

Supplementary Material

Blood eosinophil count-guided corticosteroid therapy and as a prognostic biomarker of exacerbations of chronic obstructive pulmonary disease: A systematic review and meta-analysis

Table S1. Risk of bias in observational studies assessed using NOS scales

Figure S1. Risk of bias summary in RCTs assessed using the Cochrane Handbook for Systematic Reviews of Interventions

Figure S2. Risk of bias graph in RCTs assessed using the Cochrane Handbook for Systematic Reviews of Interventions

Figure S3. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC < 2%

Figure S4. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC ≥ 2%

Figure S5. The mean difference of FEV₁ change from baseline ICS vs placebo treatment among patients with baseline BEC < 2%

Figure S6. The mean difference of FEV₁ change from baseline ICS vs placebo treatment among patients with baseline BEC ≥ 2%

Figure S7. The mean difference of FEV₁ change from baseline ICS+LAMA/LABA vs LAMA/LABA treatment among patients with baseline BEC < 2%

Figure S8. The mean difference of FEV₁ change from baseline ICS+LAMA/LABA vs LAMA/LABA treatment among patients with baseline BEC ≥ 2%

Figure S9. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC < 150cells/μL

Figure S10. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC ≥ 150cells/μL

Figure S11. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC < 300cells/μL

Figure S12. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC ≥ 300cells/μL

Figure S13. The mean difference of SGRQ score change from baseline ICS vs non-ICS treatment among patients with baseline BEC < 2%

Figure S14. The mean difference of SGRQ score change from baseline ICS vs non-ICS treatment among patients with baseline BEC ≥ 2%

Figure S15. The mean difference of SGRQ score change from baseline ICS vs placebo treatment among patients with baseline BEC < 2%

Figure S16. The mean difference of SGRQ score change from baseline ICS vs placebo treatment among patients with baseline BEC ≥ 2%

Figure S17. The mean difference of SGRQ score change from baseline ICS+LAMA/LABA vs LAMA/LABA treatment among patients with baseline BEC < 2%

Figure S18. The mean difference of SGRQ score change from baseline ICS+LAMA/LABA vs LAMA/LABA treatment among patients with baseline BEC ≥ 2%

Figure S19. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC ≥ 2%

Figure S20. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC < 2%

Figure S21. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC \geq 3%

Figure S22. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC < 3%

Figure S23. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC \geq 150 cells/ μ L

Figure S24. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC < 150 cells/ μ L

Figure S25. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC \geq 200 cells/ μ L

Figure S26. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC < 200 cells/ μ L

Figure S27. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC \geq 300 cells/ μ L

Figure S28. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC < 300 cells/ μ L

Figure S29. The odds ratio of exacerbations COPD baseline BEC \geq 2% vs baseline BEC < 2%

Figure S30. The odds ratio of exacerbations COPD baseline BEC \geq 3% vs baseline BEC < 3%

Figure S31. The odds ratio of exacerbations COPD baseline BEC \geq 4% vs baseline BEC < 4%

Figure S32. The odds ratio of exacerbations COPD baseline BEC \geq 5% vs baseline BEC < 5%

Figure S33. The odds ratio of exacerbations COPD baseline BEC ≥ 150 cells/ μ L vs baseline BEC < 150 cells/ μ L

Figure S34. The odds ratio of exacerbations COPD baseline BEC ≥ 200 cells/ μ L vs baseline BEC < 200 cells/ μ L

Figure S35. The odds ratio of exacerbations COPD baseline BEC ≥ 300 cells/ μ L vs baseline BEC < 300 cells/ μ L

Figure S36. The odds ratio of exacerbations COPD baseline BEC ≥ 400 cells/ μ L vs baseline BEC < 400 cells/ μ L

Figure S37. The odds ratio of exacerbations COPD baseline BEC ≥ 500 cells/ μ L vs baseline BEC < 500 cells/ μ L

Figure S38. The hazard ratio of mortality baseline BEC $\geq 2\%$ vs baseline BEC $< 2\%$

Figure S39. The hazard ratio of mortality baseline BEC ≥ 200 cells/ μ L vs baseline BEC < 200 cells/ μ L

Figure S40. The hazard ratio of mortality baseline BEC ≥ 300 cells/ μ L vs baseline BEC < 300 cells/ μ L

Figure S41. The odds ratio of GOLD III+IV in patients with baseline high BEC vs low BEC

Figure S42. The mean difference of baseline FEV1/FVC in patients with baseline high BEC vs low BEC

Table S1. Risk of bias in observational studies assessed using NOS scales

| Reference | Selection | Comparability | outcome |
|-----------------------------------|------------------|----------------------|----------------|
| Aksoy2018 ¹ | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Bafadhel2016 ² | ☆☆☆ | ☆☆ | ☆☆ |
| Bélanger2018 ³ | ☆☆☆ | ☆☆ | ☆☆☆ |
| Chan2020 ⁴ | ☆☆☆ | ☆☆ | ☆☆ |
| Cheng2016 ⁵ | ☆☆☆ | ☆☆ | ☆☆ |
| Couillard2017 ⁶ | ☆☆ | ☆☆ | ☆☆ |
| Disantostefano2016 ⁷ | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Duman2015 ⁸ | ☆☆☆ | ☆☆ | ☆☆ |
| Gonzalez-Barcala2019 ⁹ | ☆☆☆ | ☆☆ | ☆☆ |
| Hasegawa2016 ¹⁰ | ☆☆☆☆ | ☆☆ | ☆☆ |
| Hastie2017 ¹¹ | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Hegewald2020 ¹² | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Kerkhof2017 ¹³ | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Landis2018 ¹⁴ | ☆☆☆☆ | ☆☆ | ☆☆ |
| Lv2021 ¹⁵ | ☆☆☆ | ☆☆ | ☆☆ |
| Mendy2018 ¹⁶ | ☆☆☆ | ☆☆ | ☆☆☆ |
| Nishimura2021 ¹⁷ | ☆☆☆ | ☆☆ | ☆☆ |
| Oh2018 ¹⁸ | ☆☆☆ | ☆☆ | ☆☆☆ |
| Oshagbemi 2018 ¹⁹ | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Peng2021 ²⁰ | ☆☆☆ | ☆☆ | ☆☆ |
| Poder2018 ²¹ | ☆☆☆ | ☆☆ | ☆☆☆ |
| Prins2017 ²² | ☆☆☆ | ☆☆ | ☆☆ |
| Roche2017 ²³ | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Serafino-Agrusa2016 ²⁴ | ☆☆ | ☆☆ | ☆☆ |
| Song 2017 ²⁵ | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Vedel-Krogh2018 ²⁶ | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Yun2018 ²⁷ | ☆☆☆ | ☆☆ | ☆☆☆ |
| Zeiger2018 ²⁸ | ☆☆☆☆ | ☆☆ | ☆☆☆ |
| Zhang2020 ²⁹ | ☆☆☆ | ☆☆ | ☆☆☆ |
| Zysman2017 ³⁰ | ☆☆☆ | ☆☆ | ☆☆ |

NOS: Newcastle-Ottawa scale

Figure S1. Risk of bias summary in RCTs assessed using the Cochrane Handbook for Systematic Reviews of Interventions

