

# Initiation, response assessment and switch of antibody therapies in patients with severe asthma – a survey among German specialists

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## Aims

To assess current practice on all aspects of biologic therapy by specialists in Germany. For therapy of severe asthma in adult patients, five monoclonal antibodies (biologics) are approved in Germany up to November 2022, but a clear algorithm on the choice of the initial therapy, assessment of response, and indications for switch to another biologic does not exist.

## Results

47 of 119 pulmonologists took part in the survey. Exacerbations and oral steroid use were the most important factors for the decision to start a biologic therapy, these items were also used to monitor response. Most pulmonologists considered type-2 inflammation biomarkers and comorbidities (especially CRSwNP and atopic dermatitis) for choosing the initial biologic therapy. Asthma Control Test (ACT) was the most common instrument for assessing symptoms. When an insufficient response to the first antibody was found, participants chose an alternative biologic depending on comorbidities (CRSwNP was most relevant, followed by atopic dermatitis, chronic spontaneous urticaria and allergy).

## Conclusion

This study provides an overview of pulmonologists current approach to use antibody therapies for severe asthma in Germany. With increasing treatment options available for patients with severe asthma, there is a need for more evidence and clear recommendations on choice, evaluation of response and switching of biologics.

## Methods

A questionnaire to assess indications and switch of biologics in severe asthma was created and sent to 119 pulmonologists, all members of the German Asthma Net (GAN). The survey was conducted online, using SoSci Survey. Statistics were performed using SPSS.



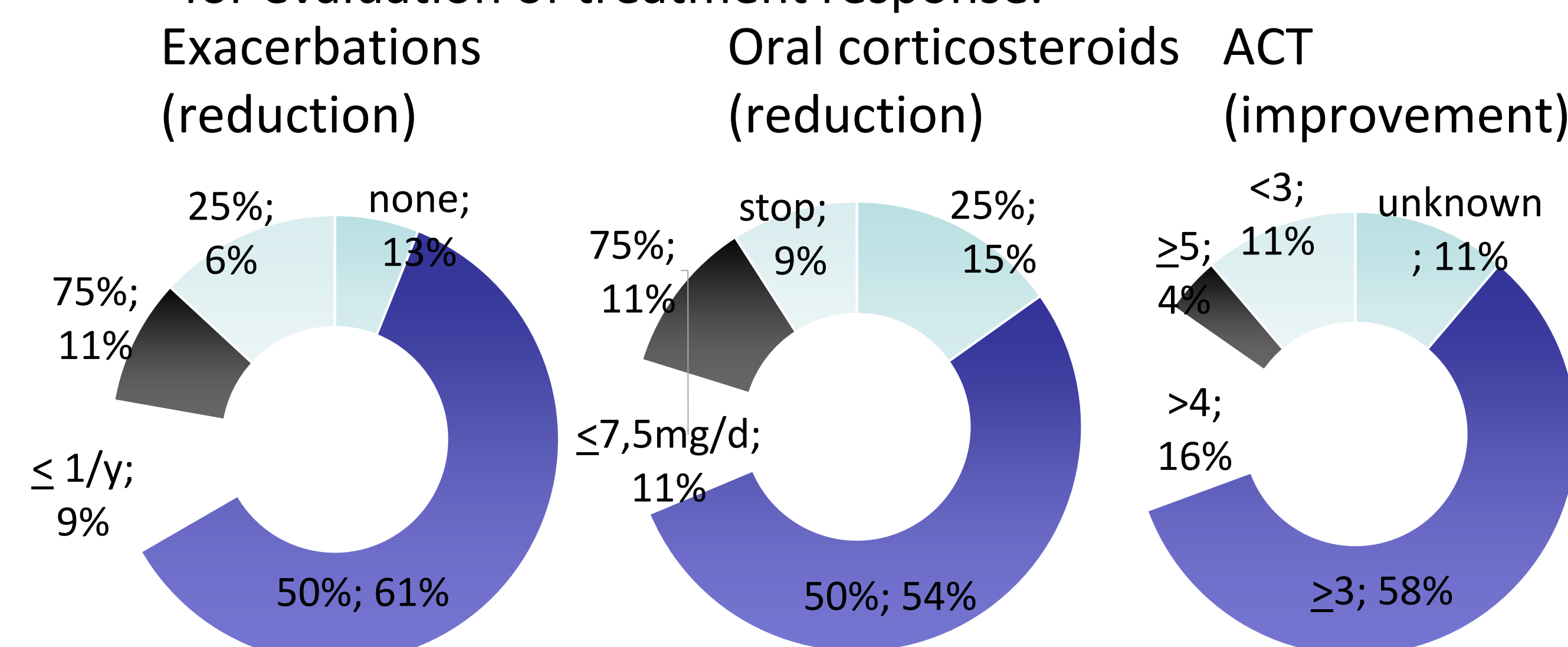
Parameter	%
Blood Eosinophils	96
Sputum	4
FeNO	94
Total IgE	96
Specific IgE	72
Blood Neutrophils	9

↑ Parameter assessed before biologic therapy start,  
 ↓ recommended repeated measurement

≥2 FeNO 73%	≥2 Eos 79%	≥ 1 IgE 91%
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Assessment of biologic therapy response is performed in the first year by 72% of pneumologist for the first time after 3-4 months, 72% take a 3 months interval to re-assess the profit of therapy. Afterwards, 55% keep the interval of 3-4 months and 34% every 6 months.

↓ Participants' thresholds for clinically relevant differences for evaluation of treatment response.



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