
Day 7	4.7 (1.5–7.0)	4.3 (1.4–6.4)	0.382
Month 1	5.6 (1.5–7.1)	3.1 (1.6–5.6)	0.135
Month 2	5.5 (2.3–8.2)	3.3 (1.2–5.6)	0.007
Month 3	4.0 (2.2–6.5)	2.8 (1.2–4.7)	0.002
Anterior rhinorrhoea (cm)			
Day 0	5.3 (3.1–8.3)	4.5 (2.1–8.3)	0.326
Day 1	5.5 (2.7–8.1)	3.4 (1.2–7.9)	0.189

Day 7	5.3 (2.5–8.6)	2.2 (1.5–6.3)	0.130
Month 1	5.6 (2.3–8.6)	3.7 (1.4–6.3)	0.066
Month 2	6.3 (2.5–8.6)	3.6 (1.3–5.9)	0.004
Month 3	5.3 (2.2–9.0)	3.0 (1.3–5.1)	0.018
Anosmia (cm)			
Day 0	8.4 (3.7–10.0)	9.1 (4.0–9.8)	1.000
Day 1	8.5 (3.6–9.7)	7.4 (3.7–9.1)	0.678
Day 7	8.7 (3.9–10.0)	5.3 (1.9–8.4)	0.208
Month 1	9.0 (5.0–9.8)	5.0 (1.6–7.0)	0.079
Month 2	9.3 (4.3–10.0)	4.8 (1.5–7.5)	0.027
Month 3	8.9 (4.3–10.0)	4.8 (1.4–7.1)	0.034

Data are expressed as the median (interquartile range).

Significance testing was performed using the Wilcoxon signed rank test.

¶VAS scores ranged from ‘not at all bothersome’ (0 cm) to ‘extremely bothersome’ (10 cm).

ACT, Asthma Control Test; ACQ-6, Asthma Control Questionnaire-6; NA, not applicable;

SNOT-22, Sino-Nasal Outcome Test; VAS, visual analogue scale.

Table E8. Differences in each variable for respiratory function between placebo and omalizumab phases.

Variable	Placebo n = 16	Omalizumab n = 16	P value
Spirometry			
FEV ₁ (% predicted)			
Day 0	105.2 (94.5–112.0)	103.8 (89.1–110.8)	0.348
Month 3	99.1 (92.4–108.5)	106.7 (99.1–114.7)	0.003
FEV ₁ /FVC (%)			
Day 0	75.2 (68.7–79.6)	75.2 (71.9–77.7)	1.000
Month 3	73.3 (68.5–75.5)	75.6 (70.7–81.4)	0.004
FVC (% predicted)			
Day 0	121.7 (111.2–129.7)	117.7 (113.4–126.0)	0.277
Month 3	121.6 (108.9–127.3)	123.3 (116.4–130.8)	0.159
FEF _{25–75%} (%)			
Day 0	61.7 (43.7–70.8)	53.2 (43.5–70.0)	0.782
Month 3	50.9 (42.2–60.4)	61.8 (46.2–70.6)	0.006
FeNO (ppb)			

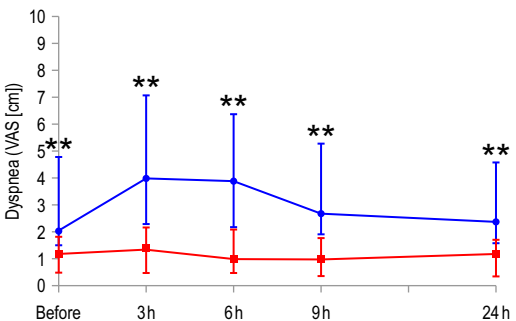
Day 0	23.1 (18.9–30.9)	19.9 (12.9–29.4)	0.348
Month 3	24.3 (15.6–39.7)	20.2 (15.5–37.0)	0.323

Data are expressed as the median (interquartile range).

