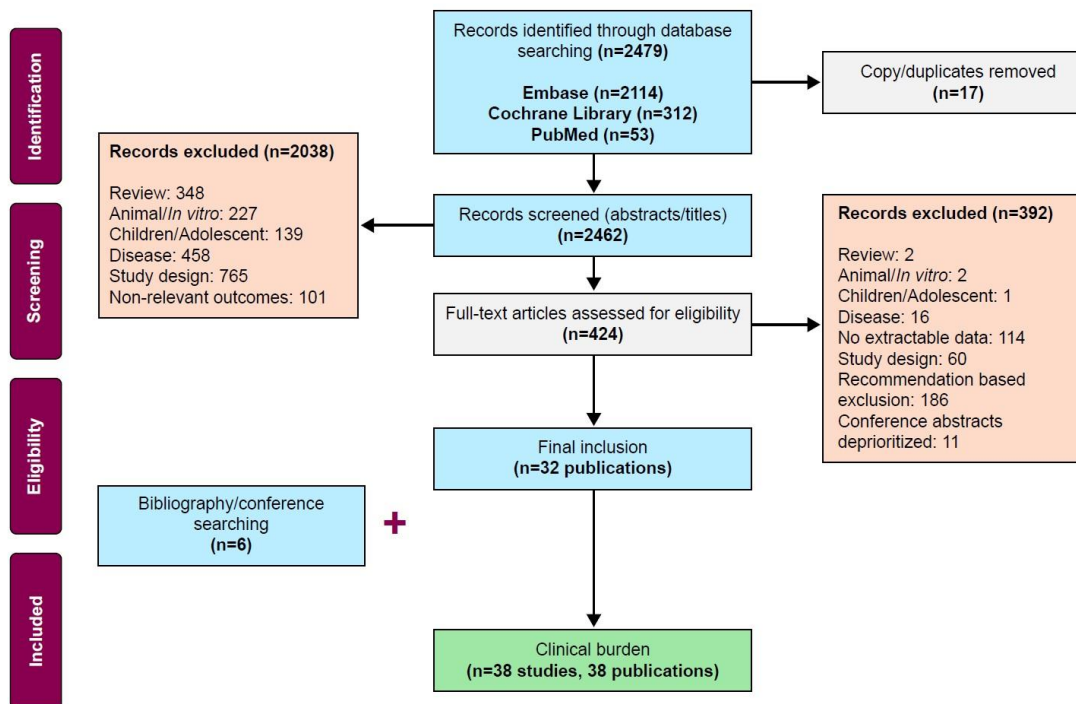
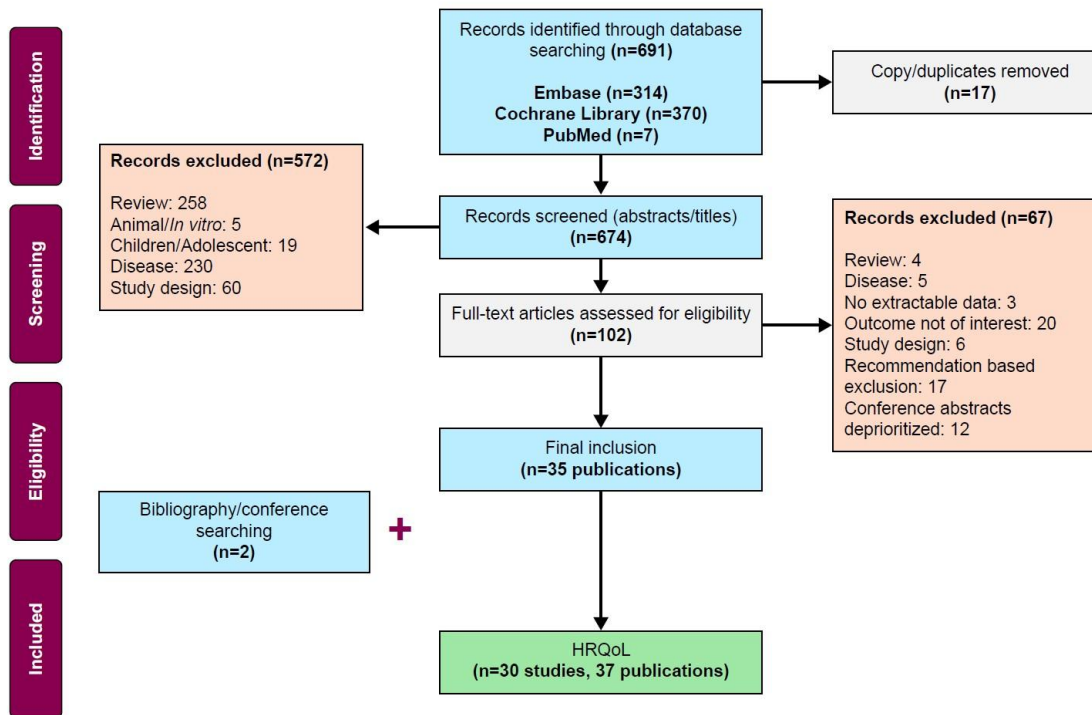


## Supplementary material

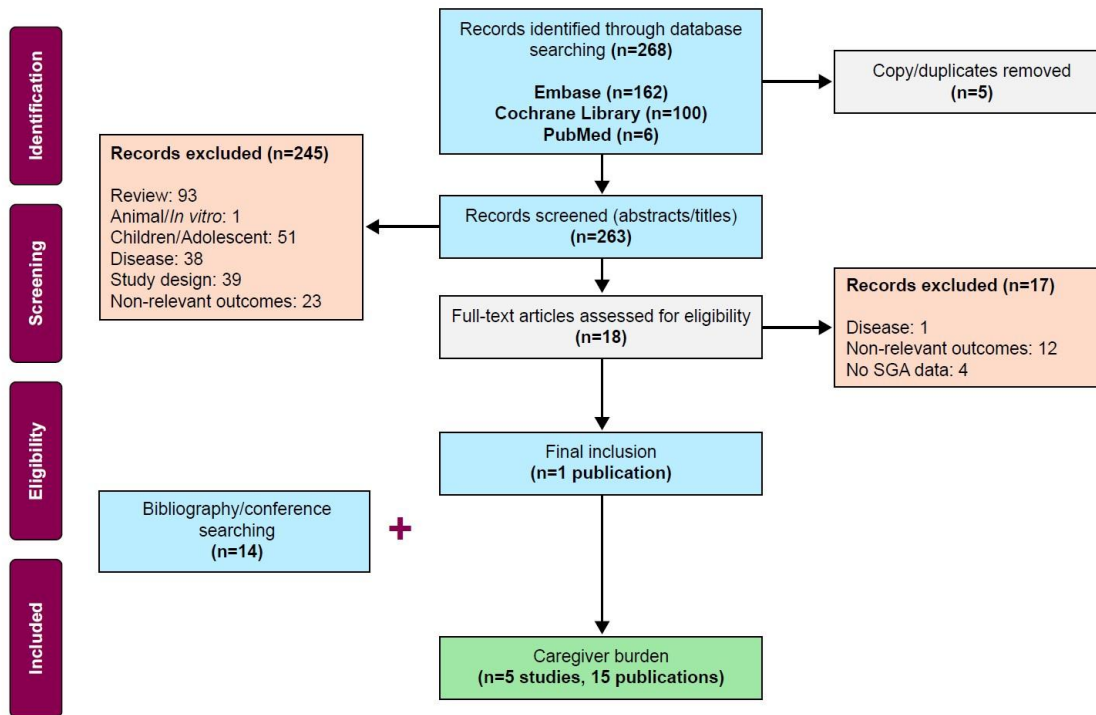
### Supplementary FIGURE 1 Clinical burden review: PRISMA diagram