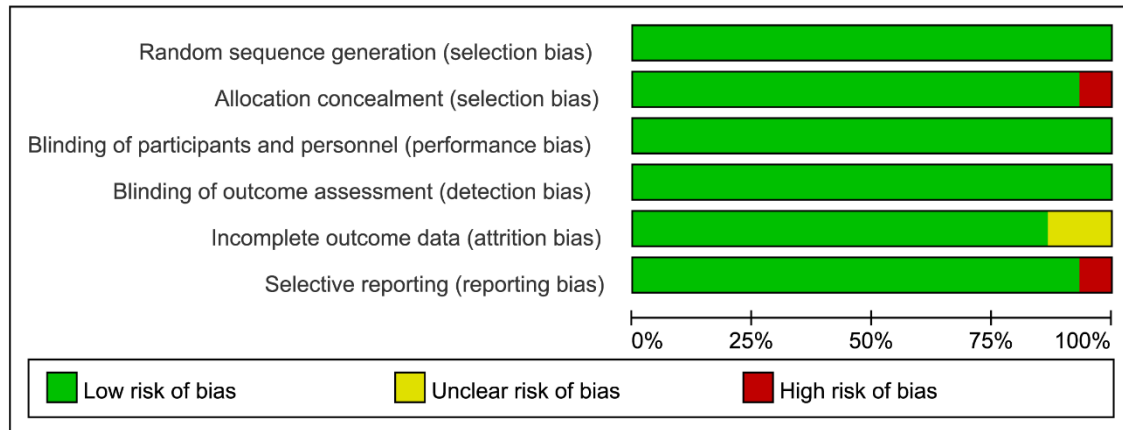


Figure S2. Risk of bias graph in RCTs assessed using the Cochrane Handbook for Systematic Reviews of Interventions

| | Random sequence generation (selection bias) | Allocation concealment (selection bias) | Blinding of participants and personnel (performance bias) | Blinding of outcome assessment (detection bias) | Incomplete outcome data (attrition bias) | Selective reporting (reporting bias) |
|----------------------|---|---|---|---|--|--------------------------------------|
| Bafadhel 2012 | + | + | + | + | + | + |
| Barnes 2016 | + | + | + | + | + | + |
| Chapman 2018 | + | + | + | + | + | + |
| Ferguson 2018 | + | + | + | + | + | + |
| Papi 2017 | + | + | + | + | ? | + |
| Papi 2018 | + | + | + | + | + | + |
| Pascoe 2015 | + | + | + | + | + | + |
| Pavord2016(SCO30002) | + | + | + | + | + | + |
| Pavord2016(SCO40036) | + | + | + | + | + | + |
| Pavord2016(SFCB3024) | + | + | + | + | + | + |
| Roche 2017 | + | + | + | + | + | + |
| Siddiqui 2015 | + | + | + | + | + | + |
| Singh 2020 | + | ● | + | + | ? | ● |
| Vestbo 2017 | + | + | + | + | + | + |
| Watz 2016 | + | + | + | + | + | + |

Figure S3. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC < 2%

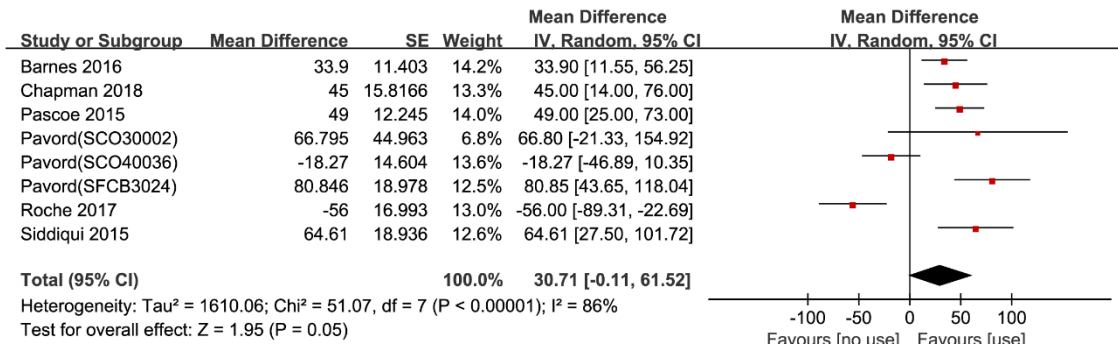


Figure S4. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC ≥ 2%

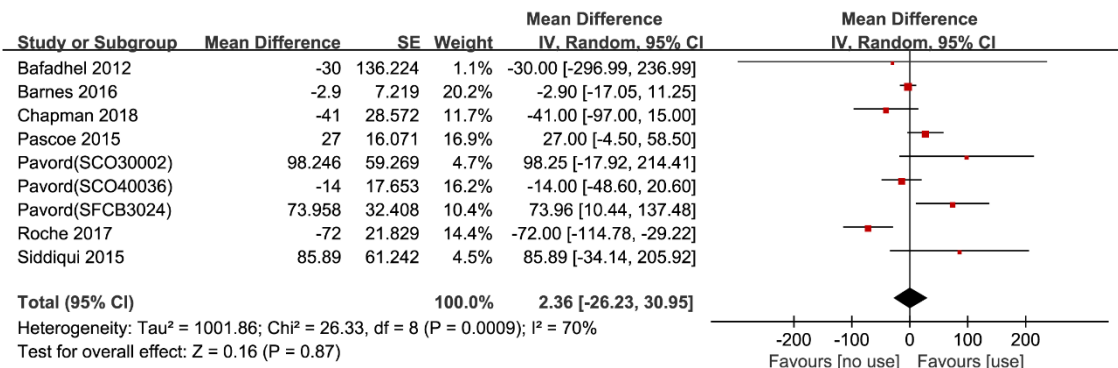


Figure S5. The mean difference of FEV₁ change from baseline ICS vs placebo treatment among patients with baseline BEC < 2%

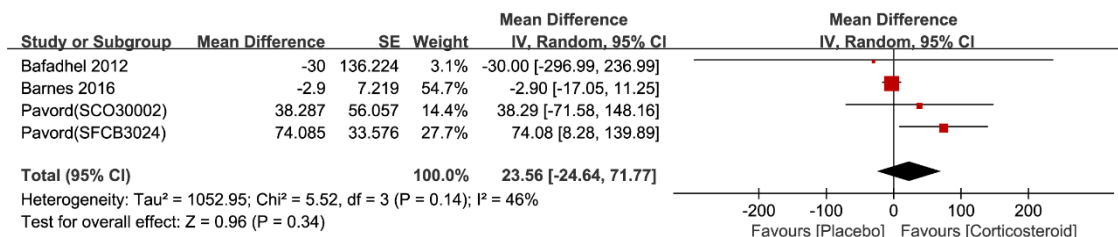


Figure S6. The mean difference of FEV₁ change from baseline ICS vs placebo treatment among patients with baseline BEC \geq 2%

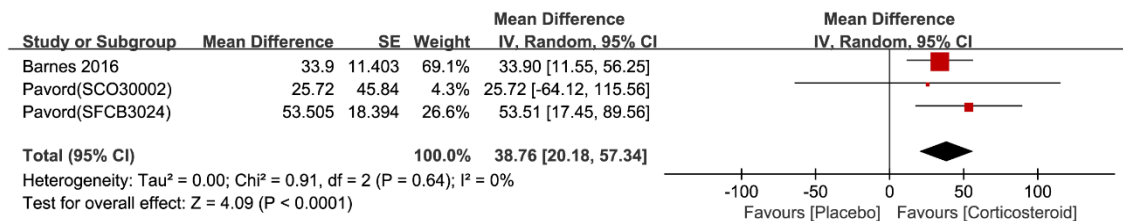


Figure S7. The mean difference of FEV₁ change from baseline ICS+LAMA/LABA vs LAMA/LABA treatment among patients with baseline BEC < 2%

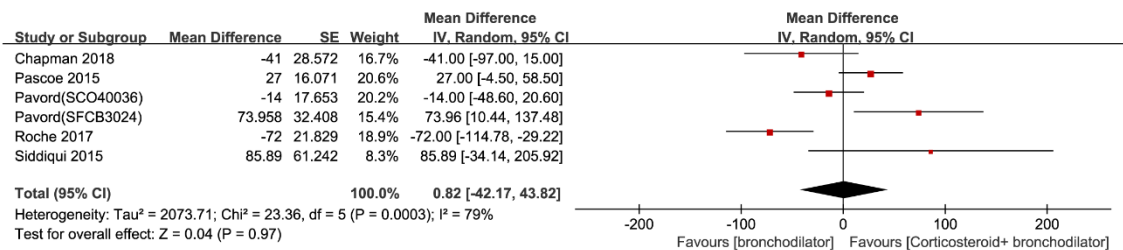


Figure S8. The mean difference of FEV₁ change from baseline ICS+LAMA/LABA vs LAMA/LABA treatment among patients with baseline BEC \geq 2%

