

Views of US Pulmonologists on the Prevalence of Uncontrolled Asthma, Treatment Decisions and the Role of Treatable Traits: Results From the CHEST Pulse Surveys

Poster No. P1488

Background

- Uncontrolled asthma is defined as persistent symptoms and/or frequent or serious exacerbations requiring oral corticosteroids and/or hospitalization.¹
- Poor asthma control is associated with impaired health-related quality of life, mortality and healthcare-related costs.^{2,7} Therefore, lack of adequate asthma control imposes a substantial burden on both patients and society.
- Despite maintenance treatment with inhaled corticosteroid/long-acting β_2 -agonist (ICS/LABA), many patients with moderate/severe asthma remain uncontrolled.^{2,4-10}
- For such patients, the Global Initiative for Asthma (GINA) report recommends either increasing ICS dose and/or adding another controller.¹
- The benefits of adding a long-acting muscarinic antagonist (LAMA) to ICS/LABA have been demonstrated on both lung function and exacerbations as part of a multi-inhaler triple therapy.^{11,12} These findings have been supported and extended in studies of single-inhaler triple therapy.¹³⁻¹⁵
- There is an emerging paradigm of treatable traits in asthma; treatable traits are phenotypes or endotypes that are identifiable and modifiable.^{16,17} A move towards a treatable traits-based approach will allow more personalized and targeted treatment for uncontrolled asthma.

Aims

- By surveying practicing US pulmonologists, we sought to:
 - Understand the prevalence of uncontrolled asthma in clinical practice
 - Understand the role of LAMA in treating symptoms in the uncontrolled patient population
 - Determine which treatable traits guide practicing pulmonologists when escalating therapy for patients who are symptomatic despite ICS/LABA maintenance therapy

Methods

- Two electronic surveys were developed in collaboration with the American College of Chest Physicians and circulated to US-based pulmonologists.
 - The Asthma Pulse Survey included five multiple-choice questions on symptomatic (uncontrolled) asthma prevalence and treatment decisions in adult patients uncontrolled despite ICS/LABA.
 - The Treatable Traits Pulse Survey included seven multiple-choice questions about the role of treatable traits in managing chronic obstructive pulmonary disease and asthma, including two asthma-specific questions (identifying treatable traits and priorities in asthma management) which are reported here.

Disclosures

- This study was funded by GlaxoSmithKline (GSK).
- On behalf of all authors, an audio recording of this poster was prepared by Navitha Ramesh, who did not receive any payment for this recording.
- NR has no relevant disclosures to declare. MH has received personal fees from AstraZeneca and GSK. XS and SC are employees of GSK and hold shares in the company. RL was an employee of GSK at the

Results

- In the Asthma Pulse Survey, 100 US pulmonologists responded (79% male; age: 36–75 years; covering 26 US states). The survey was closed when the target (n=100) was reached.
- In the Treatable Traits Pulse Survey, 103 US pulmonologists responded (72% male; age: 29–75 years; covering 27 US states). Again, the survey was closed as the target of 100 respondents was exceeded.

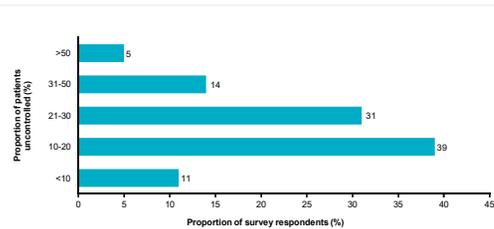


Figure 1. Estimates of the proportion of adult patients with asthma who are symptomatic despite treatment with ICS/LABA (n=100). Half of Asthma Pulse Survey respondents indicated that over 20% of their patients with asthma receiving ICS/LABA were uncontrolled, while about two-fifths estimated 10–20% of patients were uncontrolled.

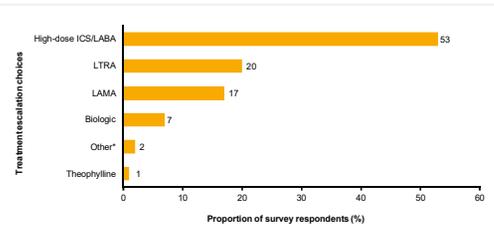


Figure 2. Treatment escalation choices for adult patients with asthma who are symptomatic despite treatment with medium-dose ICS/LABA (n=100). For patients who remain symptomatic despite treatment with medium-dose ICS/LABA, most Asthma Pulse Survey respondents (53%) indicated they would escalate treatment to high-dose ICS/LABA, while similar proportions would add a leukotriene-receptor antagonist (LTRA) (20%) or a LAMA (17%), with just 7% adding a biologic.

