

Data Set Name: *best_antioxidants_visit.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	crp	Num	8		crpconc
2	visitid	Char	7	\$2.	Visit when the data was obtained
3	il8bal	Num	8		il8balconc
4	dose	Num	8		BEST treatment the participant was assigned
5	il6	Num	8		IL6conc
6	il8	Num	8		IL8conc
7	tbars	Num	8		TBARS
8	trolox	Num	8		Total antioxidants
9	Isoprostane	Num	8		Isoprostane from EBC
10	IsoprostaneP	Num	8		Isoprostane from plasma (ng/mg)
11	SLPIBAL	Num	8		SLPI from bronchial lavage
12	newid	Char	9		BioLINCC participant ID

Data Set Name: best_at.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	AT107	Char	1	Do you usually have a cough (count a cough with first smoke or on first going out-of-doors; exclude clearing of throat):
3	AT108	Char	1	Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week:
4	AT109	Char	1	Do you usually cough at all on getting up, or first thing in the morning:
5	AT110	Char	1	Do you usually cough at all during the rest of the day or at night:
6	AT113	Char	1	Do you usually bring up phlegm from your chest (count phlegm with the first smoke or on the first going out-of-doors; exclude phlegm from the nose; count swallowed phlegm):
7	AT114	Char	1	Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week:
8	AT115	Char	1	Do you usually bring up phlegm at all on getting up or first thing in the morning:
9	AT116	Char	1	Do you usually bring up phlegm at all during the rest of the day or at night:
10	AT119	Char	1	Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year:
11	AT121a	Char	1	Does your chest ever sound wheezy or whistling When you have a cold:
12	AT121b	Char	1	Does your chest ever sound wheezy or whistling Occasionally apart from colds:
13	AT121c	Char	1	Does your chest ever sound wheezy or whistling Most days or nights:
14	AT123	Char	1	Have you ever had an ATTACK of wheezing that has made you feel short of breath:
15	AT125	Char	1	Have you had 2 or more such episodes:
16	AT126	Char	1	Have you ever required medicine or treatment for the(se) attack(s):
17	AT127a	Char	1	Are you disabled from walking by any condition other than heart or lung disease:
18	AT128	Char	1	Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill:
19	AT129	Char	1	Do you have to walk slower than people of your age on the level because of breathlessness:
20	AT130	Char	1	Do you ever have to stop for breath when walking at your own pace on the level:
21	AT131	Char	1	Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level:
22	AT132	Char	1	Are you too breathless to leave the house or breathless on dressing or undressing:
23	AT134	Char	1	During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed:
24	AT135	Char	1	Did you produce phlegm with any of these chest illnesses:
25	AT137	Char	1	Did you have any lung trouble before the age of 16:
26	AT138a	Char	1	Have you ever had any of the following: Attacks of bronchitis
27	AT138b	Char	1	Have you ever had any of the following: Attacks of bronchitis: Was it confirmed by a doctor:
28	AT139a	Char	1	Have you ever had any of the following: Pneumonia (include bronchopneumonia)
29	AT139b	Char	1	Have you ever had any of the following: Pneumonia (include bronchopneumonia): Was it confirmed by a doctor:
30	AT140a	Char	1	Have you ever had any of the following: Hayfever
31	AT140b	Char	1	Have you ever had any of the following: Hayfever: Was it confirmed by a doctor:
32	AT141a	Char	1	Have you ever had any of the following: Chronic bronchitis
33	AT141b	Char	1	Have you ever had any of the following: Chronic bronchitis: Do you still have it:
34	AT141c	Char	1	Have you ever had any of the following: Chronic bronchitis: Was it confirmed by a doctor:

Num	Variable	Type	Len	Label
35	AT142a	Char	1	Have you ever had any of the following: Emphysema
36	AT142b	Char	1	Have you ever had any of the following: Emphysema: Do you still have it:
37	AT142c	Char	1	Have you ever had any of the following: Emphysema: Was it confirmed by a doctor:
38	AT143a	Char	1	Have you ever had any of the following: Asthma
39	AT143b	Char	1	Have you ever had any of the following: Asthma: Do you still have it:
40	AT143c	Char	1	Have you ever had any of the following: Asthma: Was it confirmed by a doctor:
41	AT144a	Char	1	Have you ever had any other chest illness
42	AT144b	Char	1	Have you ever had any chest illness
43	AT144c	Char	1	Have you ever had any chest injuries
44	AT145	Char	1	Has a doctor ever told you that you had heart trouble:
45	AT146	Char	1	Have you ever had treatment for heart trouble in the past 10 years:
46	AT147	Char	1	Has a doctor ever told you that you have high blood pressure:
47	AT148	Char	1	Have you had any treatment for high blood pressure (hypertension) in the past 10 years:
48	AT149	Char	1	Have you ever worked full time (30 hours per week or more) for 6 months or more:
49	AT150	Char	1	Have you ever worked for a year or more in any dusty job:
50	AT154	Char	1	Have you ever worked for a year or more in any dusty job: Have you ever been exposed to gas or chemical fumes in your work:
51	AT159	Char	1	Have you ever smoked cigarettes ('No' means less than 20 packs of cigarettes or 12 oz of tobacco in a lifetime or less than 1 cigarette a day for a year):
52	AT160	Char	1	Do you now smoke cigarettes (as of 1 month ago):
53	AT166	Char	1	Have you ever smoked a pipe regularly ('Yes' means more than 12 oz tobacco in a lifetime):
54	AT172	Char	1	Have you ever smoked cigars regularly ('Yes' means more than 1 cigar a week for a year):
55	AT111	Num	8	Do you usually cough like this on most days for 5 consecutive months or more during the year:
56	AT112	Num	8	For how many years have you had this cough:
57	AT117	Num	8	Do you bring up phlegm like this on most days for 3 consecutive months or more during the year:
58	AT118	Num	8	For how many years have you had trouble with phlegm:
59	AT120	Num	8	For how long have you had at least 1 such episode per year:
60	AT122	Num	8	For how many years has this been present:
61	AT124	Num	8	How old were you when you had your first such attack:
62	AT133	Num	8	If you get a cold, does it usually go to your chest (usually means more than 1/2 the time):
63	AT136	Num	8	In the last 3 years, how many such illnesses, with (increased) phlegm, did you have which lasted a week or more:
64	AT138c	Num	8	Have you ever had any of the following: Attacks of bronchitis: At what age was your first attack:
65	AT139c	Num	8	Have you ever had any of the following: Pneumonia (include bronchopneumonia): At what age was your first attack:
66	AT140c	Num	8	Have you ever had any of the following: Hayfever: At what age was your first attack:
67	AT141d	Num	8	Have you ever had any of the following: Chronic bronchitis: At what age did it start:
68	AT142d	Num	8	Have you ever had any of the following: Emphysema: At what age did it start:
69	AT143d	Num	8	Have you ever had any of the following: Asthma: At what age did it start:
70	AT143e	Num	8	Have you ever had any of the following: Asthma: If you no longer have it, at what age did it stop:

Num	Variable	Type	Len	Label
71	AT152	Num	8	Have you ever worked for a year or more in any dusty job: Total years worked:
72	AT153	Num	8	Have you ever worked for a year or more in any dusty job: Was dust exposure Severity:
73	AT156	Num	8	Have you ever worked for a year or more in any dusty job: Total years worked:
74	AT157	Num	8	Have you ever worked for a year or more in any dusty job: Was fume exposure severity:
75	AT158b	Num	8	Number of years employed in this occupation:
76	AT161	Num	8	How old were you when you first started regular cigarette smoking:
77	AT162	Num	8	If you have stopped smoking cigarettes completely, how old were you when you stopped (if not leave blank):
78	AT163	Num	8	How many cigarettes do you smoke per day now:
79	AT164	Num	8	On the average of the entire time you smoked, how many cigarettes did you smoke per day:
80	AT165	Num	8	Do or did you inhale the cigarette smoke (check only one):
81	AT167	Num	8	How old were you when you started to smoke a pipe regularly:
82	AT168	Num	8	If you have stopped smoking a pipe completely, how old were you when you stopped (if not leave blank):
83	AT169	Num	8	On the average of the entire time you smoked a pipe, how much pipe tobacco did you smoke per week (a standard pouch of tobacco = 1 1/2 oz):
84	AT170	Num	8	How much pipe tobacco are you smoking per week now:
85	AT171	Num	8	Do or did you inhale the pipe smoke:
86	AT173	Num	8	How old were you when you started smoking cigars regularly:
87	AT174	Num	8	If you have stopped smoking cigars completely, how old were you when you stopped (if not leave blank):
88	AT175	Num	8	On the average over the entire time you smoked cigars, how many cigars did you smoke per week:
89	AT176	Num	8	How many cigars are you smoking per week now:
90	AT177	Num	8	Do or did you inhale the cigar smoke:
91	AT178a	Num	8	Was your father ever told by a doctor that he had a chronic lung condition such as: Chronic bronchitis:
92	AT178b	Num	8	Was your father ever told by a doctor that he had a chronic lung condition such as: Emphysema:
93	AT178c	Num	8	Was your father ever told by a doctor that he had a chronic lung condition such as: Asthma:
94	AT178d	Num	8	Was your father ever told by a doctor that he had a chronic lung condition such as: Lung cancer:
95	AT178e	Num	8	Was your father ever told by a doctor that he had a chronic lung condition such as: Other chest condition:
96	AT179	Num	8	Is your father currently alive:
97	AT180a	Num	8	Please specify age if living:
98	AT180b	Num	8	Please specify age at death:
99	AT182a	Num	8	Was your mother ever told by a doctor that he had a chronic lung condition such as: Chronic bronchitis:
100	AT182b	Num	8	Was your mother ever told by a doctor that he had a chronic lung condition such as: Emphysema:
101	AT182c	Num	8	Was your mother ever told by a doctor that he had a chronic lung condition such as: Asthma:
102	AT182d	Num	8	Was your mother ever told by a doctor that he had a chronic lung condition such as: Lung cancer:
103	AT182e	Num	8	Was your mother ever told by a doctor that he had a chronic lung condition such as: Other chest condition:
104	AT183	Num	8	Is your mother currently alive:
105	AT184a	Num	8	Please specify age if living:
106	AT184b	Num	8	Please specify age at death:
107	newid	Char	9	BioLINCC participant ID

Num	Variable	Type	Len	Label
108	AT104_	Num	8	Days since randomization administered:
109	AT186_	Num	8	Days since randomization form completed:
110	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_bh.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	BH113b	Char	1	Have you had flare-ups of your COPD (emphysema or chronic bronchitis) that has required treatment (such as antibiotics, corticosteroids) in the past six weeks:
3	BH116a	Char	1	Have you taken any other prescription medications in the last two weeks:
4	BH117	Char	1	Do you currently use supplemental oxygen:
5	BH118a	Char	1	When do you use oxygen: At rest:
6	BH118c	Char	1	When do you use oxygen: During sleep:
7	BH118e	Char	1	When do you use oxygen: With exertion:
8	BH109s	Char	1	Race (check only one): Other (specify):
9	BH112_a	Char	1	Has a doctor ever told you that you have any of the following conditions: Congestive heart failure:
10	BH112_b	Char	1	Has a doctor ever told you that you have any of the following conditions: Stroke:
11	BH112_c	Char	1	Has a doctor ever told you that you have any of the following conditions: Obstructive sleep apnea:
12	BH112_d	Char	1	Has a doctor ever told you that you have any of the following conditions: Diabetes:
13	BH112_e	Char	1	Has a doctor ever told you that you have any of the following conditions: Cirrhosis (liver failure):
14	BH112_f	Char	1	Has a doctor ever told you that you have any of the following conditions: Gout:
15	BH112_g	Char	1	Has a doctor ever told you that you have any of the following conditions: Hepatitis/liver disease:
16	BH112_h	Char	1	Has a doctor ever told you that you have any of the following conditions: Neurological disease:
17	BH112_i	Char	1	Has a doctor ever told you that you have any of the following conditions: Cancer:
18	BH112_j	Char	1	Has a doctor ever told you that you have any of the following conditions: Psychiatric disease:
19	BH112_k	Char	1	Has a doctor ever told you that you have any of the following conditions: Heart attack:
20	BH112_l	Char	1	Has a doctor ever told you that you have any of the following conditions: Angina:
21	BH112_m	Char	1	Has a doctor ever told you that you have any of the following conditions: High blood pressure:
22	BH112_n	Char	1	Has a doctor ever told you that you have any of the following conditions: Kidney disease:
23	BH112_o	Char	1	Has a doctor ever told you that you have any of the following conditions: Rheumatoid arthritis:
24	BH112_p	Char	1	Has a doctor ever told you that you have any of the following conditions: Renal artery stenosis:
25	BH112_q	Char	1	Has a doctor ever told you that you have any of the following conditions: Other conditions (specify):
26	BH112_r	Char	1	Has a doctor ever told you that you have any of the following conditions: None:
27	BH114_a	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Short-acting beta-agonist (SABA) (eg, Albuterol, Proventil(r), Ventolin(r), Xopenex(r)):
28	BH114_b	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Short-acting anticholinergic bronchodilator (eg, Ipratropium):
29	BH114_c	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Combination SABA and short-acting anticholinergics (eg, Combivent(r)):
30	BH114_d	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Long-acting beta-agonist (LABA) (eg, Salmeterol, Formoterol, Arformoterol):
31	BH114_e	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Inhaled corticosteroids (IC) (eg, Fluticasone, Budesonide, Flunisolide, Mometasone):
32	BH114_f	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Combination LABA/IC (eg, Advair(r), Symbicort(r), Dulera(r)):