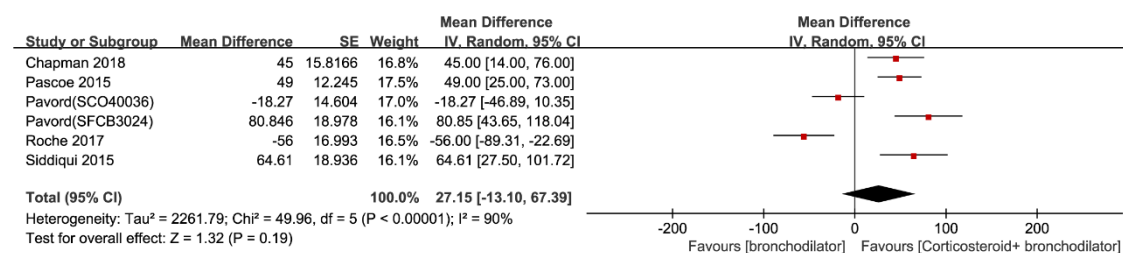


Figure S9. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC < 150cells/Ml

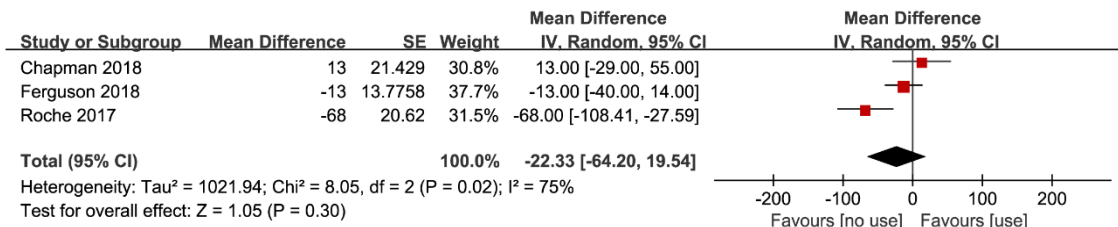


Figure S10. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC ≥ 150cells/μL

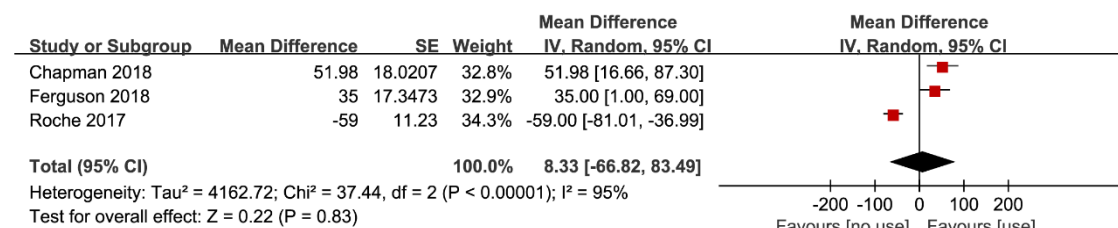


Figure S11. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC < 300cells/μL

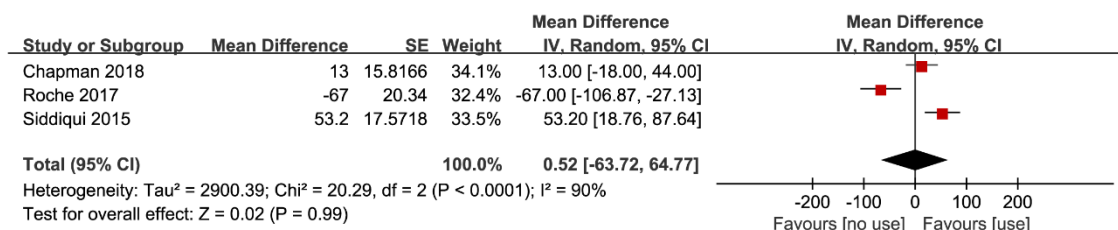


Figure S12. The mean difference of FEV₁ change from baseline ICS vs non-ICS treatment among patients with baseline BEC \geq 300cells/ μ L

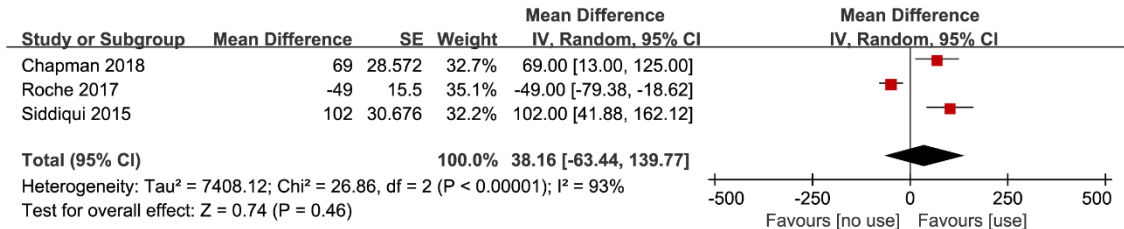


Figure S13. The mean difference of SGRQ score change from baseline ICS vs non-ICS treatment among patients with baseline BEC < 2%

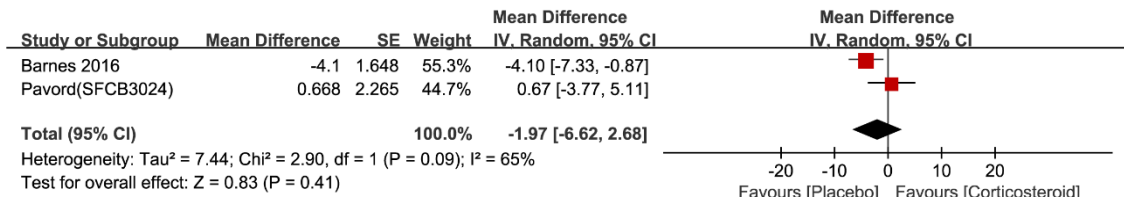


Figure S14. The mean difference of SGRQ score change from baseline ICS vs non-ICS treatment among patients with baseline BEC \geq 2%

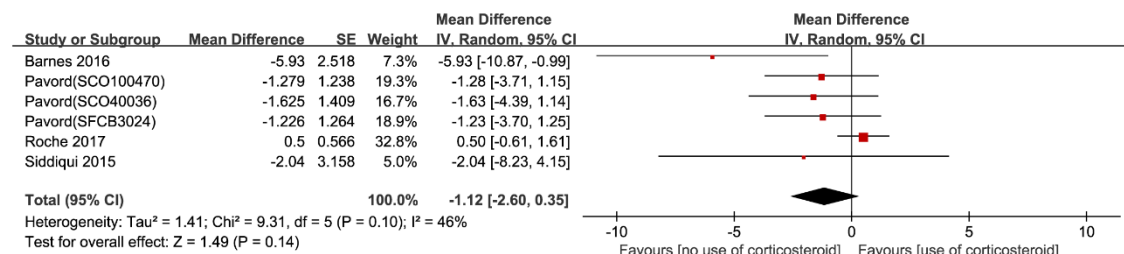


Figure S15. The mean difference of SGRQ score change from baseline ICS vs placebo treatment among patients with baseline BEC < 2%

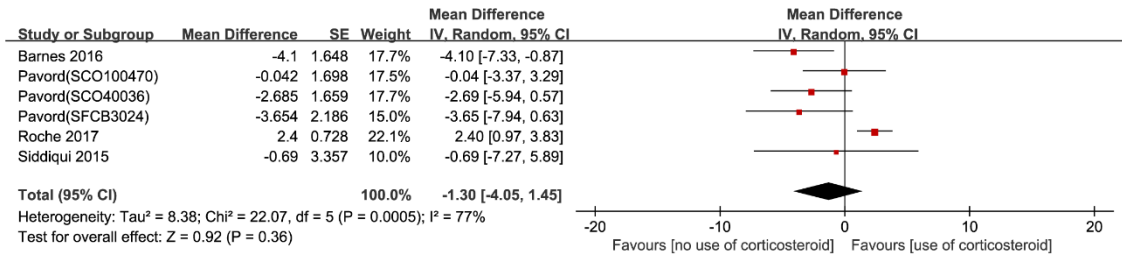


Figure S16. The mean difference of SGRQ score change from baseline ICS vs placebo treatment among patients with baseline BEC ≥ 2%

