



## Title: Real-life biomarker response to anti-IL5 and anti-IgE therapies in severe asthma patients

Sarah Burkill<sup>1,2</sup>, Celeste M. Porsbjerg<sup>3</sup>, Arnaud Bourdin,<sup>4</sup> Trung N. Tran<sup>5</sup>, Neil Martin<sup>5</sup>, Rohit Katial<sup>5</sup>, Peter Barker<sup>5</sup>, Michael E. Wechsler<sup>5</sup>, Jorge Maspero<sup>6,7</sup>, Sinthia Bosnic-Anticevich<sup>8,9</sup>, Chung Li Ping<sup>10</sup>, Gregory Katsoulotos<sup>11</sup>, George C. Christoff<sup>12</sup>, Todor A. Popov<sup>13</sup>, Mohsen Sadatsafavi<sup>14</sup>, Carlos A. Torres-Duque<sup>15</sup>, Charlotte Ulrik<sup>16</sup>, Karin Dahl Assing<sup>17</sup>, Susanne Hansen<sup>18,19</sup>, Alan Altraja<sup>20</sup>, Lauri A. Lehtimäki<sup>21,22</sup>, Nikolaos G. Papadopoulos<sup>23,24</sup>, Konstantinos Kostikas<sup>25</sup>, Sundeep Salvi<sup>26</sup>, Richard W. Costello<sup>27</sup>, Puggioni Francesca<sup>28</sup>, Takashi Iwanaga<sup>29</sup>, Chin Kook Rhee<sup>30</sup>, Mona Al-Ahmad<sup>31</sup>, Désirée Larenas-Linnemann<sup>32</sup>, João A. Fonseca<sup>33</sup>, Rita Amaral<sup>34</sup>, Riyad Al-Lehebi<sup>35</sup>, Luis Perez-de-Llano<sup>36,37</sup>, Bruce Kirenga<sup>38</sup>, Ming-ju Tsai<sup>39,40</sup>, Bassam Mahboub<sup>41,42</sup>, Paul E. Pfeffer<sup>43,44</sup>, William Henley<sup>1,2,45</sup>, Yang Liu<sup>46</sup>, Juntao Lyu<sup>1,47</sup>, Celine Goh<sup>1,2</sup>, Thendral Uthaman<sup>1</sup>, and David Price<sup>1,2,48</sup> on behalf of the ISAR IGNITE working group