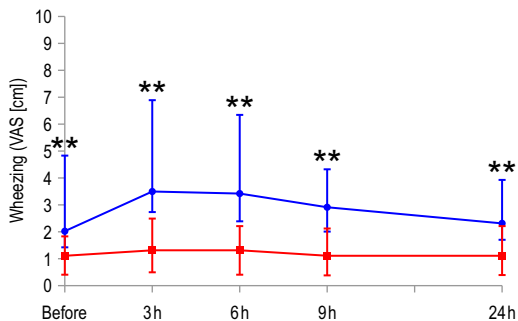
Significance testing was performed using the Wilcoxon signed rank test.

FEF_{25–75}, forced expired flow between 25% and 75% of the volume expired; FeNO, fraction of exhaled nitric oxide; FEV₁, forced expiratory volume in 1 s; FVC, forced vital capacity.

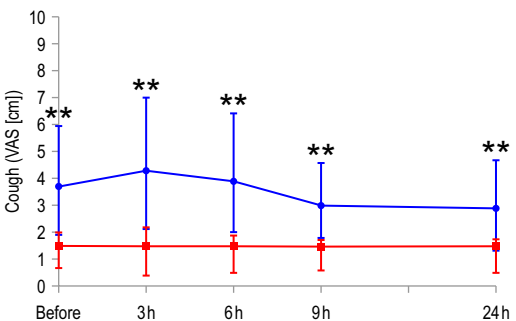
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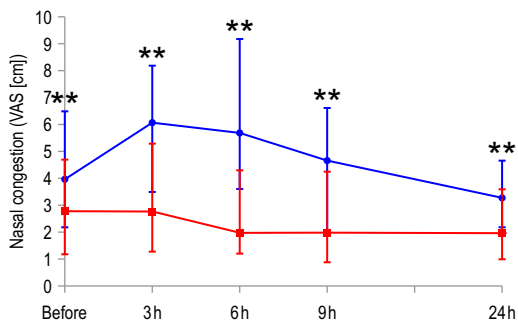
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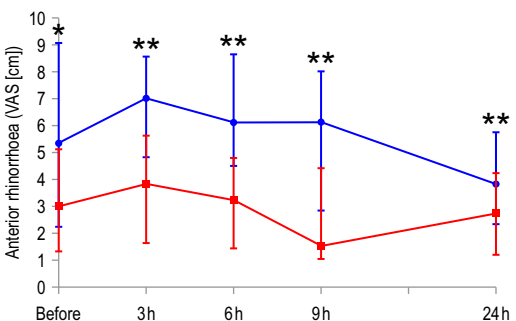
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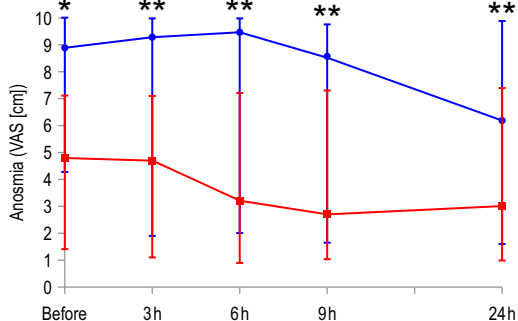
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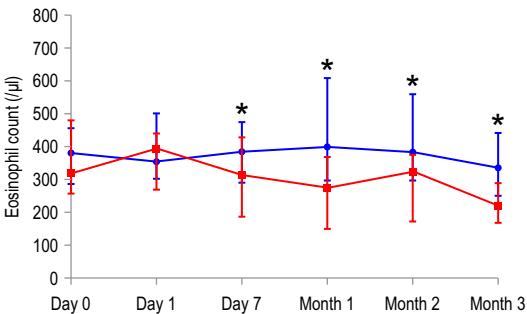
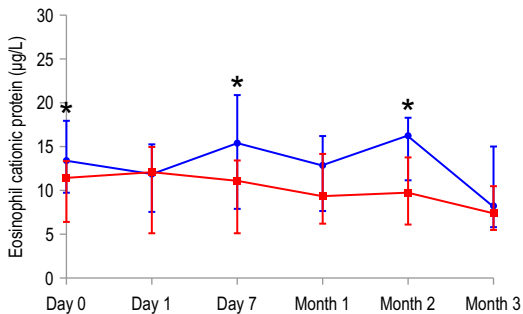
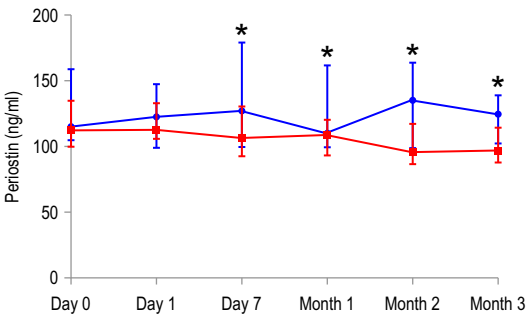
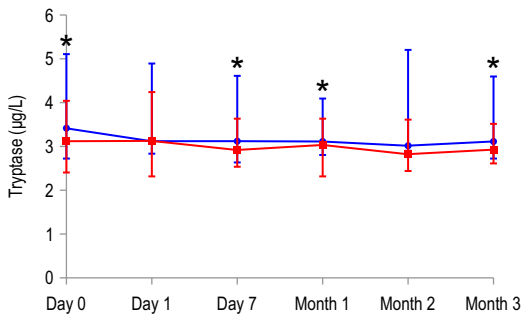