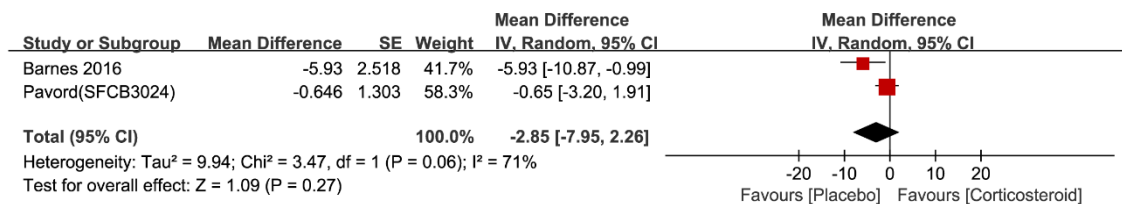


Figure S17. The mean difference of SGRQ score change from baseline ICS+LAMA/LABA vs LAMA/LABA treatment among patients with baseline BEC < 2%

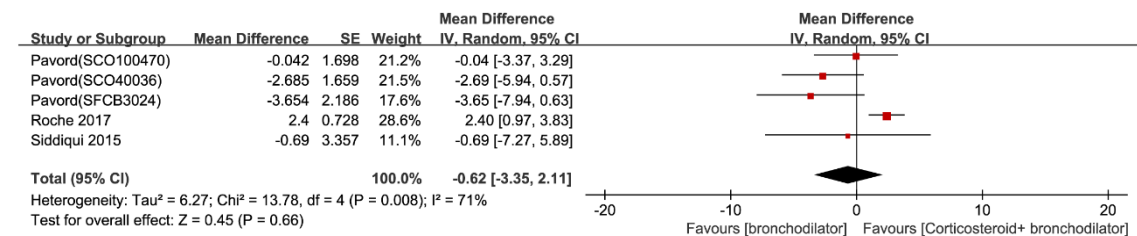


Figure S18. The mean difference of SGRQ score change from baseline ICS+LAMA/LABA vs LAMA/LABA treatment among patients with baseline BEC $\geq 2\%$

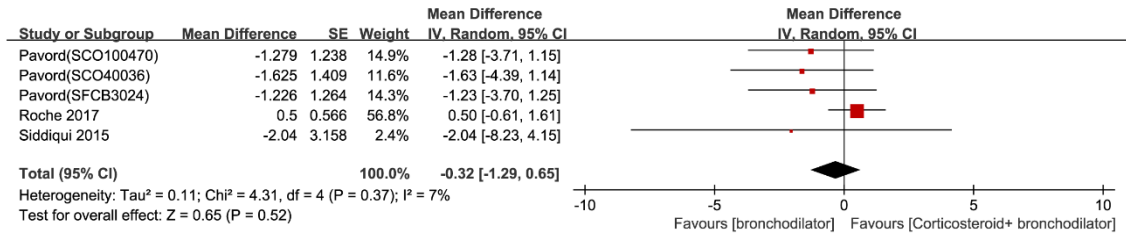


Figure S19. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC $\geq 2\%$

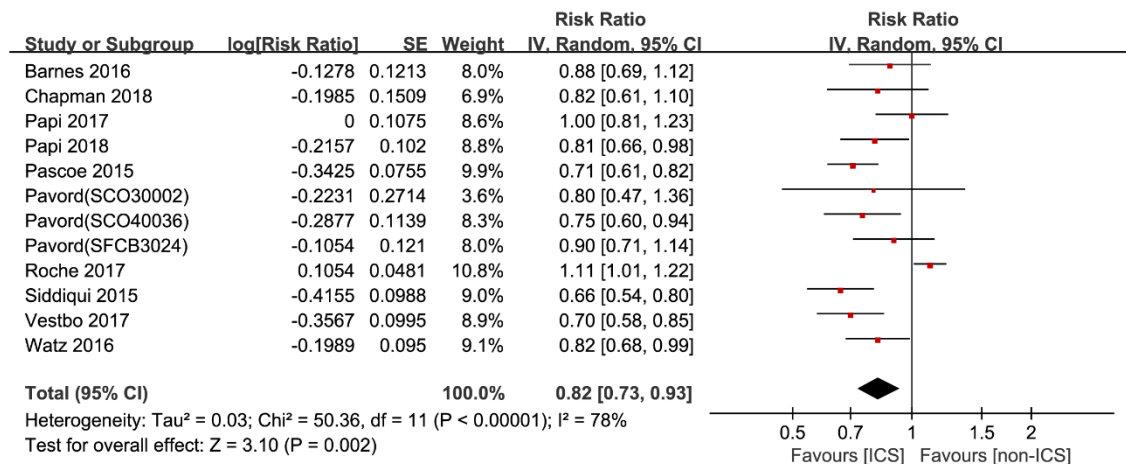


Figure S20. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC $< 2\%$

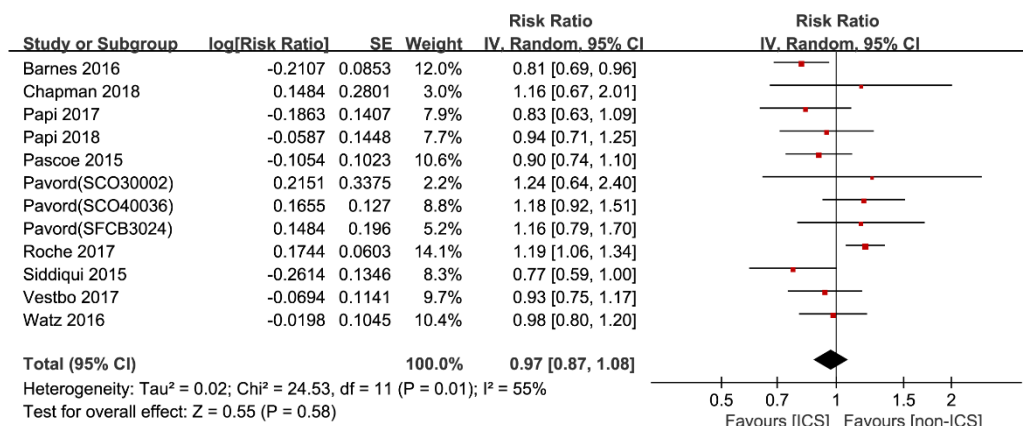


Figure S21. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC $\geq 3\%$

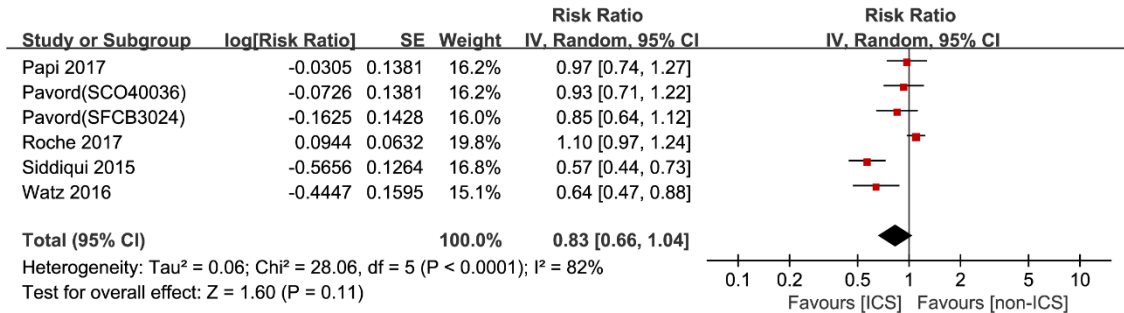


Figure S22. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC < 3%

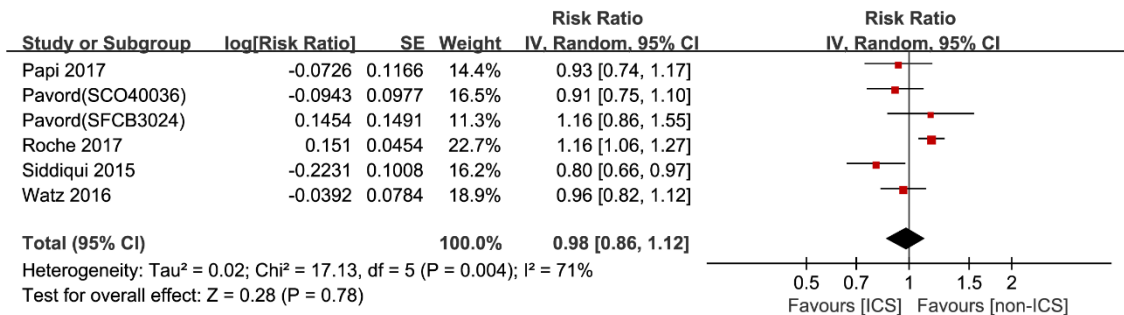


Figure S23. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC ≥ 150 cells/ μ L

