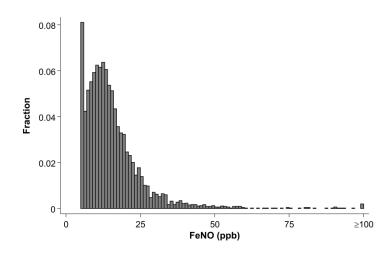
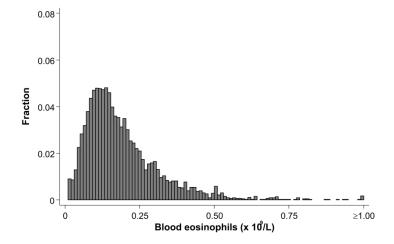
Supplement

Combined value of exhaled nitric oxide and blood eosinophils in chronic airway disease: the Copenhagen General Population Study

Yunus Çolak, MD, PhD; Shoaib Afzal, MD, PhD; Børge G. Nordestgaard, MD, DMSc; Jacob L. Marott, MSc; and Peter Lange, MD, DMSc





 $\textbf{Figure S1. Distribution of FeNO levels and blood eosinophil counts in the Copenhagen General Population Study.} \ FeNO = fraction of exhaled nitric oxide. \\$

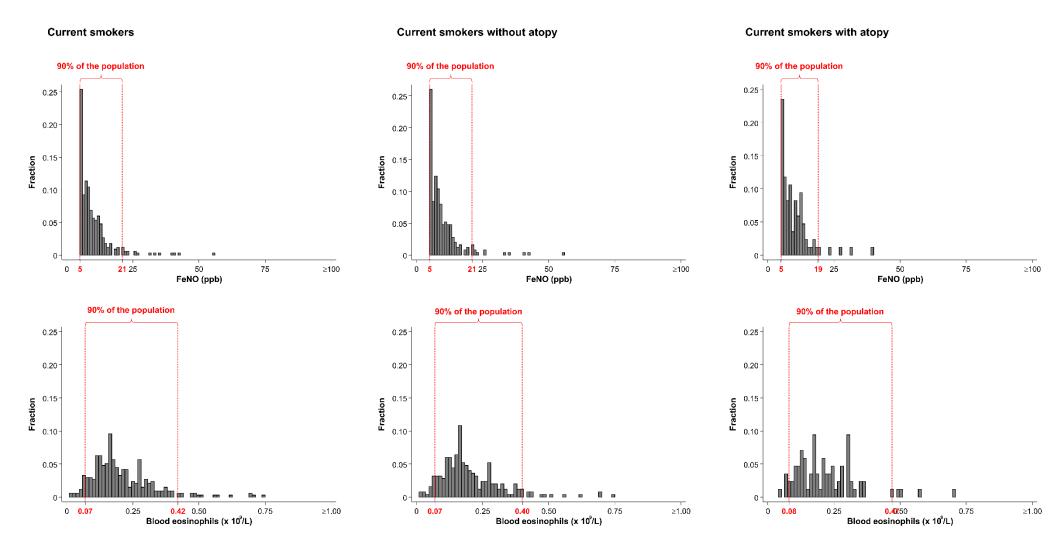


Figure S2. Distribution of FeNO levels and blood eosinophil counts in healthy current smokers with and without atopy. FeNO = fraction of exhaled nitric oxide.

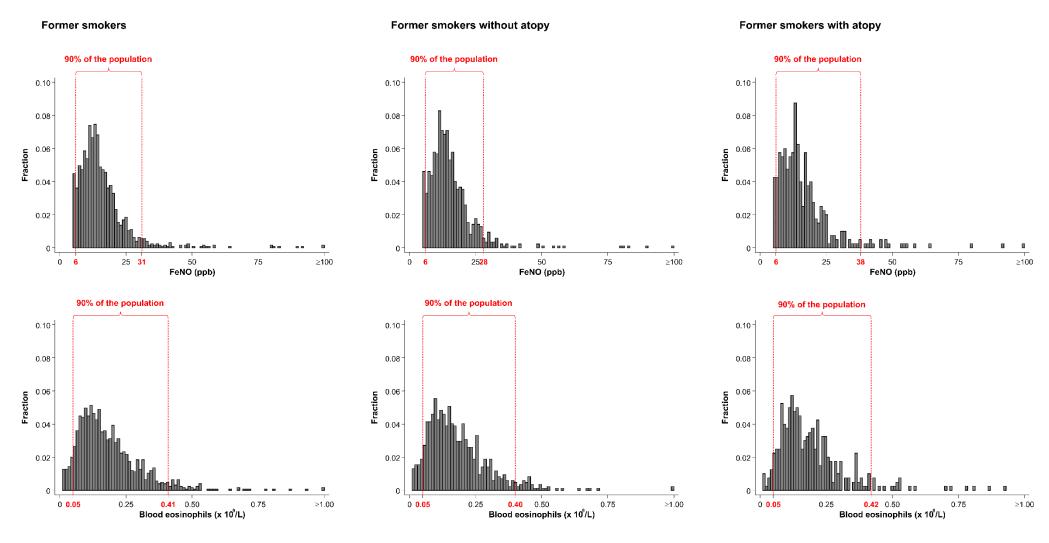


Figure S3. Distribution of FeNO levels and blood eosinophil counts in healthy former smokers with and without atopy. FeNO = fraction of exhaled nitric oxide.