E



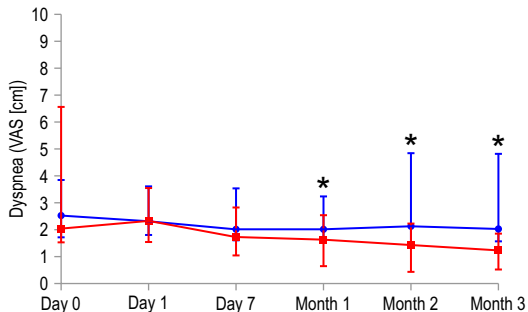
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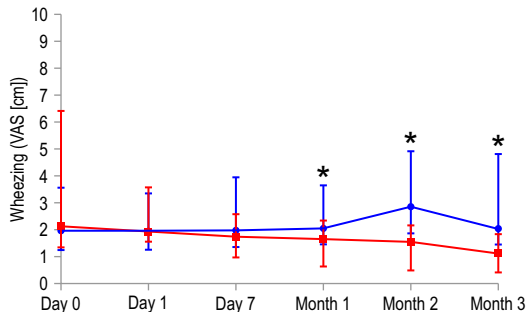
A**B****C****D**

● Placebo
 ■ Omalizumab

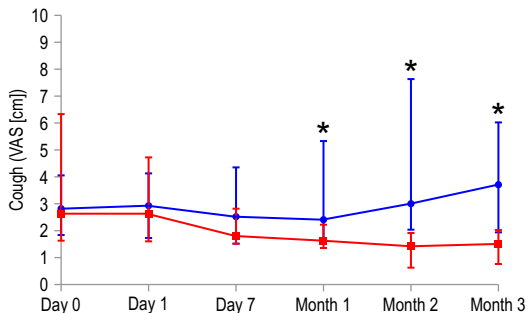
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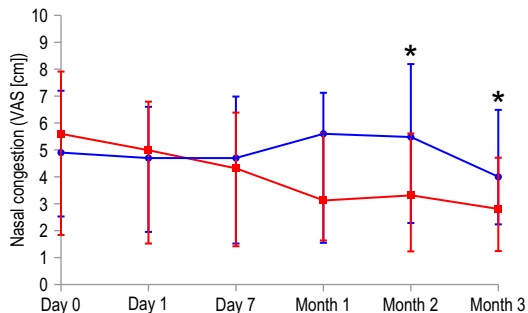
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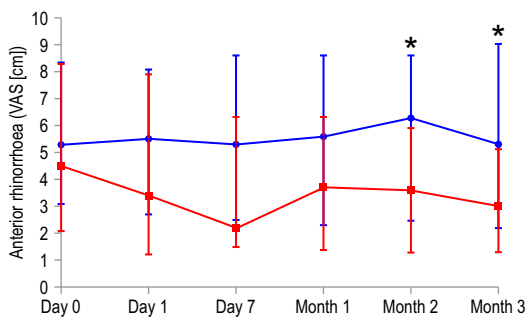
C



D



E



F