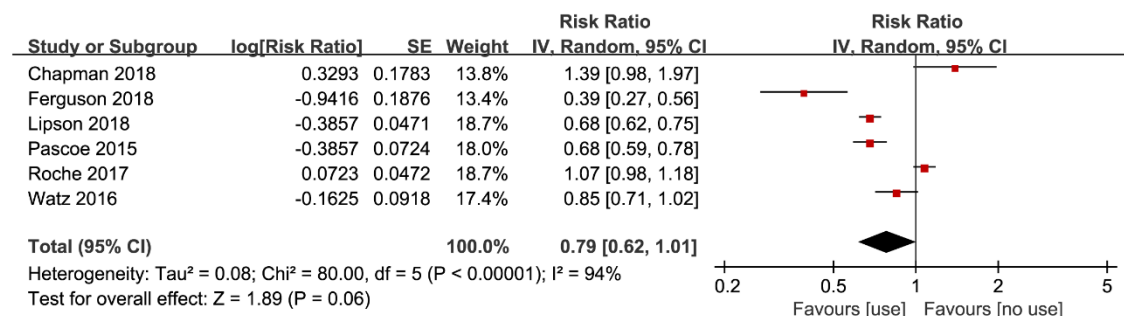


Figure S24. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC < 150 cells/ μ L

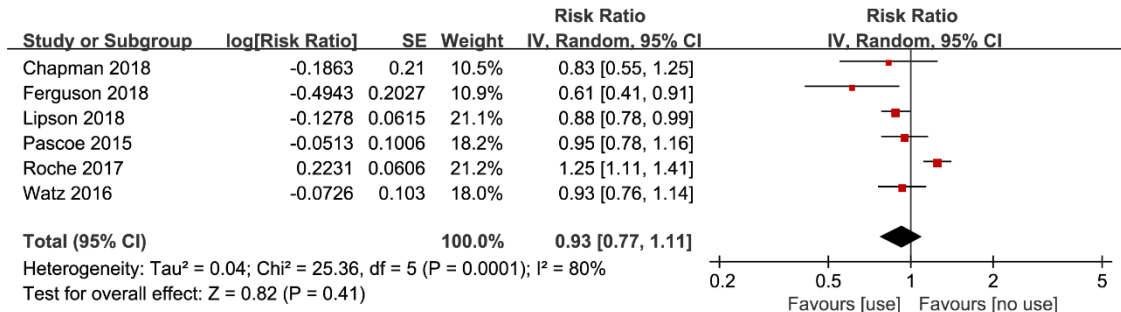


Figure S25. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC \geq 200 cells/ μ L

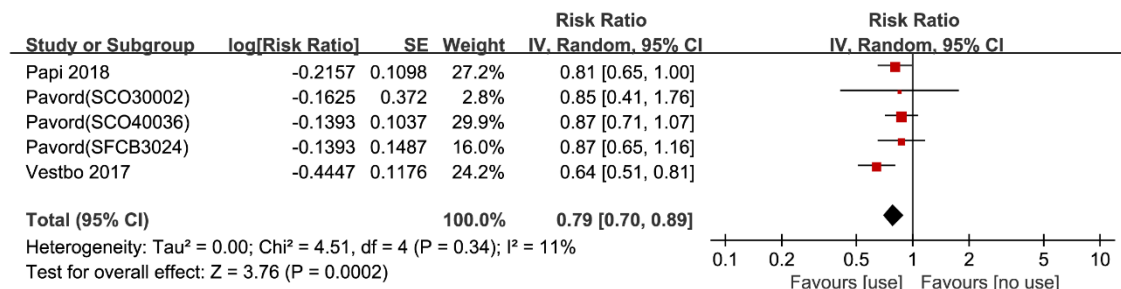


Figure S26. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC < 200 cells/ μ L

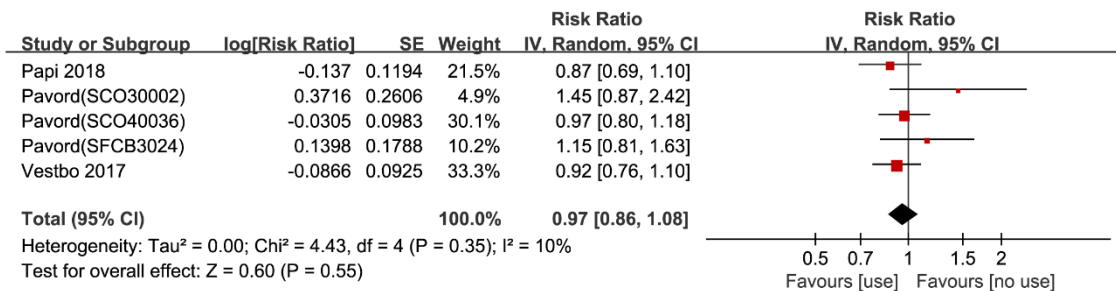


Figure S27. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC ≥ 300 cells/ μ L

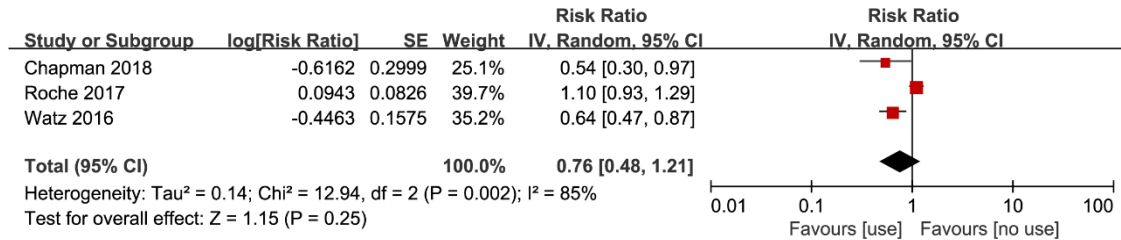


Figure S28. The risk ratio of exacerbations COPD ICS vs non-ICS treatment among patients with baseline BEC < 300 cells/ μ L

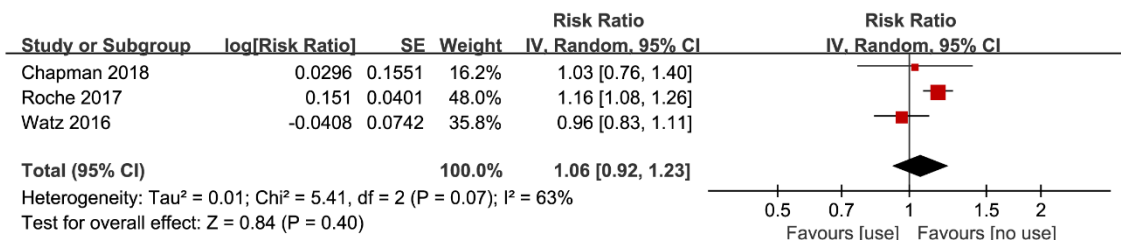


Figure S29. The odds ratio of exacerbations COPD baseline BEC $\geq 2\%$ vs baseline BEC $< 2\%$