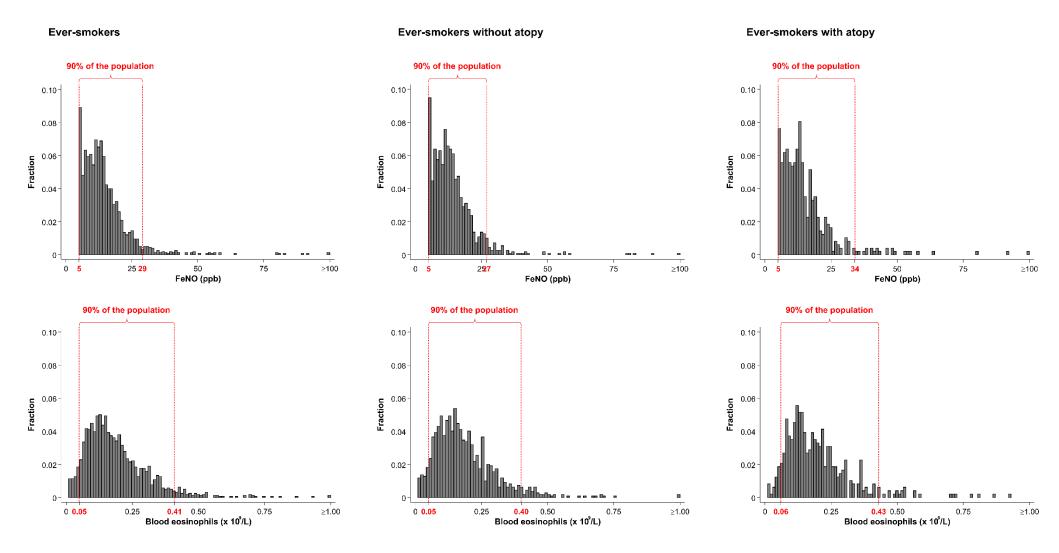


Figure S4. Distribution of FeNO levels and blood eosinophil counts in healthy ever-smokers with and without atopy. FeNO = fraction of exhaled nitric oxide.

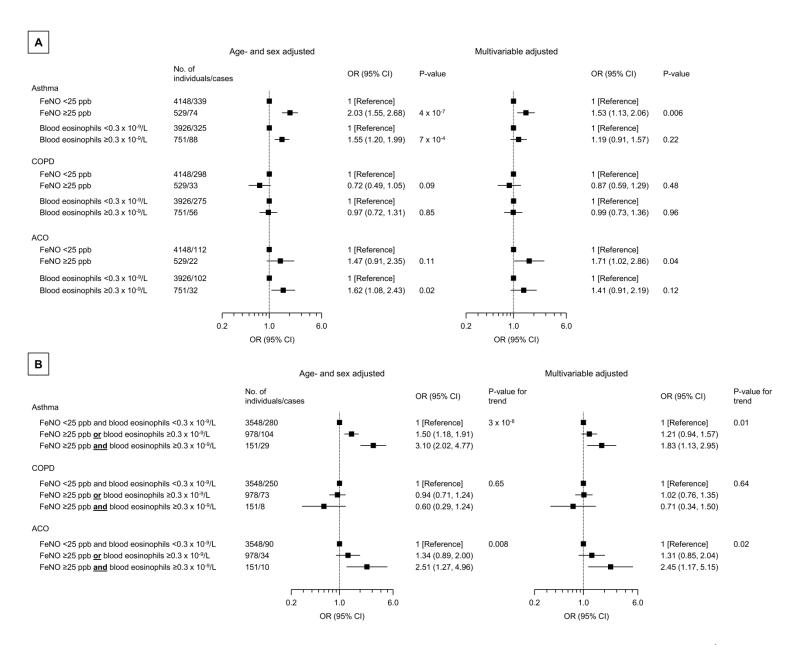


Figure S5. Association of increased exhaled nitric oxide level and blood eosinophil count with asthma, COPD, and ACO. The clinical groups of chronic airway disease were defined according to forced expiratory volume in 1 second (FEV₁)/forced vital capacity (FVC) <lower limit of normal (LLN). *Panel A:* Illustrates the separate association analyses. *Panel B:* Illustrates the combined association analyses. Logistic regression models were used. Multivariable adjustment included age, sex, body mass index, smoking status, smoking history, familial predisposition for COPD and asthma, atopy, and use of airway medication. P-values were from Wald's test. ACO: asthma-COPD overlap; CI: confidence interval; COPD: chronic obstructive pulmonary disease; FeNO: fraction of exhaled nitric oxide; OR: odds ratio.