Num	Variable	Type	Len	Label
33	BH114_g	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Long-acting anticholinergic bronchodilator (eg, Tiotropium):
34	BH114_h	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Leukotriene modifiers (eg, Montelukast, Zafirlukast, Zileuton):
35	BH114_i	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Methylxanthines (eg, Theophylline):
36	BH114_j	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Systemic corticosteroids (eg, Prednisone, Methylprednisolone, Dexamethasone):
37	BH114_k	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: Other (specify):
38	BH114_l	Char	1	In the past 2 weeks, have you taken any of the following medications for COPD: None:
39	BH115_a	Char	1	In the last two weeks have you taken any anticoagulants: Warfarin (Coumadin(r)):
40	BH115_b	Char	1	In the last two weeks have you taken any anticoagulants: Aspirin:
41	BH115_c	Char	1	In the last two weeks have you taken any anticoagulants: Clopidogrel (Plavix(r)):
42	BH115_d	Char	1	In the last two weeks have you taken any anticoagulants: Dabigatran (Pradax(r)):
43	BH115_e	Char	1	In the last two weeks have you taken any anticoagulants: Other (specify):
44	BH115_f	Char	1	In the last two weeks have you taken any anticoagulants: None:
45	BH107	Num	8	Gender (check only one):
46	BH109	Num	8	Race (check only one):
47	BH110	Num	8	Age:
48	BH113a	Num	8	How many times have you had flare-ups of your COPD (emphysema or chronic bronchitis) that has required treatment (such as antibiotics, corticosteroids) in the past year (check only one):
49	BH118b	Num	8	When do you use oxygen: At rest: What is the flow rate:
50	BH118d	Num	8	When do you use oxygen: During sleep: What is the flow rate:
51	BH118f	Num	8	When do you use oxygen: With exertion: What is the flow rate:
52	newid	Char	9	BioLINCC participant ID
53	BH104_	Num	8	Days since randomization completed:
54	BH111_	Num	8	Days since randomization of birth:
55	BH119_	Num	8	Days since randomization form reviewed:
56	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_cv.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	CV107a	Char	1	Did you have any unscheduled phone contacts with this clinic since the last study visit (ignore calls to change appointment time or schedule phone visits):
3	CV108a	Char	1	Did you have any visits to healthcare provider(s) (including non-study visits to this clinic) for COPD or COPD treatment:
4	CV111	Char	1	Other symptoms:
5	CV113a	Char	1	Since the last study visit, has the participant experienced a serious adverse event or been hospitalized:
6	CV115	Char	1	Is this V2:
7	CV116a	Char	1	Missed study capsules: Since receiving the study blisterpack, has the participant missed any doses of study capsules:
8	CV118a	Char	1	Pulse oximetry (V2): Was pulse oximetry performed:
9	CV119	Char	1	Exhaled Breath Condensate (EBC) specimens collected (V2 and V4):
10	CV122a	Char	1	Blood collected (V2 and V4):Plasma (green top):
11	CV122b	Char	1	Blood collected (V2 and V4):Serum (gold top):
12	CV122c	Char	1	Blood collected (V2 and V4):PBMCs (green/red top):
13	CV124	Char	1	Blood for CBC, chemistry panel, TSH collected (V4):
14	CV125	Char	1	Urine collected (V4):
15	CV127a	Char	1	Were the following procedures and their forms completed: ATS-DLD Respiratory Questionnaire (AT) [V2]:
16	CV127b	Char	1	Were the following procedures and their forms completed: St. Georges Respiratory Questionnaire (SG) [V2 and V4]:
17	CV127c	Char	1	Were the following procedures and their forms completed: Pulmonary Function Testing (PF) [V2 and V4]:
18	CV127d	Char	1	Were the following procedures and their forms completed: Physical Exam (PE) [V2 and V4]:
19	CV128a	Char	1	COPD exacerbation in last 6 weeks:
20	CV129a	Char	1	Significant change in health status since last clinic visit:
21	CV130a	Char	1	Change in medications since last visit:
22	CV131a	Char	1	Nosebleed since last clinic visit:
23	CV132a	Char	1	Taken anticoagulant in last 5 days (eg, coumadin):
24	CV133a	Char	1	Allergic to lidocaine or local anesthetic:
25	CV117_a	Char	1	Why were doses missed (check all that apply):
26	CV117_b	Char	1	Why were doses missed (check all that apply):
27	CV117_c	Char	1	Why were doses missed (check all that apply):
28	CV117_d	Char	1	Why were doses missed (check all that apply):
29	CV117_e	Char	1	Why were doses missed (check all that apply):
30	CV117_f	Char	1	Why were doses missed (check all that apply):
31	CV121_a	Char	1	Expired Breath Condensate aliquots collected (check all that apply): None
32	CV121_b	Char	1	Expired Breath Condensate aliquots collected (check all that apply): Aliquot 1 for JHU
33	CV121_c	Char	1	Expired Breath Condensate aliquots collected (check all that apply): Aliquot 2 for JHU

