Excluded Articles.

<table>
<thead>
<tr>
<th>Reason of Exclusion</th>
<th>Citations Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Wrong Outcome</td>
<td>1-264</td>
</tr>
<tr>
<td>B. Wrong Population</td>
<td>265-304</td>
</tr>
<tr>
<td>C. Wrong Study Design</td>
<td>305-368</td>
</tr>
<tr>
<td>D. Abstracts Only</td>
<td>369-446</td>
</tr>
<tr>
<td>E. Review articles</td>
<td>447-449</td>
</tr>
<tr>
<td>F. Duplicates</td>
<td>450-457</td>
</tr>
</tbody>
</table>

A. (1-264)
B. (265-304)
C. (305-368)
D. (369-446)
E. (447-449)
F. (450-457)

34. Byrne AL, Marais BJ, Mitnick CD, et al. Asthma and atopy prevalence are not reduced among former tuberculosis patients compared with controls in Lima, Peru. BMC Pulm Med. 19(40).


< or = 16 ppb better than FENO < or =12 ppb to rule out mild and moderate to severe asthma [added]. Respir Res. 2009;10(15):15.


434. Sharifi A, Nazemiyeh M. Methacholine challenge test with impulse oscillometry versus spirometry: Which is more sensitive in detecting airway hyper-responsiveness (AHR?). Eur Respir J. 2018;52.


443. Van Nederveen-Bendien SA, Heijerman HGM, Van Den Ende-Van Der Velden PJW. Specific airway resistance is more sensitive in diagnosing asthma in patients with a normal bronchial challenge test (FEV1) compared to FeNO and blood eosinophils. Allergy: European Journal of Allergy and Clinical Immunology. 2016;71:89.