Affiliations: <sup>1</sup>Observational and Pragmatic Research Institute, Singapore, Singapore; <sup>2</sup>Optimum Patient Care Global, Cambridge, UK; <sup>3</sup>Respiratory Research Unit, Copenhagen University Hospital-Bispebjerg; Health Statistics Group; <sup>4</sup>PhyMedExp, Univ Montpellier, CNRS, INSERM, CHU Montpellier, Montpellier, France; <sup>5</sup>AstraZeneca, Gaithersburg, MD, USA; <sup>6</sup>Clinical Research for Allergy and Respiratory Medicine, CIDEA Foundation; <sup>7</sup>University Career of Specialists in Allergy and Clinical Immunology at the Buenos Aires University School of Medicine, Argentina; 8Sydney Pharmacy School, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia; <sup>9</sup>Woolcock Institute of Medical Research, The University of Sydney, Sydney, Australia; Central Sydney Local Area Health District, Sydney, Australia; 10 Fiona Stanley Hospital, Perth, Australia; <sup>11</sup>Gregory Katsoulotos's affiliation; <sup>12</sup>Medical University-Sofia, Faculty of Public Health, Sofia, Bulgaria; <sup>13</sup>University Hospital "Sv. Ivan Rilski", Sofia, Bulgaria; <sup>14</sup>Respiratory Evaluation Sciences Program, Faculty of Pharmaceutical Sciences, University of British Columbia, Vancouver, British Columbia, Canada; <sup>15</sup>Departamento de Investigación, Fundación Neumológica Colombiana, Bogotá, Colombia; <sup>16</sup>Respiratory Research Unit, Department of Respiratory Medicine, Copenhagen University Hospital-Hvidovre, Hvidovre, Denmark; <sup>17</sup>Karin Dahl Assing's affiliation; <sup>18</sup>Respiratory Research Unit, Bispebjerg University Hospital, Copenhagen, Denmark; Center for Clinical Research and Prevention; 19 Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark; <sup>20</sup>Department of Pulmonology, University of Tartu and Lung Clinic, Tartu University Hospital, Tartu, Estonia; <sup>21</sup>Allergy Centre, Tampere University Hospital, Tampere, Finland; <sup>22</sup>Faculty of Medicine and Health Technology, Tampere University, Tampere, Finland; <sup>23</sup>Division of Infection, Immunity & Respiratory Medicine, University of Manchester, Manchester, UK; <sup>24</sup>Allergy Department, 2nd Pediatric Clinic, University of Athens, Athens, Greece; <sup>25</sup>Respiratory Medicine Department, University of Ioannina School of Medicine, Greece; <sup>26</sup>Pulmocare Research and Education Foundation, Pune, India; <sup>27</sup>Clinical Research Centre, Smurfit Building Beaumont Hospital, Department of Respiratory Medicine, RCSI, Dublin, Ireland; <sup>28</sup>Personalized Medicine, Asthma and Allergy, Humanitas Clinical and Research Center IRCCS, Rozzano, Italy; Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Italy; <sup>29</sup>Center for General Medical Education and Clinical Training, Kindai University Hospital, Osakasayama, Japan; <sup>30</sup>Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, South Korea; 31 Microbiology Department, Faculty of Medicine, Kuwait University, Al-Rashed Allergy Center, Ministry of Health, Kuwait; 32 Directora Centro de Excelencia en Asma y Alergia, Hospital Médica Sur, Ciudad de México, Mexico; <sup>33</sup>Health Information and Decision Sciences Department (MEDCIDS) & Center for Health Technology and Services Research (CINTESIS), Faculty of Medicine of University of Porto, Porto, Portugal; 34Rita Amaral's affiliation; 35Department of Pulmonology, King Fahad Medical City, Riyadh, Saudi Arabia; 36 Pneumology Service, Lucus Augusti University Hospital, EOXI Lugo, Monforte, Cervo;





www.optimumpatientcare.org

<sup>37</sup>Biodiscovery Research Group, Health Research Institute of Santiago de Compostela, Spain; <sup>38</sup>Bruce Kirenga's affiliation; <sup>39</sup>Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Medical University, Taiwan; <sup>40</sup>Department of Internal Medicine, School of Medicine, College of Medicine, Kaohsiung Medical University, Taiwan; <sup>41</sup>College of Medicine, University of Sharjah, Sharjah, United Arab Emirates; <sup>42</sup>Rashid Hospital, Dubai Health Authority, Dubai, United Arab Emirates; <sup>43</sup>Department of Respiratory Medicine, Barts Health NHS Trust, London, UK; <sup>44</sup>Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK; <sup>45</sup>Institute of Health Research, University of Exeter Medical School, Exeter, United Kingdom; <sup>46</sup>Consulting, Strategy AI & Transformation, Deloitte, Brisbane, Australia; <sup>47</sup>Optimum Patient Care, Queensland, Australia; <sup>48</sup>Centre of Academic Primary Care, Division of Applied Health Sciences, University of Aberdeen, Aberdeen, United Kingdom.

**Introduction/Background:** Biologics (Bx) are known to decrease biomarker levels: anti-IL5 reduces blood eosinophils (BEC) and anti-IgE reduces FeNO. Bx are thought to have limited effect on serum IgE (IgE).

**Aims and Objectives:** To assess the proportions of severe asthma patients whose biomarkers (BEC, FeNO and IgE) decrease following Bx (Anti-IL5 and Anti-IgE) initiation.