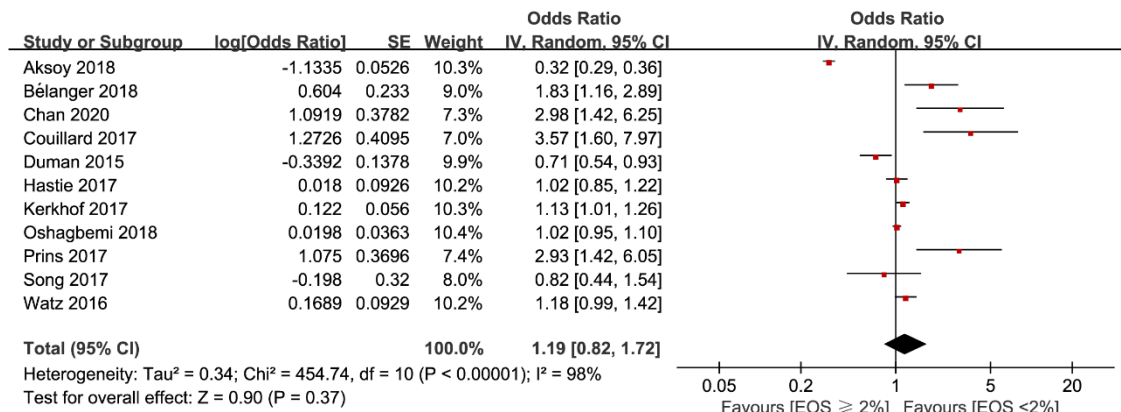


Figure S30. The odds ratio of exacerbations COPD baseline BEC $\geq 3\%$ vs baseline BEC $< 3\%$

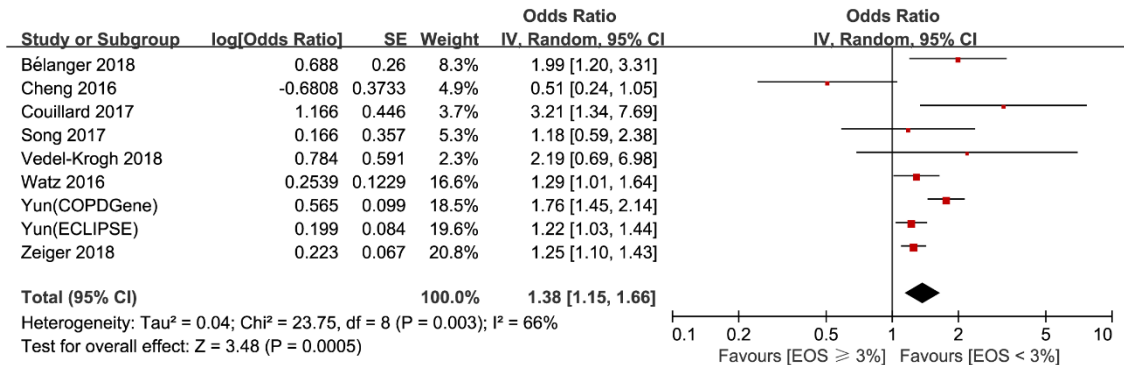


Figure S31. The odds ratio of exacerbations COPD baseline BEC $\geq 4\%$ vs baseline BEC $< 4\%$

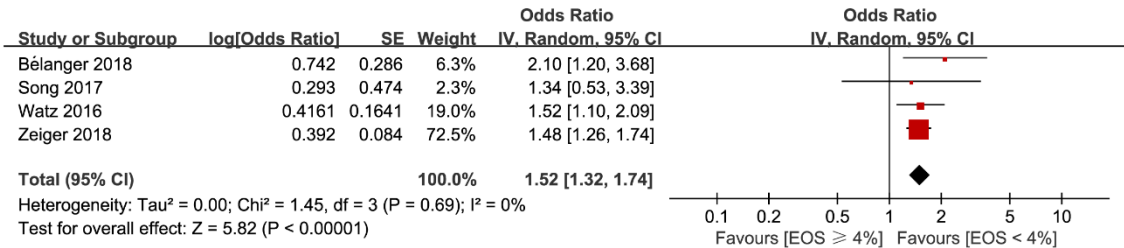


Figure S32. The odds ratio of exacerbations COPD baseline BEC $\geq 5\%$ vs baseline BEC $< 5\%$

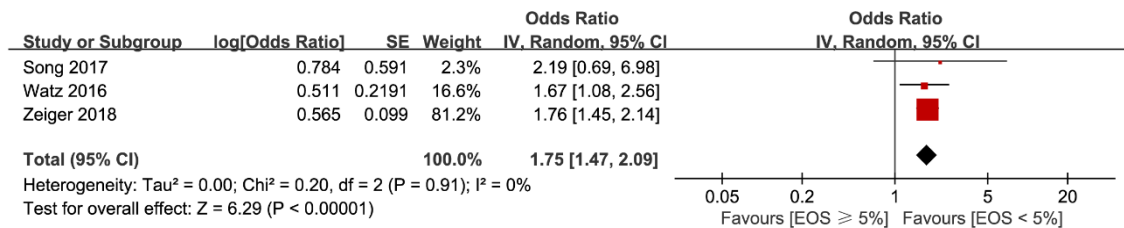


Figure S33. The odds ratio of exacerbations COPD baseline BEC ≥ 150 cells/ μ L vs baseline BEC < 150 cells/ μ L

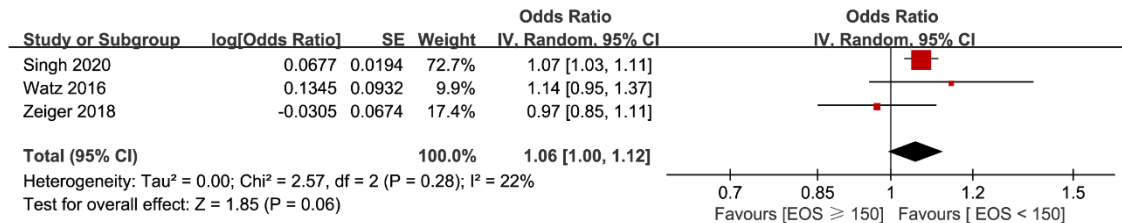


Figure S34. The odds ratio of exacerbations COPD baseline BEC ≥ 200 cells/ μ L vs baseline BEC < 200 cells/ μ L

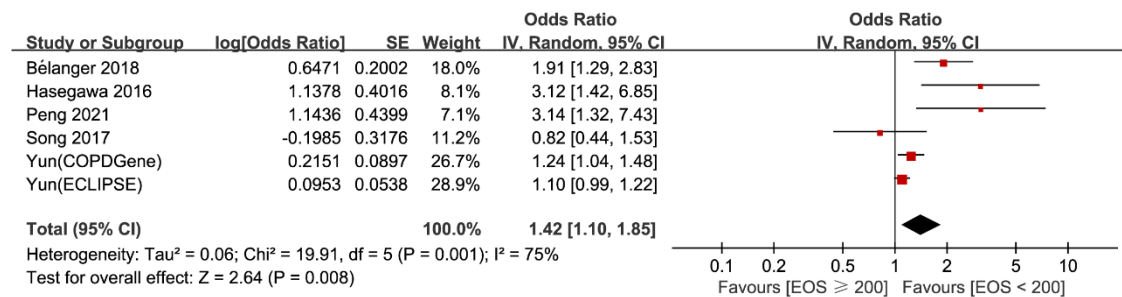


Figure S35. The odds ratio of exacerbations COPD baseline BEC ≥ 300 cells/ μ L vs baseline BEC < 300 cells/ μ L

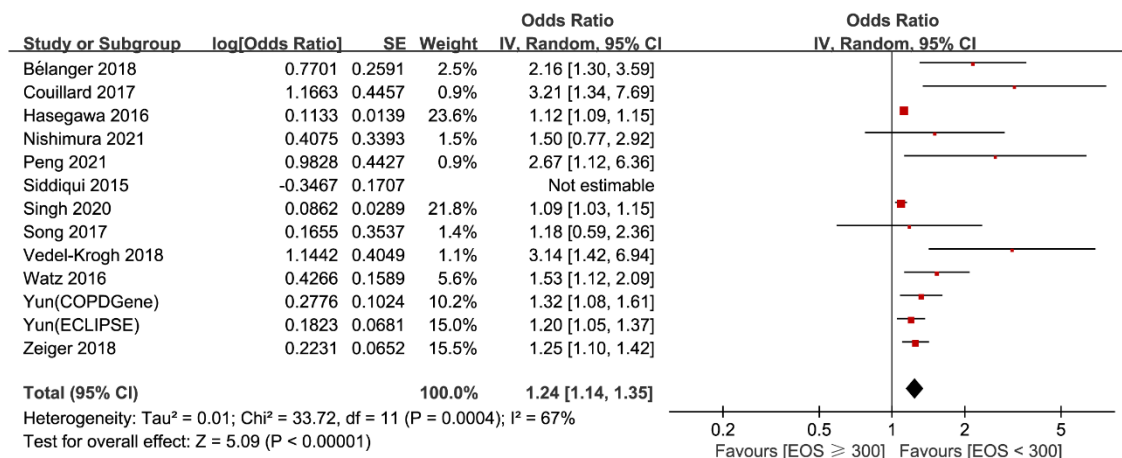


Figure S36. The odds ratio of exacerbations COPD baseline BEC ≥ 400 cells/ μ L vs baseline BEC < 400 cells/ μ L

