Tobacco Induced Diseases

**Supplementary file**

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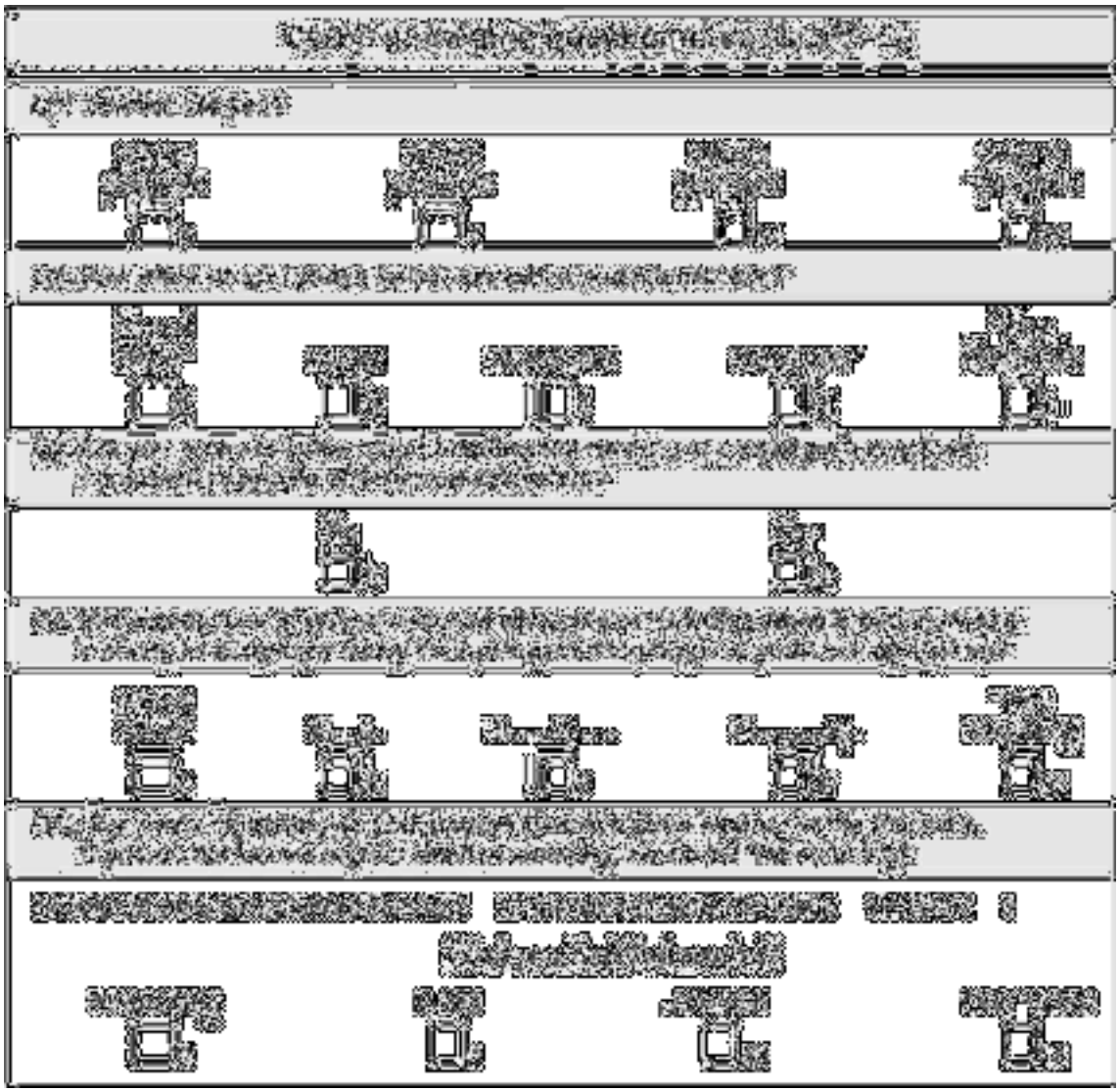
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# SUPPLEMENTARY FILE

## Supplementary Table S1: STROBE Statement Checklist of items that should be included in reports of observational studies

