



FenomPro™

Asthma Monitor

General outline for FeNO interpretation¹

Symptoms refer to cough and/or wheeze and/or shortness of breath*

Symptom Assessment	FeNO < 25ppb (<20 ppb in children)	FeNO 25-50 ppb (20-35 ppb in children)	FeNO > 50 ppb (>35 ppb in children)
	Diagnosis		
Symptoms have occurred during the past 6+ weeks	<ul style="list-style-type: none"> Eosinophilic airway inflammation unlikely Alternative diagnoses Unlikely to benefit from ICS 	<ul style="list-style-type: none"> Be cautious Evaluate clinical context Monitor change in FeNO over time 	<ul style="list-style-type: none"> Eosinophilic airway inflammation present Likely to benefit from ICS
	Monitoring (in Patients with Diagnosed Asthma)		
Symptoms are present	<ul style="list-style-type: none"> Possible alternative diagnoses Unlikely to benefit from increase in ICS 	<ul style="list-style-type: none"> Persistent allergen exposure Inadequate ICS dose Poor adherence Steroid resistance 	<ul style="list-style-type: none"> Persistent allergen exposure Poor adherence or inhaler technique Inadequate ICS dose Risk for exacerbation Steroid resistance
Symptoms are absent	<ul style="list-style-type: none"> Adequate ICS dose Good adherence ICS taper 	<ul style="list-style-type: none"> Adequate ICS dosing Good adherence Monitor change in FeNO 	<ul style="list-style-type: none"> ICS withdrawal or dose reduction may result in relapse Poor adherence or inhaler technique

Definition of abbreviations: FeNO = fraction of exhaled nitric oxide; ICS = inhaled corticosteroid.

* The interpretation of FeNO is an adjunct measure to history, physical exam, and lung function assessment.

1. R. A. Dweik, et. al, Am. J. Respir., 2011; vol. 184, pp. 602-615.

▶ One Test is Not Enough

One FeNO test can only tell you so much, but establishing an ongoing FeNO testing arrangement with patients helps harmonize personalized treatment guidance, dose titration, and patient adherence.

We call this cyclical process **Fenom Test-Treat-Test™**