Supplementary FIGURE 2 QoL review: PRISMA diagram

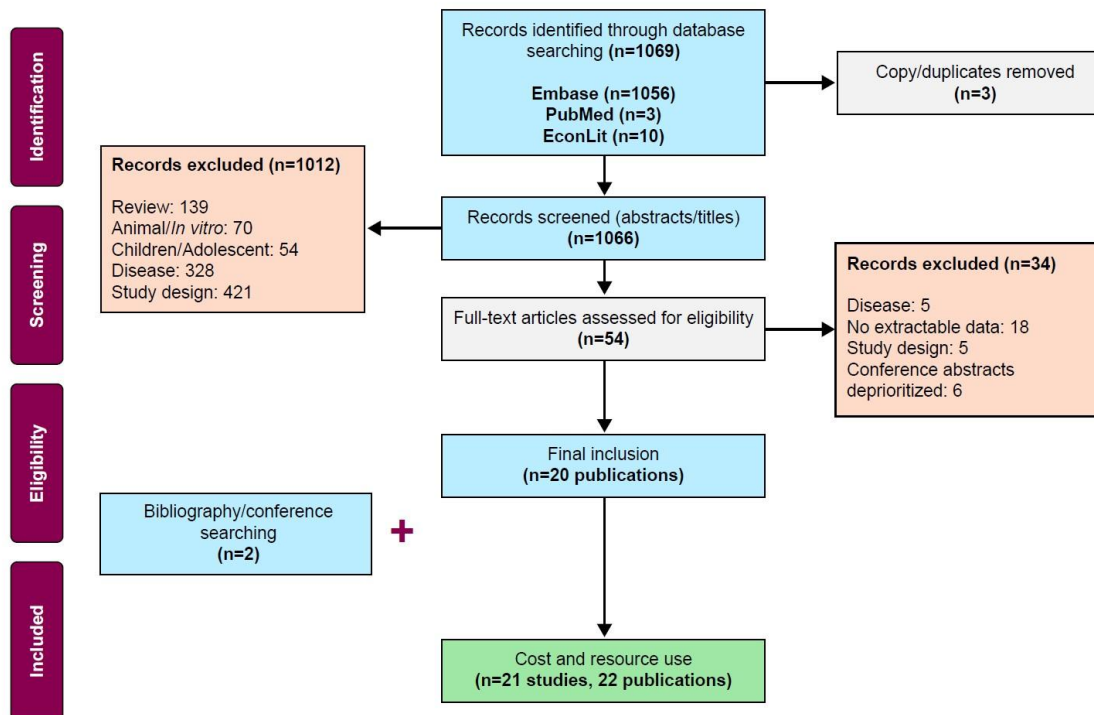


**Supplementary FIGURE 3** Caregiver burden review: PRISMA diagram



SGA: subgroup analysis

## Supplementary FIGURE 4 Economic burden review: PRISMA diagram



## Search strategies

A comprehensive search strategy was designed to retrieve relevant clinical data from published literature and the details were specified in the original study protocol. The reviews were based on a comprehensive search of Excerpta Medica Database (Embase), Medical Literature Analysis and Retrieval System Online (MEDLINE), MEDLINE In-Process, Cochrane Central Register of controlled trials (CENTRAL) and Cochrane Database of Systematic Reviews (CDSR) to identify studies related to cost and resource use burden, caregiver burden, epidemiology burden, clinical burden, quality of life burden and clinical review. For cost and resource use review, in addition to different biomedical databases, an extensive literature search was performed using the EconLit website since its inception to 2020. For clinical evidence, the HTA reports available from NICE, IQWiG, HAS, AETS, AGENAS, ICER, TGA and CADTH were also searched for relevant studies. In addition to the biomedical databases searched, abstracts from various conference proceedings were hand searched. All databases were searched since inception until April 2020, while conferences were searched for the past 3 years (2017–2020). Relevant systematic reviews identified through database searches were utilised for bibliography searching. Besides using Google search and scholar platforms the grey literature searching was done for the identification of relevant studies. Furthermore, Tufts registry, REDAAT and EUROCAT registries were searched for appropriate studies. Relevant publications provided by CSL Behring were also screened for identification of additional relevant studies.

**Supplementary TABLE 1** Clinical burden review: Patient characteristics from included studies

Study name	Patient group	N	Mean age (years)	Gender	Smoking status (%)			Genotype (%)	
				Male (%)	Current	Former	Never	PiZZ	Others
<b>Journal articles (n=21)</b>									
TANASH 2019 [1]	Severe AATD	1595	47	49	54	–	46	100	–
HILLER 2019 [2]	Severe AATD	1132	45	48	9	48	43	–	–
STONE 2014 [3]	Severe AATD	651	–	–	10	60	30	100	–
TORRES-DURAN 2015 [4]	AATD	212	70 <sup>#</sup>	18.9	–	–	100	–	100
CLARK 2018 [5]	AATD	94	57	33	–	53.2	46.8	100	–
HAMESCH 2019 [6]	Severe AATD	554	54.1	54.6	–	–	–	100	–
CHOATE 2019 [7]	AATD	3535	56.3	51.2	–	–	–	85.7	–
BASIL 2020 [8]	Severe AATD	1577	47	49	8	46	46	100	–
	Controls	5969	45	50	26	21	53	0	–
FRANCIOSI 2021 [9]	AATD MZ	91	58.0	39.6	–	53.8 <sup>¶</sup>	–	0	100
	AATD SZ	72	57	51.4	–	56.9 <sup>¶</sup>	–	0	100
	AATD ZZ/Rare	130	58	53.8	–	61.5 <sup>¶</sup>	–	100	–
TANASH 2020 [10]	AATD PiZZ	1545	47	50	8	46	46	100	–
	Controls	5883	45	50	26	21	53	0	–
FRANCIOSI 2020 [11]	AATD PiSZ	70	52.9	44.3	–	47.1 <sup>¶</sup>	–	–	100
	AATD PiMM/MS (control)	46	53.4	45.7	–	52.2 <sup>¶</sup>	–	–	100
FROMME 2021 [12]	AATD PiMZ – cohort 1	17,006	56.9	45	–	–	–	–	100
	AATD PiSS – cohort 1	1014	56.4	46	–	–	–	–	100
	AATD PiSZ – cohort 1	864	56.6	45	–	–	–	–	100

