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# $F_{\text{ENO}}$ as a biomarker guide for inhaled corticosteroid step down in patients with mild-to-moderate well-controlled asthma

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Reducing inhaled corticosteroid dose can be considered when  $F_{\text{ENO}}$  is less than 50 ppb in patients with well-controlled mild-to-moderate asthma. However, larger studies with longer follow-up are required in order to validate these preliminary data. <https://bit.ly/2SckpnE>

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Nitric oxide (NO) is an endogenous gaseous molecule synthesised by practically all living cells [1]. It has an impressive wide range of physiological properties, justifying both its recognition as “molecule of the year” in 1992 [2], and in the 1998 Nobel Prize being awarded for nitric oxide discoveries 6 years later [3]. The first reports on the detection of NO in the exhaled air of healthy humans was published in 1991 [4], followed 2 years later by the very first description of increased exhaled NO in asthmatic patients [5]. In 1997, the European Respiratory Society issued the first technical recommendations regarding exhaled and nasal NO measurements [6]. Two years later the American Thoracic Society (ATS) introduced the fractional concentration of NO in the exhaled air ( $F_{\text{ENO}}$ ) as a noninvasive, reproducible and reliable online measurement of NO stemming from the large airways [7]. During the past two decades, numerous national and international societies have issued recommendations related to its practical measurement or clinical use in asthma [7–12]. Yet, some uncertainties or, at the very least, questions still remain regarding the utility of this simple point-of-care testing tool in asthma.