

evernoa

Diagnosis and Monitoring of Asthma



evernoa is a point-of-care, portable, rapid and highly accurate FeNO device that facilitates the diagnosis and monitoring of asthma by providing useful information on airway inflammation.

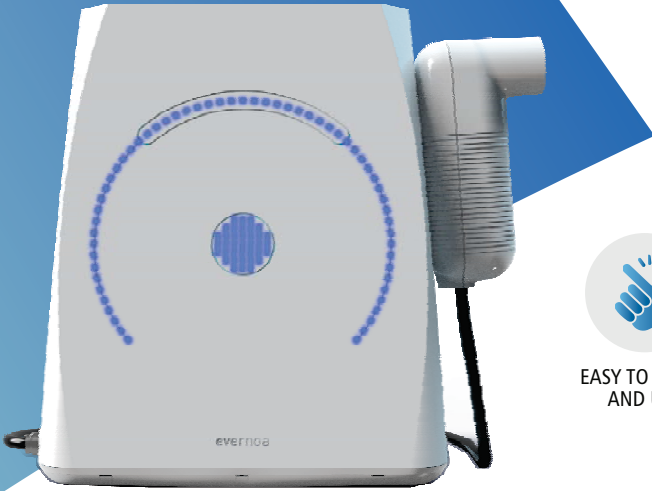


ADVANTAGES IN TIMES OF COVID-19

- ◆ Reduces the risk of contagion
- ◆ Greater hygiene
 - **Thanks to the Inhalation of Ambient Air**
- ◆ Possibility of patient guiding with less risk of contagion for the operator
 - **Remote Control**
- ◆ Ensures a greater distance between the patient and the device
 - **Connector > 2m**

evernoa

FeNO Device



EASY TO SET UP AND USE



ACCURATE AND RESULTS IN 5 SECONDS



DUAL USER INTERFACE



ACCORDING TO ATS/ERS AND SEPAR



SOFTWARE CONNECTIVITY

Technical Specifications

Measuring range	5-300 ppb	Precision	< 2 ppb for values < 50 ppb ≤ 3% for values ≥ 50 ppb
Response time	5 sec	Trueness	± 4 ppb for values < 50 ppb 8% for values 50 ppb
Warm-up time	Max. 1 min	Inhalation through the device	Not necessary
Portability	Yes	Training	Available
Autonomy	> 4h operating > 72h in stand-by	Data storage	15,000 measures
Lifetime	15,000 measures or 6 years	Ambient NO	Available
Size	240x200x165mm	Weight	1,4 kg

IMPORTANT INFORMATION REGARDING EVERNOA

Evernoa measures the fractional concentration of nitric oxide (FeNO) from human breath according to the recommendations of the American Thoracic Society (ATS) and the European Respiratory Society (ERS). FeNO is a quantitative measure of nitric oxide from the airways that can be used in the asthma diagnosis as well as in its follow-up. Evernoa must be operated by health professionals who have received training and have read the instructions for use. Evernoa can determine FeNO in adults and children over 4 years. The operator must differentiate between the measurement mode for children (6s) and the adult mode (10s). Results offered by evernoa should be interpreted by a doctor.

General outline for FeNO interpretation

Symptom Assessment	FeNO < 25 ppb (<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

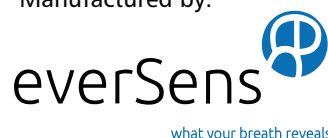
Symptoms refer to cough and/or wheeze and/or shortness of breath* | Definition of abbreviations: FeNO = fraction of exhaled nitric oxide; ICS = inhaled corticosteroid.
* The interpretation of FeNO is an adjunct measure to history, physical exam and lung function assessment. | I. R. A. Dweik, et. al. Am. J. Respir., 2011; vol. 184, pp.602-615.

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