Study name	Patient group	N	Mean age (years)	Gender	Smoking status (%)			Genotype (%)	
				Male (%)	Current	Former	Never	PiZZ	Others
	AATD PiZZ – cohort 1	138	56.1	53	–	–	–	100	
	Controls (non-carriers) – cohort 1	422,506	56.5	46	–	–	–	–	–
	AATD PiZZ – cohort 2	586	54.2	53.8	–	–	–	100	–
	AATD PiSZ – cohort 2	239	50.4	43.5	–	–	–	–	100
	Controls (non-carriers) – cohort 2	279	52.4	50.9	–	–	–	–	–
	SCHNEIDER 2020 [13]	AATD PiMZ – cohort 1	419	45	44	–	–	–	–
AATD PiZZ – cohort 1		309	50	51	–	–	–	100	–
Control (non-carriers) – cohort 1		284	51	48	–	–	–	0	0
AATD PiMZ – cohort 3		84	55	56	–	–	–	–	100
AATD PiZZ – cohort 3		35	53	83	–	–	–	100	–
HAKIM 2021 [14]	No cirrhosis	311,178	56.9	46	–	–	–	–	–
	Cirrhosis	1493	59.0	68	–	–	–	–	–
ABU RMILAH 2021 [15]	AATD PIMM	1094	53.3	64.5	–	–	–	–	100
	AATD PIMZ	130	55.4	68.5	–	–	–	–	100
SAPEY 2020 [16]	AATD	68	55.3	57.4	3	–	–	–	–
	COPD	88	68.6	70.5	61	–	–	–	–
ESQUINAS 2018 [17]	AATD PiZZ	122	61.6	58	6.2	77.7	16.2	100	–
PARR 2007 [18]	AATD PiZ	74	50.6	71	5.4	73.0	–	–	100
GUPTA 2020 [19]	No deficiency	1149	66.8	56.3	16.3	48.8	34.9	–	–
	Mild deficiency	147	64.9	57.8	15	47.6	37.4	–	100
	Intermediate deficiency	59	68.8	61.0	15.3	59.3	25.4	–	100

Study name	Patient group	N	Mean age (years)	Gender	Smoking status (%)			Genotype (%)	
				Male (%)	Current	Former	Never	PiZZ	Others
	Severe deficiency	4	68.3	25	0	50	50	100	
PIRAS 2013 [20]	AATD PiZZ	547	49.7	56.9	9	56.9	32.7	100	–
	AATD PiSZ	124	51.1	54	10.5	46	42.7	–	100
	AATD Spain	416	50.5	60.8	7.2	60.8	30.5	78.6	18.3
	AATD Italy	329	49.1	52.6	11.9	48.9	38.3	66.9	14.6
HERRERA 2021 [21]	Severe AATD	711	57.9	50.1	–	–	–	–	–
	Non-severe AATD	1963	52.8	46.0	–	–	–	–	–
<b>Conference abstracts (n=17)</b>									
TECKMAN 2019 [22]	AATD	93	54	47	–	–	–	–	–
STRNAD 2017 [23]	AATD	115	49 <sup>#</sup>	36	–	–	–	0	100
	Matched controls	100	–	–	–	–	–	0	–
MANDORFER 2017 [24]	Severe AATD	31	–	–	–	–	–	–	–
COSTA 2017 [25]	Intermediate AATD	104	40.1	56.7	26.9		73.1	–	100
ARSLANOW 2017 [26]	AATD	19	–	–	–	–	–	36.8	–
CHAKRABORTY 2016 [27]	AATD	212	58.2	48.6	6.2	56.4	37.4	49.7	–
CORTESE 2016 [28]	AATD	475	–	–	–	–	–	–	–
ARAUJO 2015 [29]	AATD	110	–	–	–	–	–	–	–
KUMBHARE 2014 [30]	AATD	2875	–	–	–	–	–	–	100
KAWKGI 2013 [31]	AATD	54	54	–	–	–	–	–	100
FERRAROTTI 2012 [32]	Severe AATD	312	–	–	–	76	–	66	–
	Index	253	49.6	–	–	–	–	–	–

Study name	Patient group	N	Mean age (years)	Gender	Smoking status (%)			Genotype (%)	
				Male (%)	Current	Former	Never	PiZZ	Others
	Non-index	59	44.4	–	–	–	–	–	–
GUTTMANN 2011 [33]	Severe AATD	713	39.9	60.3	72	–	27	79.7	–
MANDICH 2011 [34]	AATD	33	–	–	–	–	–	–	–
SUBRAMANIAN 2010 [35]	AATD	497	–	–	–		–	100	–
BLACK 2020 [36]	Heterozygous AATD	23	60.9% <60	69.6	–	–	–	–	–
	Control	120	59.2% >60	50.0	–	–	–	–	–
HILLER 2020 [37]	AATD PiZZ	1585	–	–	–	–	–	100	–
	Controls	5999	–	–	–	–	–	0	–
CATTERALL 2020 [38]	AATD	195	–	–	–	–	–	–	–

#Value is expressed as median. †Ever-smoker.

AATD: alpha-1 antitrypsin deficiency; N: number of patients; PiZZ: Pi (or SERPINA1 gene) ZZ allele.



**Supplementary TABLE 2** QoL review: baseline characteristics and QoL instruments from included studies

Study	Patient group	N	Mean age (years)	Males (%)	Smoking status (%)			Genotype (%)		Comorbidities (%)			QoL instruments	Other PRO instruments
					Current	Former	Never	PiZZ	Others	COPD	Emphysema	Asthma		
CHAPMAN 2015 [39]	AATD: AAT therapy	93	53.8	52	0	–	–	100 <sup>†</sup>	–	–	100	–	SGRQ	
	AATD: Placebo	87	52.4	57	0	–	–	100 <sup>†</sup>	–	–	100	–		
STOLK 2003 [40]	AATD	22	40.7	45.5	22.7	63.6	13.6	100	–	–	NR	–	SGRQ	
HOGARTH 2019 [41]	AATD	20	–	–	–	–	–	–	–	–	100	–	SGRQ, CAT	mMRC
DURKAN 2019 [42]	AATD + COPD	30	60	70	–	–	–	–	–	–	–	–	SF-36, SGRQ	
STOCKLEY 2018 [43]	AATD + COPD	84	42.4 <sup>#</sup>	39	0	81	70	100	–	100	–	–	SGRQ	
	AATD without COPD	370	52.5 <sup>#</sup>	64	0		19	100	–	0	–	–		
BERNHARD 2017 [44]	AATD- PiZZ	868	52.6	56.5	2.8	71.1	25.6	100	–	–	82.1	16.9	SGRQ	
	AATD- PiSZ	114	50.3	53.5	14	57	28.9	–	PiSZ (100)	–	52.6	19.3		
JAROSCH 2017 [45]	AATD- COPD	140	56	30	–	–	–	100	–	100	–	–	SF-36	

Study	Patient group	N	Mean age (years)	Males (%)	Smoking status (%)			Genotype (%)		Comorbidities (%)			QoL instruments	Other PRO instruments
					Current	Former	Never	<i>PiZZ</i>	Others	COPD	Emphysema	Asthma		
KARL 2017 [46]	AATD	131	60.3	56.5	0.7	75.6	23.7	–	–	100	–	–	SGRQ, CAT, EQ-5D-3L utility and VAS	
PIITULAINEN 2017 [47]	AATD- <i>PiZZ</i>	120	39 <sup>#</sup>	56	4	18	78	100	–	–	–	–	SGRQ,	mMRC
	AATD- <i>PiSZ</i>	46	39 <sup>#</sup>	52	4	11	85	–	<i>PiSZ</i> (100%)	–	–	–		
STONE 2016 [48]	AATD-LT	32	53.6	72	–	–	–	100	–	–	–	–	SGRQ	
	AATD-Non-LT	48	53.0	71	–	–	–	100	–	–	–	–		
KENN 2015 [49]	AATD	127	51	58	–	–	–	–	–	–	–	–	SF-36	
LUISETTI 2015 [50]	AATD	422	48.2	52.5	11.4	45.3	41.2	61.1	<i>PiSZ</i> : 17.5 Other: 21.3	9.2	62.9	7.7	SGRQ	
PONCE 2014 [51]	AATD-COPD	573	54.3	51	–	–	–	–	–	100	–	–	SGRQ, SF-36	
MANCA 2014 [52]	AATD	35	56.5	57.1	11.4	85.7	2.9	100	–	–	100	–	CAT, Lcopd, EQ-5D utility	