Num	Variable	Type	Len	Label
34	CV121_d	Char	1	Expired Breath Condensate aliquots collected (check all that apply): Aliquot 3 for JHU
35	CV107b	Num	8	If Yes, specify how many:
36	CV108b	Num	8	If Yes, specify how many:
37	CV109	Num	8	Which of the following statements best describes the degree of shortness of breath that you experience (check only one):
38	CV110a	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Nausea:
39	CV110b	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Vomiting:
40	CV110c	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Poor appetite:
41	CV110d	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Bad taste in mouth:
42	CV110e	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Heartburn:
43	CV110f	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Headache:
44	CV110g	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Fatigue:
45	CV110h	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Skin rash:
46	CV110i	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Bloating:
47	CV110j	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Diarrhea:
48	CV110k	Num	8	Since your last clinic visit, rate the severity of the following symptoms:Abdominal discomfort:
49	CV112a	Num	8	Rate severity of other symptoms:Allergic reactions:
50	CV112b	Num	8	Rate severity of other symptoms:Edema:
51	CV112c	Num	8	Rate severity of other symptoms:Hypertension:
52	CV112d	Num	8	Rate severity of other symptoms:Hypotension:
53	CV112e	Num	8	Rate severity of other symptoms:Fever:
54	CV112f	Num	8	Rate severity of other symptoms:Flushing:
55	CV112g	Num	8	Rate severity of other symptoms:Weight gain:
56	CV112h	Num	8	Rate severity of other symptoms:Blurred vision:
57	CV116b	Num	8	Missed study capsules: How many doses (1 dose = 3 capsules):
58	CV118b	Num	8	Pulse oximetry (V2): If Yes, specify results:
59	CV120a	Num	8	Pre-assessment conditions met: No food or beverage for one hour prior to EBC collection (check only one):
60	CV120b	Num	8	Pre-assessment conditions met: EBC collected before spirometry (check only one):
61	CV126	Num	8	Pregnancy test (V4):
62	newid	Char	9	BioLINCC participant ID
63	CV104_	Num	8	Days since randomization completed:
64	CV134_	Num	8	Days since randomization form reviewed:
65	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_dd.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	DD107	Char	1	Was study drug dispensed:
3	DD110	Char	1	Were label fill-ins on blisterpack completed:
4	DD111	Char	1	Was study blisterpack returned:
5	DD116	Char	1	Confirm that photocopy of returned blisterpack has been attached to this form:
6	DD117	Char	1	Was a second blisterpack returned:
7	DD122	Char	1	Confirm that photocopy of returned second blisterpack has been attached to this form:
8	DD123	Char	1	Were any blisterpacks expected but not returned:
9	DD124_a	Char	1	Reasons expected blisterpacks were not returned: Consumed and discarded:
10	DD124_b	Char	1	Reasons expected blisterpacks were not returned: Lost/destroyed:
11	DD124_c	Char	1	Reasons expected blisterpacks were not returned: Forgot, still at home:
12	DD124_d	Char	1	Reasons expected blisterpacks were not returned: Participant will return at later date:
13	DD124_e	Char	1	Reasons expected blisterpacks were not returned: Other (specify):
14	DD114s	Char	1	Was blisterpack kept in freezer for the entire time: Specify:
15	DD116s	Char	1	Confirm that photocopy of returned blisterpack has been attached to this form: Specify:
16	DD120s	Char	1	Was second blisterpack kept in freezer for the entire time (check only one): Specify:
17	DD122s	Char	1	Confirm that photocopy of returned second blisterpack has been attached to this form: Specify:
18	DD114	Num	8	Was blisterpack kept in freezer for the entire time (check only one):
19	DD115	Num	8	How many capsules were left in blisterpack:
20	DD120	Num	8	Was second blisterpack kept in freezer for the entire time (check only one):
21	DD121	Num	8	How many capsules were left in second blisterpack:
22	newid	Char	9	BioLINCC participant ID
23	DD104_	Num	8	Days since randomization form completed:
24	DD108_	Num	8	Days since randomization Study Drug dispensed:
25	DD112_	Num	8	Days since randomization study blisterpack returned:
26	DD118_	Num	8	Days since randomization second blisterpack returned:
27	DD125_	Num	8	Days since randomization form reviewed:
28	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_dtc_sample.sas7bdat

Num	Variable	Type	Len	Label
1	dose	Num	8	0,25,150 umoles sulforaphane
2	DTC	Num	8	Dithiocarbamate nmol per mL of deproteinized plasma or micromolar
3	newid	Char	9	BioLINCC participant ID