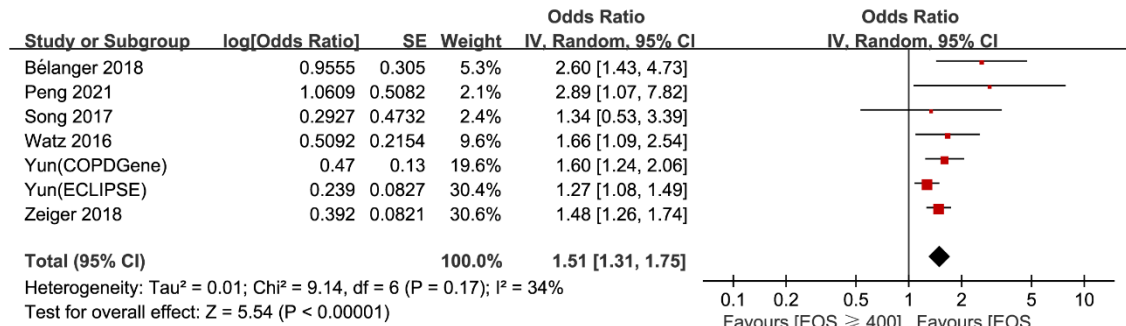


Figure S37. The odds ratio of exacerbations COPD baseline BEC ≥ 500 cells/ μ L vs baseline BEC < 500 cells/ μ L

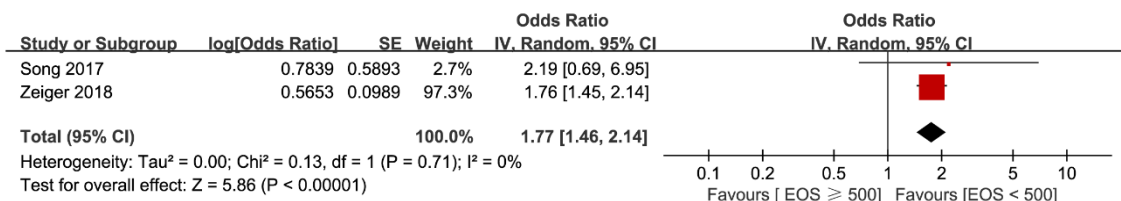


Figure S38. The hazard ratio of mortality baseline BEC $\geq 2\%$ vs baseline BEC $< 2\%$

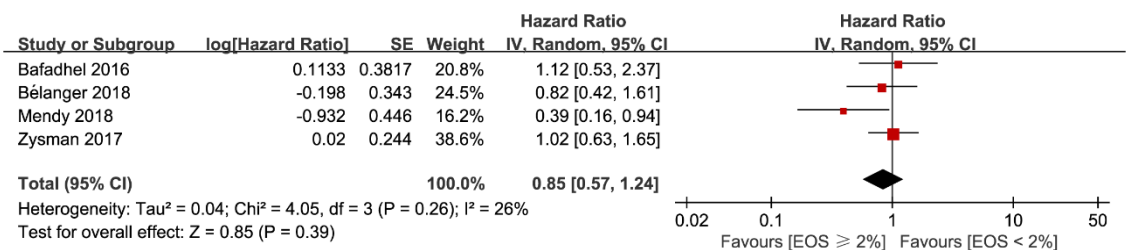


Figure S39. The hazard ratio of mortality baseline BEC ≥ 200 cells/ μ L vs baseline BEC < 200 cells/ μ L

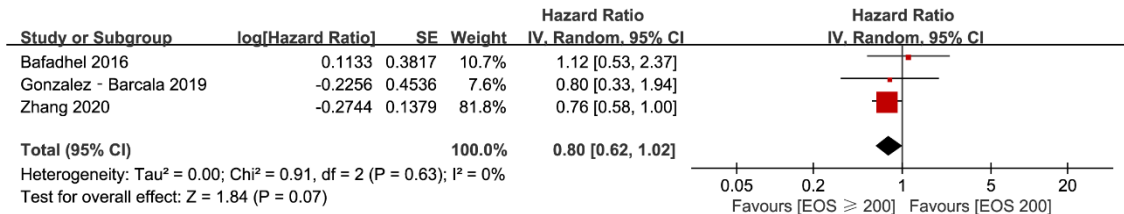


Figure S40. The hazard ratio of mortality baseline BEC ≥ 300 cells/ μ L vs baseline BEC < 300 cells/ μ L

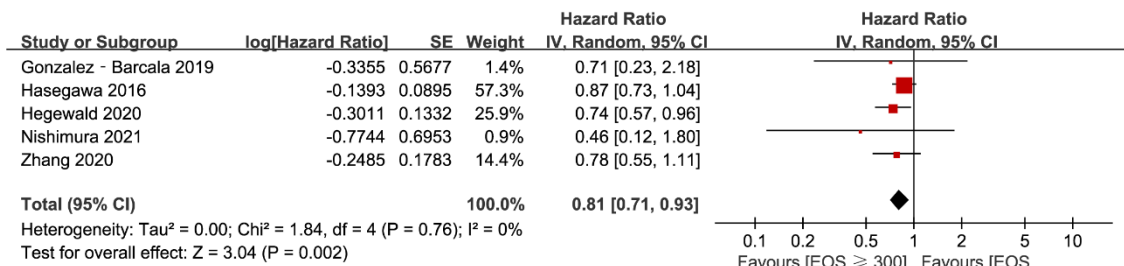


Figure S41. The odds ratio of GOLD III+IV in patients with baseline high BEC vs low BEC

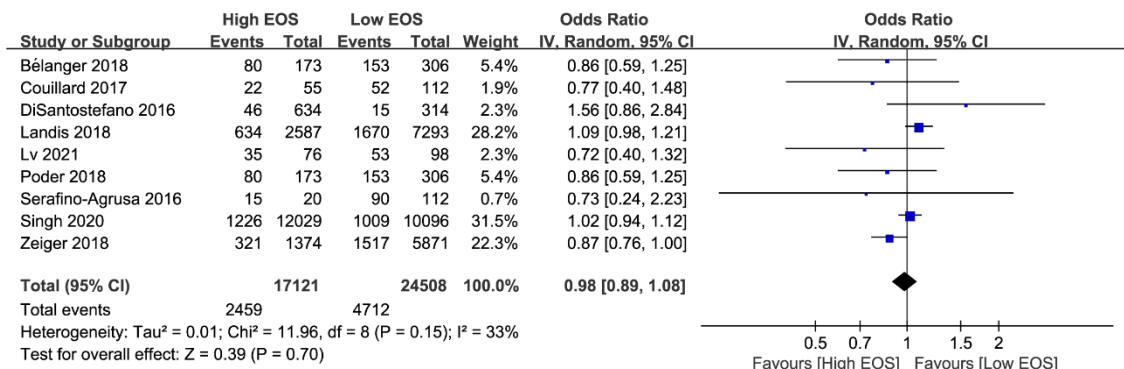
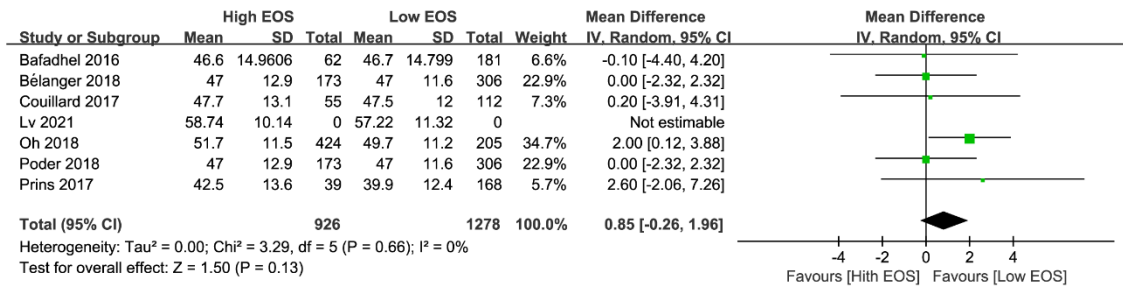