Study	Patient group	N	Mean age (years)	Males (%)	Smoking status (%)			Genotype (%)		Comorbidities (%)			QoL instruments and VAS	Other PRO instruments
					Current	Former	Never	PiZZ	Others	COPD	Emphysema	Asthma		
													and VAS	
HOLM 2013 [53]	AATD-COPD	578	–	49.8	–	–	31.7	–	–	100	–	–	SGRQ	HADS, mMRC
LASCANO 2010 [54]	AATD-COPD	646	–	–	–	–	–	–	–	–	–	–	SF-36, SGRQ	
CAMPOS 2009 [55]	AATD-COPD	922	54.5	52.6	–	–	–	–	–	100	–	–	SGRQ, SF-36	
DOWSON 2002 [56]	AATD-No CSE	67	51 <sup>#</sup>	66	–	–	–	100	–	–	–	–	SGRQ, SF-36	
	AATD-CSE	50	51 <sup>#</sup>	66	–	–	–	100	–	–	–	–		
GUNZERATH 2001 [57]	AATD	76	51.7	61	–	–	–	–	–	–	–	–	Personality traits, Coping strategies	
KNEBEL 1999 [58]	AATD	45	49	67	–	–	–	–	–	–	–	–	CRQ	
KNEBEL 1998 [59]	AATD	33	47	64	–	85	–	–	–	–	–	–	CRQ (Dyspnoea inducing activities)	
BRADI 2015 [60]	AATD	290	52	50.3	3.7	58.2	38	–	–	–	63.4	16	SGRQ	
DAWKINS	AATD-	33	51.2	26	–	–	–	100	–	–	–	–	SRGQ, SF-36	

Study	Patient group	N	Mean age (years)	Males (%)	Smoking status (%)			Genotype (%)		Comorbidities (%)			QoL instruments	Other PRO instruments
					Current	Former	Never	PiZZ	Others	COPD	Emphysema	Asthma		
2009 [61]	fast tertile													
	AATD-middle tertile	34	52.7	22	-	-	-	100	-	-	-	-		
	AATD-slow tertile	33	49.1	19	-	-	-	100	-	-	-	-		
STOLLER 1994 [62]	Severe AATD	304	48.8	50	1.3	-	-	-	-	-	-	-	Symptoms and self-reported impact of disease	
	AATD-PiSZ	9	53	33	0	-	-	-	-	-	-	-		
	AATD-PiMZ	12	50.2	83	0	-	-	-	-	-	-	-		
GAUVAIN 2015 [63]	AATD	273	51.8	63	8.4	-	12.1	84.6	PiSZ: 5.5 Null/Z: 1.1	-	100	-	SGRQ	
MOLLOY 2017 [64]	AATD	159	-	-	-	-	-	-	-	-	-	-	Symptoms	
ANNUNZIATA (2021) [65]	AATD	16	61 <sup>#</sup>	56.3	0	43.8	56.3	-	-	-	81.3	-	SGRQ, shortened <sup>+</sup>	
SCHRAMM	AATD	84	42	-	-	-	-	-	-	-	-	-	SGRQ	

Study	Patient group	N	Mean age (years)	Males (%)	Smoking status (%)			Genotype (%)		Comorbidities (%)			QoL instruments	Other PRO instruments
					Current	Former	Never	PiZZ	Others	COPD	Emphysema	Asthma		
2020 [66]	(PiZZ)													
	Never-smoking control	72	42	–	–	–	–	–	–	–	–	–		
SANDHAUS 2020 [67]	AATD (PiZZ or worse)	655	–	–	–	–	–	–	–	–	–	–	SGRQ	
	AATD without AAT therapy	655	–	–	–	–	–	–	–	–	–	–		
CROSSLEY 2020 [68]	AATD	187	60.1	46	–	–	–	–	–	–	–	–	SGRC CAT	

<sup>#</sup>Value is expressed as median. <sup>†</sup>All patients have severe disease, hence PiZZ assumed as 100%. <sup>\*</sup>A modified QoL score, consisting of six questions to analyse the general state of health, subjective symptoms of the patient and impact of therapy on the patient's and family life was used instead of the full-length SGRQ.

AAT: alpha-1 antitrypsin; AATD: alpha-1 antitrypsin deficiency; CAT: COPD assessment test; COPD: chronic obstructive lung disease; CRQ: chronic respiratory disease questionnaire; CSE: chronic sputum expectoration; HADS: hospital and anxiety depression scale; LCOPD: living with COPD; LT: lung transplant; mMRC: modified Medical Research Council dyspnoea scale; N: number of patients; PiMZ/SZ/ZZ: Pi (or SERPINA1 gene) MZ, SZ and ZZ alleles; SF-36: 36-item short-form survey; SGRQ: St George's respiratory questionnaire.

**Supplementary TABLE 3** Total and partial STROBE scores for the included studies

Study	Title and abstract (%)	Introduction (%)	Methods (%)	Results (%)	Discussion (%)	Funding (%)	Overall scores
DURKAN 2019 [42]	100	100	42.8	27	25	0	49.14
STOCKLEY 2018 [43]	100	100	50.0	27	50	100	71.17
BERNHARD 2017 [44]	100	100	42.8	27	75	100	74.14
JAROSCH 2017 [45]	100	100	42.8	36	25	100	67.31
KARL 2017 [46]	100	100	57.1	36	50	100	73.85
PIITULAINEN 2017 [69]	100	100	57.1	27	75	100	76.52
STONE 2016 [48]	100	100	35.7	27	75	100	72.95
KENN 2015 [49]	100	100	35.7	27	75	0	56.28
LUISETTI 2015 [50]	100	100	50.0	18	25	0	48.8
PONCE 2014 [51]	100	100	35.7	18	25	0	46.4

<b>Study</b>	<b>Title and abstract (%)</b>	<b>Introduction (%)</b>	<b>Methods (%)</b>	<b>Results (%)</b>	<b>Discussion (%)</b>	<b>Funding (%)</b>	<b>Overall scores</b>
MOLLOY 2017 [64]	100	100	35.7	18	0	0	42.2
MANCA 2014 [52]	100	100	42.8	18	25	100	64.3
HOLM 2013 [53]	100	100	35.7	27	50	100	68.7
LASCANO 2010 [54]	100	100	35.7	18	0	0	42.2
CAMPOS 2009 [55]	100	100	35.7	9	25	100	61.6
DOWSON 2002 [56]	100	100	42.8	27	25	100	65.8
GUNZERATH 2001 [57]	100	100	35.7	18	25	100	63.1
KNEBEL 1998 [59]	100	100	42.8	18	25	100	64.3
KNEBEL 1999 [58]	100	100	35.7	18	25	0	46.4
BRADI 2015 [60]	100	100	35.7	18	50	100	67.2
DAWKINS 2009	100	100	35.7	27	50	100	68.7

