and response to anti-tuberculous therapy (ATT). We test the hypothesis that FDG-PET CT imaging might be useful in OTB patients, most of whom describe visual symptoms as the presenting feature of TB, without respiratory or constitutional symptoms. Patients were identified by analysing referrals between a tertiary referral centre for ophthalmology and its regional TB service, over a five year period, with data collection continuing prospectively. Additional cases were identified from our region’s TB Register, where the eye(s) had been recorded as an extra-pulmonary site of TB. As part of TB screening, all patients had a chest X-ray (CXR) and interferon gamma release assay (with or without Tuberculin Skin Test). The TB medical team then assessed whether thoracic CT was indicated, to identify lymphadenopathy for endobronchial sampling, or an FDG-PET scan to look for avid thoracic or extra-thoracic lymph nodes. In 40 patients, CXRs were essentially normal in two thirds and reported as abnormal, but not indicative of pulmonary TB, in one third. Thoracic CT in 15 patients demonstrated abnormal features in 8, half of whom went on to have endobronchial sampling. FDG-PET scans in 18 patients demonstrated avid nodes in 12: thoracic in 8 and extra-thoracic in 7 (cervical, axillary, pancreatic and inguinal). Overall, FDG-PET directed additional endobronchial sampling in 4 patients without enlarged thoracic nodes on conventional CT and ultrasound-guided biopsy of extra-thoracic sites in 7 patients, 2 of which subsequently demonstrated TB in culture. We describe a highly phenotyped cohort of OTB patients. There are currently no published series utilising FDG-PET CT scanning as a routine part of the investigation strategy in this condition. Whilst OTB treatment remains empirical in many cases, our preliminary Results indicate that FDG-PET is a useful imaging modality for some patients and has a potential additional yield in subclinical TB over thoracic CT imaging, allowing activity to be detected in normal-sized thoracic nodes and also extra-thoracic sites.

Introduction
Measurement of fractional exhaled nitric oxide (FeNO) is an easy to perform non-invasive test and surrogate marker of eosinophilic airway inflammation. It has been suggested that suppression of FeNO following a week of directly observed inhaled corticosteroid (ICS) therapy provides objective evidence of non-adherence. Though guidelines for the prescription of novel steroid sparing agents recommend this strategy as part of evaluation, it has not been rigorously evaluated in routine clinical practice. We report the outcomes of using this strategy as part of standard clinical care in our centre.

Methods
Consecutive consenting patients with FeNO levels greater than 45 ppb on two occasions who were adherent to prescribed therapy on the basis of clinical history, and meeting criteria for initiation of biological therapy undertook directly observed ICS therapy – supervised (DOTS) over 8 days. In this, patients existing ICS/LABA combination inhalers were changed to once daily fluticasone/vilanterol (Relvar 184/22). Inhaled technique was taught by a specialist nurse and inhaled therapy taken under direct supervision (in person or remotely via Skype). FeNO, spirometry, eosinophil count and the Asthma Control Questionnaire –7 (ACQ-7) were recorded on the first and last days. FeNO was also recorded on day 4. Data are presented as mean ±SD.

Results
Sixteen subjects (7 males, age 43±18 years) completed the study. Observation of FeNO following a week of directly observed ICS therapy led to a significant reduction in FeNO (P<0.001) and a significant improvement on the ACQ-7 score (P<0.001). A clear trend was observed for a significant improvement in forced expiratory volume in 1 second (FEV1) (P<0.05).

Conclusion
A week of directly observed ICS therapy results in significant suppression of FeNO and improves symptoms, with a clear trend for improved lung function compared to baseline. However, the sample size is too small to draw any definitive conclusions. Further work is required to confirm these findings in a larger cohort of patients.