Figure S42. The mean difference of baseline FEV1/FVC in patients with baseline high BEC vs low BEC



References

1. Aksoy E, Karakurt Z, Gungor S, *et al.* Neutrophil to lymphocyte ratio is a better indicator of COPD exacerbation severity in neutrophilic endotypes than eosinophilic endotypes. *International journal of chronic obstructive pulmonary disease* 2018; 13: 2721-2730.
2. Bafadhel M, Greening NJ, Harvey-Dunstan TC, *et al.* Blood Eosinophils and Outcomes in Severe Hospitalized Exacerbations of COPD. *Chest* 2016; 150: 320-328.
3. Bélanger M, Couillard S, Courteau J, *et al.* Eosinophil counts in first COPD hospitalizations: a comparison of health service utilization. *International journal of chronic obstructive pulmonary disease* 2018; 13: 3045-3054.
4. Chan MC, Yeung YC, Yu ELM and Yu WC. Blood Eosinophil and Risk of Exacerbation in Chronic Obstructive Pulmonary Disease Patients: A Retrospective Cohort Analysis</p>. *International Journal of Chronic Obstructive Pulmonary Disease* 2020; Volume 15: 2869-2877.
5. Cheng S-L and Lin C-H. Effectiveness using higher inhaled corticosteroid dosage in patients with COPD by different blood eosinophilic counts. *International journal of chronic obstructive pulmonary disease* 2016; 11: 2341-2348.
6. Couillard S, Larivée P, Courteau J and Vanasse A. Eosinophils in COPD Exacerbations Are Associated With Increased Readmissions. *Chest* 2017; 151: 366-373.
7. DiSantostefano RL, Hinds D, Le HV and Barnes NC. Relationship between blood eosinophils and clinical characteristics in a cross-sectional study of a US population-based COPD cohort. *Respiratory medicine* 2016; 112: 88-96.
8. Duman D, Aksoy E, Agca MC, *et al.* The utility of inflammatory markers to predict readmissions and mortality in COPD cases with or without eosinophilia. *International journal*

- of chronic obstructive pulmonary disease* 2015; 10: 2469-2478.
9. Gonzalez-Barcala FJ, San-Jose ME, Nieto-Fontarigo JJ, *et al.* Blood eosinophils could be useful as a biomarker in chronic obstructive pulmonary disease exacerbations. *International Journal of Clinical Practice* 2019; 73.
 10. Hasegawa K and Camargo CA. Prevalence of blood eosinophilia in hospitalized patients with acute exacerbation of COPD. *Respirology* 2016; 21: 761-764.
 11. Hastie AT, Martinez FJ, Curtis JL, *et al.* Association of sputum and blood eosinophil concentrations with clinical measures of COPD severity: an analysis of the SPIROMICS cohort. *The Lancet Respiratory medicine* 2017; 5: 956-967.
 12. Hegewald MJ, Horne BD, Trudo F, *et al.* Blood Eosinophil Count and Hospital Readmission in Patients with Acute Exacerbation of Chronic Obstructive Pulmonary Disease. *International Journal of Chronic Obstructive Pulmonary Disease* 2020; Volume 15: 2629-2641.
 13. Kerkhof M, Sonnappa S, Postma DS, *et al.* Blood eosinophil count and exacerbation risk in patients with COPD. *The European respiratory journal* 2017; 50: 1700761.
 14. Landis S, Suruki R, Maskell J, Bonar K, Hilton E and Compton C. Demographic and Clinical Characteristics of COPD Patients at Different Blood Eosinophil Levels in the UK Clinical Practice Research Datalink. *COPD* 2018; 15: 177-184.
 15. Lv M-Y, Qiang L-X, Li Z-H and Jin S-D. The lower the eosinophils, the stronger the inflammatory response? The relationship of different levels of eosinophils with the degree of inflammation in acute exacerbation chronic obstructive pulmonary disease (AECOPD). *Journal of Thoracic Disease* 2021; 13: 232-243.
 16. Mendy A, Forno E, Niyonsenga T and Gasana J. Blood biomarkers as predictors of long-term

- mortality in COPD. *The clinical respiratory journal* 2018; 12: 1891-1899.
17. Nishimura K, Kusunose M, Sanda R, Mori M, Shibayama A and Nakayasu K. Is Blood Eosinophil Count a Biomarker for Chronic Obstructive Pulmonary Disease in a Real-World Clinical Setting? Predictive Property and Longitudinal Stability in Japanese Patients. *Diagnostics* 2021; 11: 404.
 18. Oh Y-M, Lee KS, Hong Y, *et al.* Blood eosinophil count as a prognostic biomarker in COPD. *International journal of chronic obstructive pulmonary disease* 2018; 13: 3589-3596.
 19. Oshagbemi OA, Franssen FME, Braeken DCW, *et al.* Blood eosinophilia, use of inhaled corticosteroids, and risk of COPD exacerbations and mortality. *Pharmacoepidemiology and Drug Safety* 2018; 27: 1191-1199.
 20. Peng J, Yu Q, Fan S, *et al.* High Blood Eosinophil and YKL-40 Levels, as Well as Low CXCL9 Levels, are Associated with Increased Readmission in Patients with Acute Exacerbation of Chronic Obstructive Pulmonary Disease. *International Journal of Chronic Obstructive Pulmonary Disease* 2021; Volume 16: 795-806.
 21. Poder TG, Carrier N, Bélanger M, *et al.* Eosinophil counts in first COPD hospitalizations: a 1-year cost analysis in Quebec, Canada. *International journal of chronic obstructive pulmonary disease* 2018; 13: 3065-3076.
 22. Prins HJ, Duijkers R, Lutter R, *et al.* Blood eosinophilia as a marker of early and late treatment failure in severe acute exacerbations of COPD. *Respiratory Medicine* 2017; 131: 118-124.
 23. Roche N, Chapman KR, Vogelmeier CF, *et al.* Blood Eosinophils and Response to Maintenance Chronic Obstructive Pulmonary Disease Treatment. Data from the FLAME Trial. *American journal of respiratory and critical care medicine* 2017; 195: 1189-1197.

24. Serafino-Agrusa L, Scichilone N, Spatafora M and Battaglia S. Blood eosinophils and treatment response in hospitalized exacerbations of chronic obstructive pulmonary disease: A case-control study. *Pulmonary pharmacology & therapeutics* 2016; 37: 89-94.
25. Song JH, Lee C-H, Kim JW, *et al.* Clinical implications of blood eosinophil count in patients with non-asthma-COPD overlap syndrome COPD. *International journal of chronic obstructive pulmonary disease* 2017; 12: 2455-2464.
26. Vedel-Krogh S, Nordestgaard BG, Lange P, Vestbo J and Nielsen SF. Blood eosinophil count and risk of pneumonia hospitalisations in individuals with COPD. *The European respiratory journal* 2018; 51: 1800120.
27. Yun JH, Lamb A, Chase R, *et al.* Blood eosinophil count thresholds and exacerbations in patients with chronic obstructive pulmonary disease. *The Journal of allergy and clinical immunology* 2018; 141: 2037-2047.e2010.
28. Zeiger RS, Tran TN, Butler RK, *et al.* Relationship of Blood Eosinophil Count to Exacerbations in Chronic Obstructive Pulmonary Disease. *The journal of allergy and clinical immunology In practice* 2018; 6: 944-954.e945.
29. Zhang Y, Liang L-R, Zhang S, *et al.* Blood Eosinophilia and Its Stability in Hospitalized COPD Exacerbations are Associated with Lower Risk of All-Cause Mortality. *International Journal of Chronic Obstructive Pulmonary Disease* 2020; Volume 15: 1123-1134.
30. Zysman M, Deslee G, Caillaud D, *et al.* Relationship between blood eosinophils, clinical characteristics, and mortality in patients with COPD. *International journal of chronic obstructive pulmonary disease* 2017; 12: 1819-1824.