Press release October 11, 2013

Aerocrine

First primary care trial supports FeNO-guided asthma treatment

SOLNA, Sweden – 11 October, 2013 - Aerocrine AB (OMX Nordic Exchange: AERO) – A new randomised clinical trial shows lower incidence of asthma exacerbations and increased asthma control with Fractional exhaled Nitric Oxide (FeNO)-guided anti-inflammatory treatment. The study has been published on the website of <u>Journal of Allergy and Clinical Immunology: In Practice</u>.

A total of 187 non-smoking asthma patients (18-64 years) with perennial allergy and on regular inhaled corticosteroid (ICS) treatment were recruited at 17 primary health care centres in Sweden, randomly assigned to two groups and followed for one year. One group was treated with standard of care whereas treatment of the patients in the other group were guided by FeNO. Aerocrine's patented FeNO test, with the NIOX® MINO® device was used in the study. In the standard of care group FeNO was blinded for both patient and physician.

"FeNO-guided anti-inflammatory treatment enabled the physicians to optimize the treatment with for example inhaled corticosteroids so that both over- and undertreatment can be avoided. This may be a useful tool in long-term management of patients with asthma", says Dr Jörgen Syk, General Practitioner at Runby primary care clinic, Stockholm, Sweden and being the principal investigator in the study.

Overall, FeNO-guided management resulted in improved asthma symptom control and reduced exacerbation frequency in adults with asthma. The FeNO-guided group reported almost 50% fewer asthma exacerbations without an increase in the used average dose of corticosteroids. Although there was no difference in perceived quality of life (which was the primary endpoint of the study) between the groups, the FeNO-guided group reported fewer symptoms than the group following standard of care treatment.

"This is the third major, well controlled, blinded trial* to confirm that FeNO is a useful biomarker for the management of asthma by reducing exacerbations and managing the utilization of the appropriate medication at the correct time. This information further substantiates and strengthens the clinical evidence behind the American Thoracic Society (ATS) guidelines. These guidelines are also endorsed by American College of Allergy, Asthma and Immunology (ACAAI) and the American Academy of Allergy, Asthma and Immunology (AAAAI), said Scott Myers, CEO Aerocrine AB.

*Earlier trials are Powell 2011, The Lancet vol 378 and Peirsman 2013 Pediatric Pulmonology, in press.

Asthma is a chronic inflammatory airways disease that is characterized by symptoms including wheezing and difficulty in breathing. Asthma is one of the world's most common and costly diseases; it affects 8-10 per cent of the population and is associated with enormous healthcare expenditures that include direct and indirect costs. The disease has no cure, and proper diagnosis and management is crucial for improved quality of life for the patients. FeNO measurement enables physicians to better assess and manage patients with allergic airway inflammation.

For more information, contact:

Scott Myers, Chief Executive Officer, Aerocrine, Phone: +46 768 788 379 Dr Kathy Rickard, Chief Medical Officer Aerocrine, Phone: +1 919 749 6708

About Aerocrine

Aerocrine AB is a medical products company focused on improved management and care of patients with inflammatory airway diseases such as Asthma. Within this sector, Aerocrine is the world leader. Aerocrine markets NIOX MINO®, which enables fast and reliable point-of-care measurement of airway inflammation. This product plays a critical role in more effective diagnosis, treatment and follow-up of patients affected with inflammatory airway diseases. Aerocrine is based in Sweden with subsidiaries in the US, Germany, Switzerland and the UK. Aerocrine shares have been listed on the Stockholm Stock Exchange since 2007 (AERO-B.ST). For more information please visit www.neocrine.com and www.neocrine.com and www.neocrine.com.

Aerocrine may be required to disclose the information provided herein pursuant to the Securities Markets Act and/or the Financial Instruments Trading Act. The information was submitted for publication at 10 am on October 11 2013.

^{*}Earlier trials are Powell 2011, The Lancet vol 378 and Peirsman 2013 Pediatric Pulmonology, in press.