Data Set Name: best_eg.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	EG110	Char	1	Age 40 years or older:
3	EG111	Char	1	Ten or more pack years smoking history:
4	EG112	Char	1	Physician diagnosed COPD:
5	EG113a	Char	1	Post-bronchodilator FEV1: Post-bronchodilator FEV1 40-80% predicted at V2:
6	EG114a	Char	1	Post bronchodilator FEV1/FVC: Post bronchodilator FEV1/FVC ratio < 0.70 at V2:
7	EG115	Char	1	Signed consent form:
8	EG116	Char	1	Willing to ingest no more than 1 serving of cruciferous vegetables per week during run in and treatment periods:
9	EG117a	Char	1	Results from required tests at V1 reviewed: Blood for CBC, chemistry panel, TSH:
10	EG117b	Char	1	Results from required tests at V1 reviewed: Urine analysis:
11	EG118	Char	1	COPD exacerbation requiring treatment within the last 6 weeks:
12	EG119	Char	1	Significant respiratory (other than COPD), cardiovascular, neuropsychiatric, renal, gastrointestinal, or genitourinary disease that may interfere with participation in the study or interpretation of the results:
13	EG120	Char	1	Acute myocardial infarction or acute coronary syndrome within the last 6 months:
14	EG121	Char	1	Cancer (other than non-melanoma skin cancer or localized prostate cancer) within last 5 years:
15	EG123	Char	1	Allergic to local anesthesia:
16	EG124	Char	1	Allergic to broccoli sprout extracts:
17	EG125	Char	1	Anticoagulant (Warfarin) use within past 2 weeks:
18	EG126b	Char	1	Oxygen saturation: Resting hypoxemia (< 90%):
19	EG127	Char	1	Calculated Glomerular Filtration Rate (GFR) < 30 mL/min:
20	EG128	Char	1	Any of the liver enzymes (AST, ALT, Alkaline Phos) greater than 4 times above the upper limit of normal:
21	EG129	Char	1	Patient eligible to schedule bronchoscopy:
22	EG109s	Char	1	Race (check only one): Other (specify):
23	EG107	Num	8	Gender (check only one):
24	EG108	Num	8	Ethnicity (check only one):
25	EG109	Num	8	Race (check only one):
26	EG113b	Num	8	Post-bronchodilator FEV1: FEV1 % predicted at V2:
27	EG114b	Num	8	Post bronchodilator FEV1/FVC: FEV1/FVC demonstrated at V2:
28	EG117c	Num	8	Results from required tests at V1 reviewed: Pregnancy test:
29	EG122	Num	8	Currently pregnant, lactating, or unwilling to practice adequate birth control for duration of the study:
30	EG126a	Num	8	Oxygen saturation: Pulse oximetry:
31	newid	Char	9	BioLINCC participant ID
32	EG104_	Num	8	Days since randomization completed:
33	EG130_	Num	8	Days since randomization form reviewed by coordinator:
34	EG133_	Num	8	Days since randomization form reviewed by study physician:
35	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: *best_geneexpression_visit.sas7bdat*

Num	Variable	Type	Len	Label
1	dose	Num	8	BEST treatment the participant was assigned
2	visitid	Char	2	Visit when the data was obtained
3	NQ01ActinN_expv	Num	8	NQ01 from nasal epithelial cells
4	AKR1B10ActinN_expv	Num	8	AKR1B10 from nasal epithelial cells
5	AKR1C3ActinN_expv	Num	8	AKR1C3 from nasal epithelial cells
6	NQ01ActinB_expv	Num	8	NQ01 from bronchial epithelial cells
7	HO1ActinB_expv	Num	8	HO1 from bronchial epithelial cells
8	AKR1C1ActinB_expv	Num	8	AKR1C1 from bronchial epithelial cells
9	AKR1C3ActinB_expv	Num	8	AKR1C3 from bronchial epithelial cells
10	NRF2ActinB_expv	Num	8	NRF2 from bronchial epithelial cells
11	Keap1ActinB_expv	Num	8	Keap1 from bronchial epithelial cells
12	NQ01ActinA_expv	Num	8	NQ01 from alveolar macrophage
13	HO1ActinA_expv	Num	8	HO1 from alveolar macrophage
14	AKR1C1ActinA_expv	Num	8	AKR1C1 from alveolar macrophage
15	AKR1C3ActinA_expv	Num	8	AKR1C3 from alveolar macrophage
16	NRF2ActinA_expv	Num	8	NRF2 from alveolar macrophage
17	Keap1ActinA_expv	Num	8	Keap1 from alveolar macrophage
18	NQ01Actin_expv	Num	8	NQ01 from PBMC
19	HO1Actin_expv	Num	8	HO1 from PBMC
20	AKR1C1Actin_expv	Num	8	AKR1C1 from PBMC
21	AKR1C3Actin_expv	Num	8	AKR1C3 from PBMC
22	NRF2Actin_expv	Num	8	NRF2 from PBMC
23	SLPIGAPDHN_expv	Num	8	SLPIGAPDHN_expv
24	NRF2ActinN_expv	Num	8	NRF2 from nasal epithelial cells
25	newid	Char	9	BioLINCC participant ID

Data Set Name: best_ld.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	LD134b	Char	1	List laboratory values outside of normal range: Clinically Significant
3	LD135b	Char	1	List laboratory values outside of normal range: Clinically Significant
4	LD136b	Char	1	List laboratory values outside of normal range: Clinically Significant
5	LD137b	Char	1	List laboratory values outside of normal range: Clinically Significant
6	LD138b	Char	1	List laboratory values outside of normal range: Clinically Significant
7	LD108	Num	8	Specimen Collection: Blood: Sodium:
8	LD109	Num	8	Specimen Collection: Blood: Potassium:
9	LD110	Num	8	Specimen Collection: Blood: Chloride:
10	LD111	Num	8	Specimen Collection: Blood: Bicarbonate:
11	LD112	Num	8	Specimen Collection: Blood: BUN:
12	LD113	Num	8	Specimen Collection: Blood: Creatinine:
13	LD114	Num	8	Specimen Collection: Blood: Glucose:
14	LD115	Num	8	Specimen Collection: Blood: Calcium:
15	LD116	Num	8	Specimen Collection: Blood: Total Protein:
16	LD117	Num	8	Specimen Collection: Blood: Albumin:
17	LD118	Num	8	Specimen Collection: Blood: Total Bilirubin:
18	LD119	Num	8	Specimen Collection: Blood: AST:
19	LD120	Num	8	Specimen Collection: Blood: ALT:
20	LD121	Num	8	Specimen Collection: Blood: Alkaline Phosphatase:
21	LD122	Num	8	Specimen Collection: Blood: WBC:
22	LD123	Num	8	Specimen Collection: Blood: Hemoglobin:
23	LD124	Num	8	Specimen Collection: Blood: Hematocrit:
24	LD125	Num	8	Specimen Collection: Blood: Platelets:
25	LD126	Num	8	Specimen Collection: Blood: TSH:
26	LD128	Num	8	Specimen Collection: Urine: pH:
27	LD129	Num	8	Specimen Collection: Urine: Specific gravity:
28	LD130	Num	8	Specimen Collection: Urine: Protein (0-4+):
29	LD131	Num	8	Specimen Collection: Urine: Glucose (0-4+):
30	LD132	Num	8	Specimen Collection: Urine: Blood (0-4+):
31	LD133	Num	8	Specimen Collection: Urine: Sediment:
32	newid	Char	9	BioLINCC participant ID
33	LD104_	Num	8	Days since randomization completed:
34	LD107_	Num	8	Days since randomization of blood collection:
35	LD127_	Num	8	Days since randomization of urine collection:
36	LD139_	Num	8	Days since randomization form reviewed by coordinator:

Num	Variable	Type	Len	Label
37	LD142_	Num	8	Days since randomization form reviewed by study physician:
38	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_md.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	MD107	Char	1	Was visit or phone contact missed completely:
3	MD108_a	Char	1	AT (ATS-DLD Respiratory Questionnaire):
4	MD108_b	Char	1	BB (BAL Processing Form):
5	MD108_c	Char	1	BH (Baseline History Form):
6	MD108_d	Char	1	BK (Blisterpack Accountability Log):
7	MD108_e	Char	1	BL (Bronchoalveolar Lavage/Bronchial Brushings/Nasal Brushings Form):
8	MD108_f	Char	1	BP (Blood Processing Form):
9	MD108_g	Char	1	CV (Clinic Visit Form):
10	MD108_h	Char	1	DD (Blisterpack Dispensing and Capsule Counting Form):
11	MD108_i	Char	1	EG (Eligibility Form):
12	MD108_j	Char	1	LD (Laboratory Data Form):
13	MD108_k	Char	1	P1 (Phone Contact 1):
14	MD108_l	Char	1	P2 (Phone Contact 2):
15	MD108_m	Char	1	m. P3 (Phone Contact 3):
16	MD108_n	Char	1	PE (Physical Examination Form):
17	MD108_o	Char	1	PF (Pulmonary Function Testing):
18	MD108_p	Char	1	PI (Participant Information):
19	MD108_q	Char	1	SG (St. George's Respiratory Questionnaire):
20	MD108_r	Char	1	SS (Specimen Shipment Sheet):
21	MD108_s	Char	1	ST (Specimen Box Transmittal Sheet):
22	MD108_t	Char	1	Other (specify):
23	MD108_u	Char	1	N/A, none missed:
24	MD109_a	Char	1	EBC:
25	MD109_b	Char	1	Blood for plasma:
26	MD109_c	Char	1	Blood for serum:
27	MD109_d	Char	1	Blood for PBMCs:
28	MD109_e	Char	1	Blood for CBC, chemistry panel:
29	MD110_a	Char	1	Participant was ill:
30	MD110_b	Char	1	Participant was temporarily away from area:
31	MD110_c	Char	1	Participant refused procedure:
32	MD110_d	Char	1	Participant has permanently moved from area:
33	MD110_e	Char	1	Unable to contact participant:
34	MD110_f	Char	1	Participant forgot:
35	MD110_g	Char	1	Other (specify):
36	newid	Char	9	BioLINCC participant ID

Num	Variable	Type	Len	Label
37	MD104_	Num	8	Days since randomization completed:
38	MD112_	Num	8	Days since randomization form reviewed:
39	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_p1.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	P1108	Char	1	Did participant have any problems after the bronchoscopy/brushings:
3	P1118	Char	1	Other symptoms or medical events:
4	P1122	Char	1	Was study blisterpack stored in the freezer:
5	P1123	Char	1	Has participant started taking study capsules yet:
6	P1124	Char	1	Has participant had any problems taking study medication:
7	P1109a	Char	1	Fever: Severity:
8	P1109b	Char	1	Fever: Status:
9	P1110a	Char	1	Chills: Severity:
10	P1110b	Char	1	Chills: Status:
11	P1111a	Char	1	Chest pain: Severity:
12	P1111b	Char	1	Chest pain: Status:
13	P1112a	Char	1	Nosebleed: Severity:
14	P1112b	Char	1	Nosebleed: Status:
15	P1113a	Char	1	Sore Throat: Severity:
16	P1113b	Char	1	Sore Throat: Status:
17	P1114a	Char	1	Wheezing: Severity:
18	P1114b	Char	1	Wheezing: Status:
19	P1115a	Char	1	Shortness of breath: Severity:
20	P1115b	Char	1	Shortness of breath: Status:
21	P1116a	Char	1	Cough: Severity:
22	P1116b	Char	1	Cough: Status:
23	P1117a	Char	1	Coughing up blood: Severity:
24	P1117b	Char	1	Coughing up blood: Status:
25	P1119a	Char	1	Other symptom or medical event #1: Severity:
26	P1119b	Char	1	Other symptom or medical event #1: Status:
27	P1120a	Char	1	Other symptom or medical event #2: Severity:
28	P1120b	Char	1	Other symptom or medical event #2: Status:
29	P1121a	Char	1	Other symptom or medical event #3: Severity:
30	P1121b	Char	1	Other symptom or medical event #3: Status:
31	P1125_a	Char	1	Who was interviewed: Participant:
32	P1125_b	Char	1	Who was interviewed: Other (specify):
33	P1125_bs	Char	1	Who was interviewed: Other (specify): specify relationship to participant:
34	P1122s	Char	1	Was study blisterpack stored in the freezer: If No, specify reason and where blisterpack was stored:
35	P1123s	Char	1	Has participant started taking study capsules yet: If No, specify reason:
36	newid	Char	9	BioLINCC participant ID