<b>Study</b>	<b>Title and abstract (%)</b>	<b>Introduction (%)</b>	<b>Methods (%)</b>	<b>Results (%)</b>	<b>Discussion (%)</b>	<b>Funding (%)</b>	<b>Overall scores</b>
[61]							
STOLLER 1994 [62]	100	100	35.7	27	25	0	47.9
GAUVAIN 2015 [63]	100	100	28.5	18	25	100	61.9
STOLK 2003 [40]	100	100	42.8	27	25	0	49.1
<b>Average score</b>	<b>100</b>	<b>100</b>	<b>38.8</b>	<b>22.3</b>	<b>36.9</b>	<b>60</b>	<b>59.6</b>



**Supplementary TABLE 4** Quality of life review: CAT scores in patients with AATD

Study	Population/treatment	N	CAT score, mean (SD)		Main CAT score outcomes
MANCA 2014 [52]	AATD + COPD	35	13.8	p=0.32	There were similar scores between AATD patients diagnosed with COPD and the non-AATD COPD cohort. Regression analysis to assess the relationship between CAT scores and FEV <sub>1</sub> showed that the relationship approached statistical significance in the AATD COPD group (r <sup>2</sup> =0.108; p=0.054)
	Non-AATD COPD	61	12.1		
KARL 2017 [46]	AATD + COPD	131	18.6 (6.7)	–	There were no significant differences in CAT scores between patients with COPD who were receiving AAT therapy <i>versus</i> those who were not
	AATD + COPD + AAT therapy	106	18.9 (6.6)	–	
	AATD + COPD + without AAT therapy	25	17.2 (7.3)	–	
CROSSELY 2020 [68]	AATD	187	18.9 (12.0–25)	–	CAT test scores were related to disease severity as defined by the GOLD stage (p<0.0001). There were significant correlations between QoL measures and spirometry, as measured by FEV <sub>1</sub> (percent predicted), FVC (predicted), FEV <sub>1</sub> /FVC (%) and with gas transfer coefficient, KCO (percent predicted) and gas trapping as measured by RV/TLC % (p<0.01 all comparisons) Total SGRQ correlated significantly with CT density, although the relationship was weak (r <sup>2</sup> <0.1)

AAT: alpha-1 antitrypsin; AATD: alpha-1 antitrypsin deficiency; CAT: COPD Assessment Test; COPD: chronic obstructive pulmonary disease; FEV<sub>1</sub>: forced expiratory volume in 1 s; FVC: forced vital capacity; IQR: interquartile range; KCO: monoxide transfer coefficient; N: number of patients; py: pack-years (cumulative nicotine consumption); RV/TLC: residual volume/total lung capacity; SGRQ: St George's Respiratory Questionnaire.

**Supplementary TABLE 5** QoL review: SF-36 scores reported in AATD-associated COPD patients

Study	Group	N	Timepoint	Domain	SF-36, mean (SD)
DURKAN 2019 [42]	AATD + COPD	30	NR	Vitality scores	58.5 (21.4)
JAROSCH 2017 [45]	AATD + COPD	140	Baseline	Mental score	44.9 (15.4)
				Physical score	26.3 (8.2)
	AATD + COPD + AAT therapy	80	Baseline	Mental score	45.2 (16.2)
				Physical score	28.1 (8.3)
	AATD + COPD without AAT therapy	60	Baseline	Mental score	48.4 (13.5)
				Physical score	23.7 (7.5)
PONCE 2014 [51]	AATD + COPD	573	Baseline	Physical score	36.7 (9.8)
	AATD + COPD	573	5-year	Physical score	33.3 (9.5)
CAMPOS 2009 [55]	AATD + COPD + AAT therapy	922	Baseline	Physical score	35.3 (9.7)
	AATD + COPD + AAT therapy	922	Baseline	Mental score	52.1 (11.7)

Study	Group	N	Timepoint	Domain	SF-36, mean (SD)
DAWKINS 2009 [61]	AATD + COPD with fast FEV <sub>1</sub> decline	33	–	Physical score	40.3 (9.41)
	AATD + COPD with middle FEV <sub>1</sub> decline	34	–	Physical score	33.9 (10.5)
	AATD + COPD with slow FEV <sub>1</sub> decline	34	–	Physical score	36.1 (12.0)
	AATD + COPD with fast FEV <sub>1</sub> decline	33	–	Mental score	48.4 (13.0)
	AATD + COPD with middle FEV <sub>1</sub> decline	34	–	Mental score	48.7 (10.4)
	AATD + COPD with slow FEV <sub>1</sub> decline	34	–	Mental score	49.5 (11.0)
LASCANO 2010 [54]	AATD + COPD + AAT therapy: Overweight	241	–	Physical score	OR: 1.6
	AATD + COPD + AAT therapy: obese	104	–	Physical score	OR: 2.3
	AATD + COPD + AAT therapy: Morbidly obese	61	–	Physical score	OR: 4.2

AAT: alpha-1 antitrypsin; AATD: alpha-1 antitrypsin deficiency; COPD: chronic obstructive lung disease; FEV<sub>1</sub>: forced expiratory volume in 1 s; N: number of patients; NR: not reported; OR: odds ratio, QoL: quality of life; SD: standard deviation.

**Supplementary TABLE 6** Economic burden review: patient characteristics from included studies

Study name	Patient group	N	Mean age, years	Gender	Race (%)			Smoking status (%)			Genotype (%)		Comorbidities (%)		
				Male, %	White	Asian	Black	Current	Former	Never	PiZZ	Others	COPD	Emphysema	Asthma
HERRERA 2021[21]	AATD severe course	711	57.9	50.1	–	–	–	–	–	–	–	–	34.8	14.5	27.8
	AATD non-severe course	1963	52.8	46.0											
SIELUK 2019 [70]	AATD	9117	–	48.0	61.0	6	5	–	–	–	–	–	54.0	–	–
KARL 2017 [46]	AATD + COPD	131	60.3	56.5	–	–	–	0.7	75.6	23.7	–	–	100	–	–
GREULICH 2017 [71]	AATD	673	55.5		–	–	–	–	–	–	–	–	–	–	–
ZACHERLE 2015 [72]	AATD	279	64.6	–	–	–	–	–	–	–	–	–	–	–	–
BARROS-TIZON 2012 [73]	AATD	127	51.7	63.3	–	–	–	3.2	79.4	17.4	93.6	6.4	–	–	–
MULLINS 2003 [74] MULLINS 2001 [75]	AATD	688	49.7	52.3	96.2	–	–	–	–	–	84.5	15.5	–	32.6	17.3

Study name	Patient group	N	Mean age, years	Gender	Race (%)			Smoking status (%)			Genotype (%)		Comorbidities (%)		
				Male, %	White	Asian	Black	Current	Former	Never	PiZZ	Others	COPD	Emphysema	Asthma
PIITULAINEN 2003 [76]	AATD	5	58.4	40.0	–	–	–	–	100	–	100	–	–	–	–
STOLLER 2000 [77]	AATD	712	49.3	52.3	96.2	–	–	2.1	73.3	24.1	70.7	13.0	–	54.2	38.6
AGGARWAL 2018 [78]	AATD	1493	56.4	–	–	–	–	–	–	–	–	–	–	–	–
CHOATE 2019 [7]	AATD	3535	56.3	51.2	98.2	–	0.4	73.1		–	–	14.3	–	–	–
STONE 2020 [79]	AATD	1258	49	45.7	–	–	–	–	–	–	–	–	51.1	–	–
SIELUK 2020 [80]	AATD + COPD	953	56.2	48	92	–	4	–	–	–	–	–	100	–	–
	COPD control	7928	55.2	48	95	–	3	–	–	–	–	–	100	–	–
RUEDA 2020 [81]	AATD	6832	–	–	–	–	–	–	–	–	–	–	–	–	–
BORGET 2020 [82]	AATD	365	56.6	61	–	–	–	–	–	–	–	–	–	–	–
SIELOFF 2021 [83]	AATD	1540 <sup>¶</sup>	–	–	76.9	–	–	–	–	–	–	–	–	–	–
LEE 2020 [84]	AATD-related cirrhosis	1872	56	–	92.6	0.16	1.3	–	–	–	–	–	–	–	–

