

Appendix 3: Exacerbation events according to estimated risk of exacerbation

Estimated risk of exacerbation*	Number of participants (n=384)		
	≥1 exacerbation observed after stepping down ICS, Number (%)	No exacerbations observed after stepping down ICS, Number (%)	Totals
<10%	21 (8.6)	222 (91.4) [§]	243
≥10%	22 (15.6) [†]	119 (84.4)	141
<15%	33 (9.6)	311 (90.4) [§]	344
≥15%	10 (25) [†]	30 (25)	40
<20%	37 (10.2)	327 (89.8) [§]	364
≥20%	6 (30) [†]	14 (70)	20

ICS = Inhaled corticosteroids

*Calculated using logistic regression equation: Linear predictor = $-2.417 + (0.0008 * \text{age (in years)} + (0.623 \text{ if male}) + (-0.453 \text{ if FeNO } >20 \text{ and } <50]) + (0.941 \text{ if FeNO } \geq 50)$

[§]Number of participants in whom decision to step down ICS would be appropriate. Appropriate step down decisions were defined as ICS dose reductions in patients whose estimated exacerbation risk was below a given threshold and in whom no acute exacerbation was observed during the following 12-week period.

[†]Number of participants in whom decision to continue the same dose of ICS would be appropriate. Appropriate continuation of ICS was defined as maintaining the same ICS dose in a patient whose estimated risk of exacerbation was at or above a given threshold, thereby potentially preventing an acute exacerbation during the following 12-week period.