Num	Variable	Type	Len	Label
37	P1104_	Num	8	Days since randomization of phone contact:
38	P1107_	Num	8	Days since randomization of bronchoscopy/brushings:
39	P1126_	Num	8	Days since randomization form reviewed:
40	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_p2.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	P2107	Char	1	Was the P1 form completed:
3	P2108	Char	1	Has participant had any issues with study capsules:
4	P2109a	Char	1	Missed study capsules: Has participant missed any doses of study capsules:
5	P2112	Char	1	Other symptoms or medical events:
6	P2114a	Char	1	Serious adverse events: Since the last study visit, has the participant experienced a serious adverse event or been hospitalized:
7	P2116	Char	1	Visit 4 appointment confirmed:
8	P2117	Char	1	Visit 5 (bronchoscopy/brushings) appointment confirmed:
9	P2110_a	Char	1	Why were study capsules missed (check all that apply): Forgot:
10	P2110_b	Char	1	Why were study capsules missed (check all that apply): Ran out of study capsules:
11	P2110_c	Char	1	Why were study capsules missed (check all that apply): Side effects: (specify):
12	P2110_d	Char	1	Why were study capsules missed (check all that apply): Lost study capsules:
13	P2110_e	Char	1	Why were study capsules missed (check all that apply): Too busy:
14	P2110_f	Char	1	Why were study capsules missed (check all that apply): Other (specify):
15	P2118_a	Char	1	Who was interviewed: Participant
16	P2118_b	Char	1	Who was interviewed: Other
17	P2118_bs	Char	1	Who was interviewed: Other (Specify)
18	P2109b	Num	8	Missed study capsules: How many doses were missed (1 dose = 3 capsules):
19	P2111a	Num	8	Adverse Event Screen: Symptoms: Nausea:
20	P2111b	Num	8	Adverse Event Screen: Symptoms: Vomiting:
21	P2111c	Num	8	Adverse Event Screen: Symptoms: Poor appetite:
22	P2111d	Num	8	Adverse Event Screen: Symptoms: Bad taste in mouth:
23	P2111e	Num	8	Adverse Event Screen: Symptoms: Heartburn:
24	P2111f	Num	8	Adverse Event Screen: Symptoms: Headache:
25	P2111g	Num	8	Adverse Event Screen: Symptoms: Fatigue:
26	P2111h	Num	8	Adverse Event Screen: Symptoms: Skin rash:
27	P2111i	Num	8	Adverse Event Screen: Symptoms: Bloating:
28	P2111j	Num	8	Adverse Event Screen: Symptoms: Diarrhea:
29	P2111k	Num	8	Adverse Event Screen: Symptoms: Abdominal discomfort:
30	P2113a	Num	8	Rate severity of other symptoms or medical events: Allergic reactions:
31	P2113b	Num	8	Rate severity of Edema:
32	P2113c	Num	8	Rate severity of Hypertension:
33	P2113d	Num	8	Rate severity of Hypotension:
34	P2113e	Num	8	Rate severity of Fever:
35	P2113f	Num	8	Rate severity of Flushing:
36	P2113g	Num	8	Rate severity of Weight gain:

Num	Variable	Type	Len	Label
37	P2113h	Num	8	Rate severity of Blurred vision:
38	newid	Char	9	BioLINCC participant ID
39	P2104_	Num	8	Days since randomization of phone contact:
40	P2119_	Num	8	Days since randomization form reviewed:
41	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_p3.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	P3107a	Char	1	Bronchoscopy/brushings: V5 bronchoscopy and/or brushings attempted or completed:
3	P3108	Char	1	Did participant have any problems after the bronchoscopy/brushings:
4	P3118	Char	1	Other symptoms or medical events:
5	P3126	Char	1	Was treatment unmasking envelope distributed to participant:
6	P3109a	Char	1	Fever: Severity:
7	P3109b	Char	1	Fever: Status:
8	P3110a	Char	1	Chills: Severity:
9	P3110b	Char	1	Chills: Status:
10	P3111a	Char	1	Chest pain: Severity:
11	P3111b	Char	1	Chest pain: Status:
12	P3112a	Char	1	Nosebleed: Severity:
13	P3112b	Char	1	Nosebleed: Status:
14	P3113a	Char	1	Sore Throat: Severity:
15	P3113b	Char	1	Sore Throat: Status:
16	P3114a	Char	1	Wheezing: Severity:
17	P3114b	Char	1	Wheezing: Status:
18	P3115a	Char	1	Shortness of breath: Severity:
19	P3115b	Char	1	Shortness of breath: Status:
20	P3116a	Char	1	Cough: Severity:
21	P3116b	Char	1	Cough: Status:
22	P3117a	Char	1	Coughing up blood: Severity:
23	P3117b	Char	1	Coughing up blood: Status:
24	P3119a	Char	1	Other symptom or medical event #1: Severity:
25	P3119b	Char	1	Other symptom or medical event #1: Status:
26	P3120a	Char	1	Other symptom or medical event #2: Severity:
27	P3120b	Char	1	Other symptom or medical event #2: Status:
28	P3121a	Char	1	Other symptom or medical event #3: Severity:
29	P3121b	Char	1	Other symptom or medical event #3: Status:
30	P3128s	Char	1	Method of distribution of treatment unmasking envelope (check only one): Specify:
31	P3129_a	Char	1	Who was interviewed: Participant
32	P3129_b	Char	1	Who was interviewed: Other
33	P3129_bs	Char	1	Who was interviewed: Other (Specify)
34	P3122	Num	8	How would you rate your experience as a participant in the study (check only one):
35	P3125	Num	8	Which study medication do you think you were taking (check only one):
36	P3128	Num	8	Method of distribution of treatment unmasking envelope (check only one):