Study name	Patient group	N	Mean age, years	Gender	Race (%)			Smoking status (%)			Genotype (%)		Comorbidities (%)			
				Male, %	White	Asian	Black	Current	Former	Never	PiZZ	Others	COPD	Emphysema	Asthma	
	Non-AATD-related cirrhosis	7488														
ROZARIO 2019 [85]	AATD,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	CF	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	EA	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	PIDD	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	HIV	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
DYE 2011 [86]	AATD	558	–	–	–	–	–	–	–	–	–	–	–	–	–	–
ATTAWAY 2019 [87]	AATD	8039	–	–	–	–	–	–	–	–	–	–	24.3 <sup>§</sup>	–	–	4.5

<sup>#</sup>2014 hospital discharges; <sup>¶</sup>Median age at hospital admission; <sup>§</sup>COPD and bronchiectasis.

AATD: alpha-1 antitrypsin deficiency; CF, cystic fibrosis, COPD: chronic obstructive pulmonary disease; EA, eosinophilic asthma; N: number of patients; NACLD: non-alcoholic chronic liver disease; PIDD, primary humoral immunodeficiency; *PiZZ*: *Pi* (or *SERPINA1* gene) *ZZ* allele.

## References

- 1 Tanash HA, Piitulainen E. Liver disease in adults with severe alpha-1-antitrypsin deficiency. *J Gastroenterol* 2019;54:541-548.
- 2 Hiller AM, Piitulainen E, Jehpsson L, *et al.* Decline in FEV1 and hospitalized exacerbations in individuals with severe alpha-1 antitrypsin deficiency. *Int J Chron Obstruct Pulmon Dis* 2019;14:1075-1083.
- 3 Stone H, Pye A, Stockley RA. Disease associations in alpha-1-antitrypsin deficiency. *Respir Med* 2014;108:338-343.
- 4 Torres-Durán M, Ruano-Ravina A, Parente-Lamelas I, *et al.* Alpha-1 antitrypsin deficiency and lung cancer risk: a case-control study in never-smokers. *J Thorac Oncol* 2015;10:1279-1284.
- 5 Clark VC, Marek G, Liu C, *et al.* Clinical and histologic features of adults with alpha-1 antitrypsin deficiency in a non-cirrhotic cohort. *J Hepatol* 2018;69:1357-1364.
- 6 Hamesch K, Mandorfer M, Pereira VM, *et al.* Liver fibrosis and metabolic alterations in adults with alpha-1-antitrypsin deficiency caused by the Pi\*ZZ mutation. *Gastroenterology* 2019;157:705-719.e718.
- 7 Choate R, Mannino DM, Holm KE, *et al.* Comparing patients with ZZ versus SZ alpha-1 antitrypsin deficiency: findings from AlphaNet's disease management program. *Chronic Obstr Pulm Dis* 2019;6:29-39.
- 8 Basil N, Ekström M, Piitulainen E, *et al.* Severe alpha-1-antitrypsin deficiency increases the risk of venous thromboembolism. *J Thromb Haemost* 2021;19:1519-1525.
- 9 Franciosi AN, Alkhunaizi MA, Woodsmith A, *et al.* Alpha-1 antitrypsin deficiency and tobacco smoking: Exploring risk factors and smoking cessation in a registry population. *COPD* 2021;18:76-82.
- 10 Tanash H, Ekström M, Basil N, *et al.* Decreased risk of ischemic heart disease in individuals with severe alpha 1-antitrypsin deficiency (PiZZ) in comparison with the general population. *Int J Chron Obstruct Pulmon Dis* 2020;15:1245-1252.
- 11 Franciosi AN, Hobbs BD, McElvaney OJ, *et al.* Clarifying the risk of lung disease in SZ alpha-1 antitrypsin deficiency. *Am J Respir Crit Care Med* 2020;202:73-82.
- 12 Fromme M, Schneider CV, Pereira V, *et al.* Hepatobiliary phenotypes of adults with alpha-1 antitrypsin deficiency. *Gut* 2021;gutjnl-2020-323729:Online ahead of print. doi: 10.1136/gutjnl-2020-323729.
- 13 Schneider CV, Hamesch K, Gross A, *et al.* Liver phenotypes of European adults heterozygous or homozygous for Pi\*Z variant of AAT (Pi\*MZ vs Pi\*ZZ genotype) and noncarriers. *Gastroenterology* 2020;159:534-548.e511.
- 14 Hakim A, Moll M, Qiao D, *et al.* Heterozygosity of the alpha 1-antitrypsin Pi\*Z allele and risk of liver disease. *Hepatol Commun* 2021;Online:<https://doi.org/10.1002/hep1004.1718>.
- 15 Abu Rmilah A, Fencel R, Watt K, *et al.* Association of  $\alpha$  1 antitrypsin phenotype and development of advanced liver disease and pulmonary complications before and after liver transplantation. *Transplantation* 2021;105:1576-1584.
- 16 Sapey E, Yonel Z, Edgar R, *et al.* The clinical and inflammatory relationships between periodontitis and chronic obstructive pulmonary disease. *J Clin Periodontol* 2020;47:1040-1052.
- 17 Esquinas C, Serreri S, Barrecheguren M, *et al.* Long-term evolution of lung function in individuals with alpha-1 antitrypsin deficiency from the Spanish registry (REDAAT). *Int J Chron Obstruct Pulmon Dis* 2018;13:1001-1007.
- 18 Parr DG, Guest PG, Reynolds JH, *et al.* Prevalence and impact of bronchiectasis in alpha1-antitrypsin deficiency. *Am J Respir Crit Care Med* 2007;176:1215-1221.
- 19 Gupta N, Gaudreault N, Thériault S, *et al.* Granularity of SERPINA1 alleles by DNA sequencing in CanCOLD. *Eur Respir J* 2020;56:2000958.

