Appendix 4 Characteristics of studies

First author, Publication year, Follow-up time	Study design	Characteristics of patients: analyzed/recruited (n), (women %), mean age (years)	Atopy or allergy ^{1,2,3)}		Baseline FEV1, % pred (deviation)	Exhalation flow rate in FeNO measurement (ml/s)		phenotype assessed?	Was predictive ability of FeNO assessed in relation to inflammatory phenotype?	Funding and support
Study auestion 1:	Does increased Fe	NO predict a favoural	ble response	to ICS in st	eroid-naïve asthmatics?					
Cowan 2010 Follow-up: at minimum 28 days	Prospective cohort related to FeNO (steroid response	n=88/94 (EA: 69 %; NEA: 31 %), women 64 %. Age: 43 (SD 13)	EA: 77 %; NEA: 86 %	not detailed	88 (SD 16)	50	to 35.6); NEA: 24.1 (95 % CI 18.9 to 30.7)	the subjects had sputum eosinophils	Yes	Lottery Health New Zealand
Szefler 2002 Follow-up: 24 weeks		n=21/30 (women 23 %). Age: 30 (SD 7.5)	no information provided	not detailed	74.2 (SD 11.1)	no information provided		Group meadian values for sputum eosinophils and neutrophils are given, but individuals were not categorised into different inflammatory phenotypes.	No	National and academic organisations
Szefler 2005 Follow-up: 8 week	related to FeNO	n=111/144 (girls 41%). Age: 11 (SD 3.4)	2.8 ¹⁾	mild-to- moderate	95 (± 12.9)	50	to 44.7)	Group meadian values for blood eosinophil count and serum ECP level are given, but individuals were not categorised into different inflammatory phenotypes.		National and academic organisations. Equipment support by Aerocrine, Inc. Chicago, I11

Study question 2: Does increased FeNO predict risk of exacerbation in asthmatic patients on regular stabile ICS treatment?

Cally 2000	Droop active ashart	n= 44/44 (women	no.	Imild to	CO (. 44*. 70(. 25**	1100	0 + 5*: 25 + 14**	INO	l _{No}	No information
Gelb 2006 Follow-up: 1.5 years	Prospective cohort related to FeNO	n= 44/44 (women 55 %). Age: 48.5	information provided	mild-to- severe	69 (± 14)*; 72(± 25)**	100	9 ± 5*; 35 ± 14**	No	No	provided. Authors were from independent organisations
Kupczyk 2014 Follow-up: 1 year	Prospective cohort related to FeNO	In total 169 patients: 93 with severe and 76 with mild-to- moderate asthma (women 59%). Age: 46.5 (range 18- 72)	45%	mild-to-	severe asthma 70.4 ± 2.1; mild-to-moderate asthma 88.7 ± 2.1	50	± 6.2; mild-to-moderate 40.1 ± 4.1	Group means for sputum eosinophils and neutrophils are given and in the subgroup of frequent exacerbators it is stated that 83.3 % of subjects had high levels of sputum eosinophils.		the European Union and several national funding bodies. Unconditional support from Aerocrine AB
Ozier 2011	Prospective cohort of adults. Baseline characteristics not reported for those 55 patients with controlled asthma (the subgroup considered in this review).							No	No	Phadia provided the MINO analyser, but di not participate in the collection, analysis and interpretation of the data or in the writing of the manuscript
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				ar stabile IC	S treatment predict furth	er benefit fro				T
unclear	related to FeNO (placebo-controlled trial related to medication; half of the patients in blinded design, half in open design)	moderate asthma (women 57.5%). Age: 47.5 (range 18- 72)	40.4%	mild-to- moderate, and severe	severe asthma 73.2 ± 2.3; mild or moderate asthma 89.9 ± 2.5		± 6.6 ; mild-to-moderate asthma 39.3 ± 4.4	Group mean values for sputum eosinophils and neutrophils and blood eosinophil count are given, but individuals were not categorised into different inflammatory phenotypes.		the European Union and several national funding bodies. Unconditional support from Aerocrine AB
Little 2000 Follow-up: 2 weeks	Prospective cohort related to FeNO	n=37/37(women 51 %). Age: 48.6 (SD 12.2)	no information provided	not detailed	76.3 (SD 21.9)	no information provided	Baseline FeNO > 10 ppb in 32% of patients (cut-off value for increased FeNO 10 ppb)	11 out of 30 subjects had sputum eosinophilia ≥ 4 % and 19 subjects had sputum eosinophils < 4 %.		National Asthma Campaign

	In this review, considered only those 82 patients whose ICS dose was over 500 µg/day equ BDP. Age: no information provided but adults however.		d asthma	84.1 ± 19.0 (patients with over 500 μg/day equ BDP).		Geometric mean 20.5 (geometrical interval 9.0 - 46.7) (patients with ICS dose over 500 µg/day equ BDP).	No	No information provided. Authors were from university hospital
related to FeNO	n=102/102 (women 72 %). Age: 56 ± 15	46.5 % ²⁾	uncontrolle d asthma	72 ± 24	50	43.1 ± 45.6 (range 4-222)	No	No information provided. Authors were from hospitals

Study questions 4: If an asthmatic patient on low dose ICS has good asthma control for at least 3 months, does low baseline FeNO predict successful withdrawal of ICS without asthma relapse?

Study questions 5: If an asthmatic patient on low dose ICS has good asthma control for at least 3 months and the ICS is withdrawn, does increased FeNO level during the follow-up predict asthmatic patient on low dose ICS has good asthmatic patient on low dose ICS h

		n=37/40 (girls 43 %).		not detailed	99.5					Funding provided by
Follow-up: 2, 4, 12		Age: 12 (range 7–17)			(range 73–134)		asthma relapse:			independent
and 24 weeks							geometric mean			foundation
							14.8 (95% CI 8.5 to			organisation
							25.8);			
							children without			
							asthma relapse:			
							10.5 (95% CI 7.3			
Ferrer 2011	Prospective cohort	n=28/28 (girls 25 %).	93 % ³⁾	not detailed	> 80	50	median 48	No		No information
Follow-up: 6	related to FeNO	Age:11 (range 6–14)					(range12-144)			provided.
months										
									No	

¹⁾ number of positive skin tests out of 8 allergens tested

SD = standard deviation

CI = confidence interval

²⁾ positive skin test, (%)

³⁾ subjects of allergen immunotherapy, (%)

^{*}FeNO ≤ 22

^{**}FeNO > 22