Num	Variable	Type	Len	Label
37	newid	Char	9	BioLINCC participant ID
38	P3104_	Num	8	Days since randomization of phone contact:
39	P3127_	Num	8	Days since randomization treatment unmasking envelope distributed:
40	P3130_	Num	8	Days since randomization form reviewed:
41	P3107b_	Num	8	Bronchoscopy/brushings: Days since randomization bronchoscopy and/or brushings attempted or completed:
42	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_pe.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	PE107a	Num	8	Blood Pressure: Systolic:
3	PE107b	Num	8	Blood Pressure: Diastolic:
4	PE108	Num	8	Heart rate:
5	PE109	Num	8	Oxygen saturation (room air):
6	PE110	Num	8	Respiratory rate:
7	PE111a	Num	8	Height: Inches
8	PE111b	Num	8	Height: Centimeters
9	PE112a	Num	8	Weight: In pounds
10	PE112b	Num	8	Weight: Kilograms
11	PE113	Num	8	Physical examination:
12	PE114	Num	8	HEENT:
13	PE115	Num	8	Chest:
14	PE116	Num	8	Cardiovascular:
15	PE117	Num	8	Abdomen:
16	PE118	Num	8	Extremities:
17	PE119	Num	8	Neurologic:
18	newid	Char	9	BioLINCC participant ID
19	PE104_	Num	8	Days since randomization completed:
20	PE120_	Num	8	Days since randomization form reviewed by coordinator:
21	PE123_	Num	8	Days since randomization form reviewed by physician:
22	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_pf.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	PF110	Char	1	A short-acting bronchodilator in the past 4 hours (Atrovent, Combivent, albuterol, ipratropium, Ventolin, Proventil):
3	PF111	Char	1	A long-acting bronchodilator in the past 12 hours (Serevent, Advair, salmeterol, theophylline, Dulera, Symbicort):
4	PF112	Char	1	A longer acting bronchodilator in the past 24 hours (tiotropium, Spiriva):
5	PF122	Char	1	Was DLCO performed:
6	PF124	Char	1	Were lung volumes completed:
7	PF107a	Num	8	Height: Inches
8	PF107b	Num	8	Height: Centimeters
9	PF108a	Num	8	Weight: In pounds
10	PF108b	Num	8	Weight: Kilograms
11	PF109	Num	8	Choose one predominant race category as identified by participant (used to calculate predicted values):
12	PF113	Num	8	Note which spirometer brand was used:
13	PF114	Num	8	Pre-bronchodilator FVC:
14	PF115	Num	8	Pre-bronchodilator FEV1:
15	PF116	Num	8	Predicted FEV1 (from Manual of Procedures or as calculated online at http://www.besttrial.org):
16	PF117	Num	8	Percent predicted pre-bronchodilator FEV1:
17	PF118	Num	8	Post-bronchodilator FVC:
18	PF119	Num	8	Post-bronchodilator FEV1:
19	PF120	Num	8	Post bronchodilator FEV1/FVC ratio:
20	PF121	Num	8	Percent predicted post-bronchodilator FEV1:
21	PF123	Num	8	DLCO:
22	PF125	Num	8	Method of lung volume measure (check only one):
23	PF126	Num	8	TLC:
24	PF127	Num	8	SVC:
25	PF128	Num	8	FRC:
26	PF129	Num	8	RV:
27	newid	Char	9	BioLINCC participant ID
28	PF104_	Num	8	Days since randomization testing completed:
29	PF130_	Num	8	Days since randomization form reviewed:
30	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: *best_quest.sas7bdat*

Num	Variable	Type	Len	Label
1	VisitID	Char	3	Visit when the data was obtained
2	dose	Num	8	BEST treatment the participant was assigned
3	scorecat	Num	8	Dyspenia score from CV109
4	totscoremax	Num	8	Total score
5	impactsscoremax	Num	8	Impacts score
6	sympscoremax	Num	8	Symptoms score
7	activityscoremax	Num	8	Activity score
8	newid	Char	9	BioLINCC participant ID

Data Set Name: best_rz.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	RZ107	Char	1	Has Eligibility Form (EG) been completed and data entered:
3	RZ108	Char	1	Was V3 bronchoscopy successful:
4	RZ112	Char	1	Randomization Kit ID:
5	newid	Char	9	BioLINCC participant ID
6	RZ109_	Num	8	Days since randomization form reviewed:
7	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: *best_sae.sas7bdat*

Num	Variable	Type	Len	Label
1	newID	Char	11	BioLINCC participant ID
2	timeofRZ	Num	8	timeofRZ
3	summary	Char	20	summary

Data Set Name: best_sc.sas7bdat

Num	Variable	Type	Len	Label
1	visitid	Char	11	Visit when the data was obtained
2	SC107	Char	1	Age 40 years or older:
3	SC108	Char	1	Ten or more pack years smoking history (10 pack-years = 1 pack a day for 10 years; 2 packs a day for 5 years, etc):
4	SC109	Char	1	Physician diagnosed COPD:
5	SC110a	Char	1	FEV1 40-80% and FEV1\FVC < 0.70 predicted within past 6 months:
6	SC111	Char	1	Willing to ingest no more than 1 serving of cruciferous vegetables per week during run-in and treatment periods (refer to flash card):
7	SC112	Char	1	COPD exacerbation requiring treatment in the last 6 weeks:
8	SC113	Char	1	Significant respiratory, cardiovascular, neuropsychiatric, renal, gastrointestinal, or genitourinary disease that may interfere with participation in the study or interpretation of the results (consult with study physician):
9	SC114	Char	1	Acute myocardial infarction or acute coronary syndrome within the last 6 months:
10	SC115	Char	1	Cancer (other than non-melanoma skin or localized prostate) within last 5 years:
11	SC117	Char	1	Allergic to local anesthesia:
12	SC118	Char	1	Allergic to broccoli sprout extracts:
13	SC119	Char	1	Anticoagulant (Warfarin) use within past 2 weeks:
14	SC120b	Char	1	Oxygen saturation: Resting hypoxemia (O2 < 90%):
15	SC121	Char	1	Signed consent form:
16	SC122	Char	1	Blood for CBC, chemistry panel, TSH collected:
17	SC123	Char	1	Urine collected:
18	SC125	Char	1	Does the participant appear to be eligible for the study:
19	SC116	Num	8	Currently pregnant, lactating, or unwilling to practice adequate birth control for duration of the study:
20	SC120a	Num	8	Oxygen saturation: Pulse oximetry:
21	SC124	Num	8	Pregnancy test:
22	newid	Char	9	BioLINCC participant ID
23	SC104_	Num	8	Screening visit Days since randomization:
24	SC126_	Num	8	Days since randomization form reviewed:
25	SC110b_	Num	8	Days since randomization demonstrated:
26	VisitDate_	Num	8	Days since randomization of Visit

Data Set Name: best_trt.sas7bdat

Num	Variable	Type	Len	Label
1	newid	Char	9	BioLINCC participant ID
2	dose	Num	8	BEST treatment the participant was assigned