- 20 Piras B, Ferrarotti I, Lara B, *et al.* Clinical phenotypes of Italian and Spanish patients with  $\alpha$ 1-antitrypsin deficiency. *Eur Respir J* 2013;42:54-64.
- 21 Herrera EM, Joseph C, Brouwer ES, *et al.* Alpha-1 antitrypsin deficiency-associated clinical manifestations and healthcare resource use in the United States. *COPD* 2021;18:315-324.
- 22 Teckman J, Di Bisceglie A, Loomba R, *et al.* Clustering at the extremes of mild and severe fibrosis is seen on liver biopsy in preliminary analysis of a multi-center, prospective adult cohort of alpha-1-antitrypsin deficiency. *Hepatology* 2019;70:1173-1174.
- 23 Strnad P, Buch S, Hamesch KJ, *et al.* Heterozygous carriage of the alpha1-antitrypsin piz variant increases the risk to develop liver fibrosis. *Hepatology* 2017;66(suppl 1):428A-429A.
- 24 Mandorfer M, Bucsics T, Hutya V, *et al.* Advanced liver fibrosis is uncommon among adults with alpha 1-antitrypsin deficiency and severe pulmonary manifestation, while heterozygosity for the z allele predisposes for clinically significant portal hypertension. *Hepatology* 2017;66:440A.
- 25 Costa A, Saraiva R, Asseiro M. Pulmonary disease in intermediate alpha1-antitrypsin deficient patients. *Eur Respir J* 2017;50:PA706.
- 26 Arslanow A, Reichert MC, Gatter S. Simultaneous non-invasive assessment of liver injury and body composition in alpha1-antitrypsin deficiency. *J Hepatol* 2017;66:S172.
- 27 Chakraborty J, Perbtani YB, Shuster JJ, *et al.* Predictors of liver disease in adults with alpha 1 antitrypsin deficiency: a single center retrospective analysis. *Am J Gastroenterol* 2016;111:67-68.
- 28 Cortese R, Mennitti MC, Mariani F, *et al.* Bronchiectasis in patients with alpha1-antitrypsin deficiency: prevalence and characteristics. *Eur Respir J* 2016;48:PA737.
- 29 Araújo D, Sucena M. Association between alpha 1 antitrypsin and bronchiectasis. *Eur Respir J* 2015;46:PA1248.
- 30 Kumbhare S, Nietert P, Hunt K, *et al.* Hypertension prevalence in the United States varies with differences in alpha-1 antitrypsin genotype: a cross sectional study. *Am J Respir Crit Care Med* 2014;189:A5785-A5785.
- 31 Kawkgi O, Hamadi Y, O'Connor E, *et al.* The classification of the SZ phenotype of alpha-1 antitrypsin deficiency in Ireland. *Ir J Med Sci* 2013;182:S439.
- 32 Ferrarotti I, Ottaviani S, Gorrini M, *et al.* Database of the italian registry for alpha-1 antitrypsin deficiency (AATD): confirmations and controversy surrounding AATD natural history. *Am J Respir Crit Care Med* 2012;185:A4358.
- 33 Guttman C, Lepper PM, Bachhuber M, *et al.* Alpha1-antitrypsin deficiency: an analysis of patient subgroups of the German registry. *Eur Respir J* 2011;38(suppl 55):3596.
- 34 Mandich N, Sweeney P, Hogarth DK. Psychiatric diagnosis and alpha one antitrypsin deficiency phenotypes. *Am J Respir Crit Care Med* 2011;183:A2988-A2988.
- 35 Subramanian D, Edgar R, Ward H, *et al.* Frequency and clinical significance of lung nodules in alpha 1-antitrypsin deficiency (AATD). *Am J Respir Crit Care Med* 2010;181:A2884.
- 36 Black M, Whitsett M, Jacobson I, *et al.* Heterozygous alpha-1 antitrypsin deficiency potentiates liver fibrosis with other chronic liver diseases. Abstracts from USCAP 2020: Liver Pathology *Mod Pathol* 2020;33:1504.
- 37 Hiller A-M, Ekström M, Piitulainen E, *et al.* Risk of cancer in individuals with severe alpha-1-antitrypsin deficiency (PiZZ) compared with the Swedish general population. *Eur Respir J* 2020;56:1124.
- 38 Catterall F, Anderson D. Prevalence of alpha-1 antitrypsin deficiency (AATD) in Greater Glasgow and Clyde (GG&C) and current practises. *Eur Respir J* 2020;56:2431.



- 39 Chapman KR, Burdon JG, Piitulainen E, *et al.* Intravenous augmentation treatment and lung density in severe  $\alpha$ 1 antitrypsin deficiency (RAPID): a randomised, double-blind, placebo-controlled trial. *Lancet* 2015;386:360-368.
- 40 Stolk J, Ng WH, Bakker ME, *et al.* Correlation between annual change in health status and computer tomography derived lung density in subjects with alpha1-antitrypsin deficiency. *Thorax* 2003;58:1027-1030.
- 41 Hogarth D. Endobronchial valve treatment of severe emphysema in patients with alpha-1 antitrypsin deficiency. *Chest* 2019;156:A1771-A1772.
- 42 Durkan E, Carroll T, Moyna N, *et al.* Exercise capacity may be more strongly associated with health status in alpha-1 antitrypsin copd patients than in alpha-1 antitrypsin replete COPD patients. *Am J Respir Crit Care Med* 2019;199:A2063-A2063.
- 43 Stockley RA, Edgar RG, Starkey S, *et al.* Health status decline in  $\alpha$ -1 antitrypsin deficiency: a feasible outcome for disease modifying therapies? *Respir Res* 2018;19:137. doi: 10.1186/s12931-018-0844-6.
- 44 Bernhard N, Lepper PM, Vogelmeier C, *et al.* Intensive smoking diminishes the differences in quality of life and exacerbation frequency between the alpha-1-antitrypsin deficiency genotypes PiZZ and PiSZ. *Respir Med* 2017;130:1-8.
- 45 Jarosch I, Hitzl W, Koczulla AR, *et al.* Comparison of exercise training responses in COPD patients with and without Alpha-1 antitrypsin deficiency. *Respir Med* 2017;130:98-101.
- 46 Karl FM, Holle R, Bals R, *et al.* Costs and health-related quality of life in alpha-1-antitrypsin deficient COPD patients. *Respir Res* 2017;18:60. doi: 10.1186/s12931-017-0543-8.
- 47 Piitulainen E, Mostafavi B, Tanash HA. Health status and lung function in the Swedish alpha 1-antitrypsin deficient cohort, identified by neonatal screening, at the age of 37-40 years. *Int J Chron Obstruct Pulmon Dis* 2017;12:495-500.
- 48 Stone HM, Edgar RG, Thompson RD, *et al.* Lung transplantation in alpha-1-antitrypsin deficiency. *COPD* 2016;13:146-152.
- 49 Kenn K, Gloeckl R, Soennichsen A, *et al.* Predictors of success for pulmonary rehabilitation in patients awaiting lung transplantation. *Transplantation* 2015;99:1072-1077.
- 50 Luisetti M, Ferrarotti I, Corda L, *et al.* Italian registry of patients with alpha-1 antitrypsin deficiency: general data and quality of life evaluation. *COPD* 2015;12(suppl 1):52-57.
- 51 Ponce M, Sandhaus R, Campos M. D38: The relation of body mass index and health related quality of life in subjects with alpha 1-antitrypsin deficiency and COPD. *Am J Respir Crit Care Med* 2014;189:A5782.
- 52 Manca S, Rodriguez E, Huerta A, *et al.* Usefulness of the CAT, LCOPD, EQ-5D and COPDSS scales in understanding the impact of lung disease in patients with alpha-1 antitrypsin deficiency. *COPD* 2014;11:480-488.
- 53 Holm KE, Borson S, Sandhaus RA, *et al.* Differences in adjustment between individuals with alpha-1 antitrypsin deficiency (AATD)-associated COPD and non-AATD COPD. *COPD* 2013;10:226-234.
- 54 Lascano J, Salathe M, Alazemi S, *et al.* Relation between body mass index and health-related quality of life in subjects with alpha-1 antitrypsin deficiency. *Am J Respir Crit Care Med* 2010;181:A4114-A4114.
- 55 Campos MA, Alazemi S, Zhang G, *et al.* Exacerbations in subjects with alpha-1 antitrypsin deficiency receiving augmentation therapy. *Respir Med* 2009;103:1532-1539.
- 56 Dowson LJ, Guest PJ, Stockley RA. The relationship of chronic sputum expectoration to physiologic, radiologic, and health status characteristics in alpha(1)-antitrypsin deficiency (PiZ). *Chest* 2002;122:1247-1255.