**Methods:** Eligible patients in the International Severe Asthma Registry (ISAR) with biomarker and Bx data were included. For each time window from pre-Bx initiation to Bx treatment of up to 3+ years, the proportion of patients with a clinically meaningful (>25%) decrease in biomarkers was determined.

**Results:** BEC reduced by >25% over 2-3 years in 80.7% of anti-IL5 and 41.6% of anti-IgE patients. FeNO reduced by >25% over 2-3 years in 41.6% of anti-IL5 and 47.8% of anti-IgE patients. IgE reduced by >25% over 2-3 years in 41.7% of anti-IL5 and 15.6% of anti-IgE patients.

**Figure**: Median (IQR) biomarker changes and patient proportions with decreased biomarkers in response to Bx

	BEC (cells/μL)			FeNO (ppb)			IgE (IU/mL)		
Time window (from pre-biologic baseline)	N	Median (IQR) change	Patients (n [%]) with >25% drop in BEC	N	Median (IQR) change	Patients (n [%]) with >25% drop in FeNO	N	Median (IQR) change	Patients (n [%]) with >25% drop in IgE
Anti-IL5 patients									
0 to 3 months	234	-400 (-900 to -100)	187 (82)	113	-1 (-20 to 12)	45 (39.8)	37	-23 (-97 to 0)	16 (43.2)
3 to 12 months	516	-400 (-750 to -100)	414 (82.1)	327	0 (-21 to 14)	117 (35.8)	121	0 (-101 to 12)	40 (33.1)
1 to 2 years	442	-345 (-600 to -100)	344 (78.7)	309	-4 (-25 to 10)	121 (39.2)	85	-3 (-68 to 26)	29 (34.1)
2 to 3 years	218	-340 (-620 to -90)	171 (80.7)	154	-3.5 (-21 to 10)	64 (41.6)	24	-1.2 (-113.7 to 10.5)	10 (41.7)
3+ years	71	-420 (-660 to -190)	110 (45.6)	57	-1 (-12 to 20)	19 (33.3)	11	-84 (-256 to 3)	6 (54.6)
Anti-IgE patients									
0 to 3 months	82	-114.5 (-450 to 0)	48 (60)	49	-17 (-51 to 1)	29 (59.2)	35	180 (46 to 478)	-
3 to 12 months	176	-22 (-200 to 25)	73 (42.2)	81	-7 (-24 to 4)	37 (45.7)	70	77.2 (-12 to -394.5)	9 (12.9)
1 to 2 years	178	-10 (-200 to 100)	71 (40.8)	75	-4 (-31 to 3)	35 (46.7)	71	160 (-34 to 480)	14 (19.7)
2 to 3 years	103	-30 (-200 to 100)	42 (41.6)	46	-3.5 (-28 to 4)	22 (47.8)	45	126 (-17 to 349.3)	7 (15.6)
3+ years	175	0 (-130 to 100)	51 (29.8)	40	0.5 (-10.5 to 10.5)	12 (30)	118	171.7 (14 to 377)	16 (13.6)

**Conclusions:** In real life, >80% of anti-IL5 patients had decreased BEC over 2-3 years; ~40% of anti-IgE patients had decreased FeNO over 2-3 years. Further research on the association between limited biomarker response to Bx and asthma outcomes is needed.



5 Coles Lane, Oakington, Cambridge, CB24 3BA Tel: 01223 967 855 | Fax: 01223 967 458

E-mail: services@optimumpatientcare.org

www.optimumpatientcare.org

**Funding:** This study was conducted by the Observational and Pragmatic Research Institute (OPRI) Pte Ltd and was partially funded by Optimum Patient Care Global and AstraZeneca Ltd. No funding was received by OPRI for its contribution.

**Current Length of an abstract:** 1680 characters

Maximum Length of an abstract: 1810 characters