| Item | STROBE Section | Status | Observations & Manuscript Evaluation |
|---|---|---|---|
| **TITLE AND ABSTRACT** | | | |
| **1a** | Title | **Met** | Clearly says that it is an observational study, mentioning its design |
| **1b** | Abstract | **Met** | Clearly summarizes the objectives, multicenter setting, sample size (n=217), main findings (aOR and 95% CI). |
| **INTRODUCTION** | | | |
| **2** | Background / Rationale | **Met** | Solidly contextualizes COPD burden, underdiagnosis, and the rationale for screening exposed cohabitants within the household. |
| **3** | Objectives | **Met** | Clearly specifies the primary objective (COPD diagnosis via household screening and feasibility assessment). |
| **METHODS** | | | |
| **4** | Study design | **Met** | Defines the prospective, multicenter (8 primary care centers), cross-sectional, single-arm intervention design. |
| **5** | Setting | **Met** | Details the health area (Santiago-Barbanza), recruitment period (Sep 2023–Sep 2024), and 2-phase workflow. |
| **6** | Participants | **Met** | Clear inclusion/exclusion criteria for index cases and cohabitants. |
| **7** | Variables | **Met** | Thoroughly defines demographic, smoking, spirometric, clinical (mMRC, CAT, GesEPOC), and cessation variables. |
| **8** | Data sources / Measurement | **Met** | Describes standardized tools (CareFusion spirometer, co-oximetry, urinary cotinine, Fagerström test, etc.). |
| **9** | Bias | **Met** | Describes standardized tools (CareFusion spirometer, co-oximetry, urinary cotinine, Fagerström test, etc.). |
| **10** | Study size | **Met** | Justifies the calculated sample size (n=202, 3% precision, 95% CI) and adjustment to 238 to account for a 15% drop-out rate. |
| **11** | Quantitative variables | **Met** | Details the handling and categorization of continuous and ordinal variables (pack-years, scale scores). |
| **12** | Statistical methods | **Met** | Explains descriptive statistics, bivariable tests and multivariable logistic regression (aOR and 95% CI). |
| **RESULTS** | | | |
| **13** | Participants & Flow | **Met** | Reports complete participant flow (257 recruited → 40 excluded → 217 analyzed across 104 households). |
| **14** | Descriptive data | **Met** | Table 1 provides comprehensive sociodemographic, clinical, and smoking exposure characteristics for index cases and cohabitants. |
| **15** | Outcome data | **Met** | Reports COPD diagnosis rates (24.7% overall; 15% in cohabitants), GOLD/GesEPOC distribution, and smoking cessation rates. |
| **16** | Main results | **Met** | Presents univariable (Table 2) and multivariable (Table 3) analyses reporting adjusted ORs and 95% CIs for key predictors. |
| **17** | Other analyses | **Met** | Includes stratified subgroup analyses (cohabitants, active smokers vs. ex/non-smokers, Pre-COPD, PRISm). |
| **DISCUSSION** | | | |
| **18** | Key results | **Met** | Summarizes key findings at the beginning of the discussion |
| **19** | Limitations | **Met** | Transparently addresses study limitations (moderate sample size.. |
| **20** | Interpretation | **Met** | Appropriately contextualizes primary care feasibility and motivational impact of lung age feedback compared to existing literature. |
| **21** | Generalizability | **Met** | Reflects on external validity of the multicenter approach and recommends replication in other health districts. |
| **OTHER INFORMATION** | | | |
| **22** | Funding & Ethics | **Met** | Ethics committee approval is explicitly cited (CEIC 2022/295). Adding a formal Funding/Conflicts of Interest heading is recommended. |

**Supplementary Table S2: COPD Screening Questionnaire (COPD-PS)**



**Supplementary Table S3: Family Smoke Exposure Questionnaire**

| | |
|---|---|
| 1. | In the last 20 years, have you lived with smokers? |
| 2. | Relationship |
| 3. | Length of cohabitation |
| 4. | Daily amount smoked by the cohabitant in your presence |

**Supplementary Table S4: Distribution and Definitions of Newly Diagnosed COPD Cases (N = 53) According to GesEPOC 2025 and GOLD Classifications**

*Values are expressed as frequency (n) with percentage (%) . Abbreviations: FEV1, Forced Expiratory Volume in 1 second*

| Classification / Category | Definition / Diagnostic Criteria | Patients (n) | Percentage (%) |
|---|---|---|---|
| **GesEPOC 2025 (Risk Phenotypes)** | | | |
| **Low-Risk** | Mild dyspnea (mMRC 0–1), FEV1 ≥ 50% predicted, and ≤ 1 moderate exacerbation/year (no hospitalization) | 33 | 62.23% |
| **High-Risk Non-Exacerbator** | Meets high-risk criteria (FEV1 < 50% or mMRC ≥ 2) but has ≤ 1 moderate exacerbation/year (no hospitalization) | 10 | 18.89% |
| **High-Risk Eosinophilic Exacerbator** | High-risk with ≥ 2 moderate exacerbations or ≥ 1 severe (hospitalized) exacerbation/year, and blood eosinophils ≥ 300 cells/μL | 7 | 13.21% |
| **High-Risk Non-Eosinophilic Exacerbator** | High-risk with ≥ 2 moderate exacerbations or ≥ 1 severe (hospitalized) exacerbation/year, and blood eosinophils < 300 cells/μL | 3 | 5.67% |
| **GOLD Spirometric Severity** | | | |
| **GOLD 1 (Mild)** | Post-bronchodilator FEV1 ≥ 80% predicted | 31 | 58.5% |
| **GOLD 2 (Moderate)** | 50% ≤ Post-bronchodilator FEV1 < 80% predicted | 15 | 28.3% |
| **GOLD 3 (Severe)** | 30% ≤ Post-bronchodilator FEV1 < 50% predicted | 4 | 7.5% |
| **GOLD 4 (Very Severe)** | Post-bronchodilator FEV1 < 30% predicted | 3 | 5.7% |
| **GOLD Clinical Groups (A, B, E)** | | | |
| **Group A** | Low symptom burden (mMRC 0–1 or CAT < 10) and low exacerbation risk (0 or 1 moderate exacerbation without hospitalization) | 27 | 50.9% |
| **Group B** | High symptom burden (mMRC ≥ 2 or CAT ≥ 10) and low exacerbation risk (0 or 1 moderate exacerbation without hospitalization) | 16 | 30.2% |
| **Group E** | High exacerbation risk (≥ 2 moderate exacerbations or ≥ 1 severe exacerbation requiring hospitalization), regardless of symptom score | 10 | 18.9% |