- 57 Gunzerath L, Connelly B, Albert P, *et al.* Relationship of personality traits and coping strategies to quality of life in patients with alpha-1 antitrypsin deficiency. *Psychol Health Med* 2010;6:335-341.
- 58 Knebel AR, Leidy NK, Sherman S. Health related quality of life and disease severity in patients with alpha-1 antitrypsin deficiency. *Qual Life Res* 1999;8:385-391.
- 59 Knebel A, Leidy NK, Sherman S. When is the dyspnea worth it? Understanding functional performance in people with alpha-1 antitrypsin deficiency. *J Nurs Scholarsh* 1998;30:339-343.
- 60 Bradi AC, Audisho N, Casey DK, *et al.* Alpha-1 antitrypsin deficiency in Canada: regional disparities in diagnosis and management. *COPD* 2015;12(suppl 1):15-21.
- 61 Dawkins PA, Dawkins CL, Wood AM, *et al.* Rate of progression of lung function impairment in alpha1-antitrypsin deficiency. *Eur Respir J* 2009;33:1338-1344.
- 62 Stoller JK, Smith P, Yang P, *et al.* Physical and social impact of alpha 1 antitrypsin deficiency: results of a survey. *Cleve Clin J Med* 1994;61:461-467.
- 63 Gauvain C, Mornex JF, Pison C, *et al.* Health-related quality of life in patients with alpha-1 antitrypsin deficiency: the French experience. *COPD* 2015;12(suppl 1):46-51.
- 64 Molloy M, O'Connor C, Fee L, *et al.* Real life treatment benefit of intravenous augmentation therapy for severe alpha-1 antitrypsin deficiency. *Am J Respir Crit Care Med* 2017;195:A7405-A7405.
- 65 Annunziata A, Lanza M, Coppola A, *et al.* Alpha-1 antitrypsin deficiency: home therapy. *Front Pharmacol* 2021;12:575402. doi: 10.3389/fphar.2021.575402.
- 66 Schramm G, Piitulainen E, Wollmer P, *et al.* Early signs of COPD in 42 years old individuals with severe alpha-1-antitrypsin deficiency. *Eur Respir J* 2020;56(suppl 64):2479.
- 67 Sandhaus RA, Ellis P, Holm K, *et al.* Augmentation therapy for alpha-1 antitrypsin deficiency: improved survival and quality of life compared to matched augmentation naive controls followed for up to 15 years. *Am J Respir Crit Care Med* 2020;201:A2486.
- 68 Crossley D, Stockley J, Bolton CE, *et al.* Relationship of CT densitometry to lung physiological parameters and health status in alpha-1 antitrypsin deficiency: initial report of a centralised database of the NIHR rare diseases translational research collaborative. *BMJ Open* 2020;10:e036045.
- 69 McElvaney NG, Burdon J, Holmes M, *et al.* Long-term efficacy and safety of  $\alpha$ 1 proteinase inhibitor treatment for emphysema caused by severe  $\alpha$ 1 antitrypsin deficiency: an open-label extension trial (RAPID-OLE). *Lancet Respir Med* 2017;5:51-60.
- 70 Sieluk J, Levy J, Sandhaus RA, *et al.* Costs of medical care among augmentation therapy users and non-users with alpha-1 antitrypsin deficiency in the United States. *COPD* 2019;6:6-16.
- 71 Greulich T, Nell C, Hohmann D, *et al.* The prevalence of diagnosed  $\alpha$ 1-antitrypsin deficiency and its comorbidities: results from a large population-based database. *Eur Respir J* 2017;49:1600154.
- 72 Zacherle E, Noone JM, Runken MC, *et al.* Health care cost and utilization associated with alpha-1 antitrypsin deficiency among a cohort of medicare beneficiaries with COPD. *Value Health* 2015;18:PSY35.
- 73 Barros-Tizón JC, Torres ML, Blanco I, *et al.* Reduction of severe exacerbations and hospitalization-derived costs in alpha-1-antitrypsin-deficient patients treated with alpha-1-antitrypsin augmentation therapy. *Ther Adv Respir Dis* 2012;6:67-78.
- 74 Mullins CD, Wang J, Stoller JK. Major components of the direct medical costs of alpha1-antitrypsin deficiency. *Chest* 2003;124:826-831.
- 75 Mullins CD, Huang X, Merchant S, *et al.* The direct medical costs of alpha(1)-antitrypsin deficiency. *Chest* 2001;119:745-752.

- 76 Piitulainen E, Bernspång E, Björkman S, *et al.* Tailored pharmacokinetic dosing allows self-administration and reduces the cost of IV augmentation therapy with human alpha(1)-antitrypsin. *Eur J Clin Pharmacol* 2003;59:151-156.
- 77 Stoller JK, Brantly M, Fleming LE, *et al.* Formation and current results of a patient-organized registry for alpha(1)-antitrypsin deficiency. *Chest* 2000;118:843-848.
- 78 Aggarwal S, Kumar S, Topaloglu O. Trends in hospitalization length of stay and costs in patients with alpha 1 antitrypsin deficiency disorder: analysis of US national in-patient data for 2015. *Value Health* 2018;21(suppl 1):PRS18.
- 79 Stone GA, Blanchette CM, Stranton D, *et al.* Healthcare cost and utilization before and after diagnosis of alpha-1 antitrypsin deficiency in the United States. *Am J Respir Crit Care Med* 2020;201:A6275.
- 80 Sieluk J, Slejko JF, Silverman H, *et al.* Medical costs of Alpha-1 antitrypsin deficiency-associated COPD in the United States. *Orphanet J Rare Dis* 2020;15:260. doi: 10.1186/s13023-020-01523-4.
- 81 Rueda JD, Sieluk J, Sandhaus RA, *et al.* Limitations and challenges of conducting budget impact analyses in rare diseases: a case study of alpha-1 antitrypsin deficiency. *Value Health Reg Issues* 2020;23:70-76.
- 82 Borget I, Willemin MC, Pison C, *et al.* Prevalence and burden of alpha-1 antitrypsin deficiency in France: an analysis from the French National Health Database (SNDS). PRO137. *Value Health* 2020;23(suppl 2):S714.
- 83 Sieloff EM, Rutledge B, Huffman C, *et al.* National trends and outcomes of genetically inherited non-alcoholic chronic liver disease in the USA: estimates from the National Inpatient Sample (NIS) database. *Gastroenterol Rep (Oxf)* 2021;9:38-48.
- 84 Lee DU, Fan GH, Karagozian R. S1039: The clinical outcomes of hospitalized patients with alpha-1-antitrypsin deficiency-related cirrhosis. *Am J Gastroenterol* 2020;115:S528.
- 85 Rozario N, Blanchette C, Howden R, *et al.* The effect of missing a specialty medication dose on total healthcare cost burden. *Value Health* 2019;22(suppl 2):S352.
- 86 Dye DE, Brameld KJ, Maxwell S, *et al.* The impact of single gene and chromosomal disorders on hospital admissions in an adult population. *J Community Genet* 2011;2:81-90.
- 87 Attaway A, Hatipoglu U, Majumdar U, *et al.* In-hospital mortality trends for alpha-1 antitrypsin deficiency in the United States. *Am J Respir Crit Care Med* 2019;199:A3997.