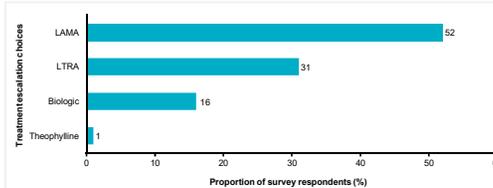


Figure 3. Treatment escalation choices for adult patients with asthma who are symptomatic despite treatment with high-dose ICS/LABA (n=100). For patients who remain symptomatic despite high-dose ICS/LABA, more Asthma Pulse Survey respondents (52%) would add a LAMA, with 31% and 16% adding a LTRA or biologic, respectively.

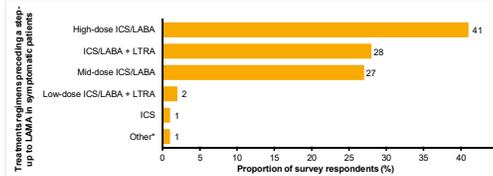


Figure 4. Treatment characteristics of the most appropriate patient for addition of a LAMA (n=100). 41% of Asthma Pulse Survey respondents considered patients that are symptomatic despite high-dose ICS/LABA as the most appropriate for the addition of a LAMA, with 27% indicating patients who are symptomatic despite mid-dose ICS/LABA, and 28% indicating patients who are symptomatic despite ICS/LABA + LTRA, as the most appropriate for addition of a LAMA, respectively.

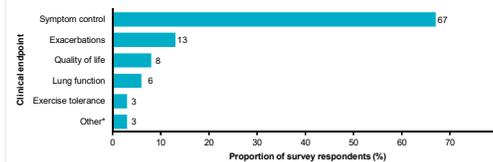


Figure 5. Understanding the role of LAMA in asthma by the most important clinical endpoint (n=100). When further evaluating the role of LAMA in asthma treatment, two-thirds of Asthma Pulse Survey respondents believed symptom control is the most important clinical endpoint to evaluate treatment response, followed by exacerbations (13%) and quality of life (8%).

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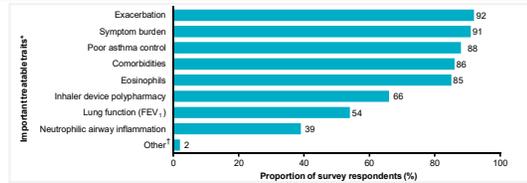


Figure 6. The most important treatable traits (n=103). Factors considered by Treatable Traits Pulse Survey respondents to be the most relevant treatable traits in asthma were: exacerbations, symptom burden, poor asthma control, comorbidities and eosinophilia.

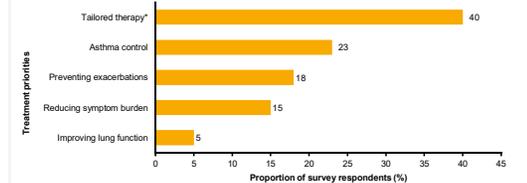


Figure 7. The most important treatment priorities in asthma (n=103). Treatable Traits Pulse Survey respondents identified the following as the most important treatment priorities: tailoring therapy according to a patient's exacerbation risk and symptoms, improving asthma control and preventing exacerbations.

Conclusions

- In the management of uncontrolled asthma, tailoring therapy to control symptoms and prevent exacerbations to improve quality of life is the highest priority among US-based pulmonologists, who generally take a guideline-driven, stepwise approach to escalating treatment.
- A substantial proportion of patients with asthma remain symptomatic despite ICS/LABA.
- For such patients, pulmonologists tend to step-up ICS dose before adding a LAMA.
- The pulmonologists surveyed felt the most appropriate patient for LAMA is the one who is symptomatic despite high-dose ICS/LABA, with symptom control identified as the most important clinical endpoint to understand the role of LAMA.

time of the analysis and holds shares in the company. CL was an employee of GSK at the time of the study. XS is the sole owner of an educational platform, ScholarMD.com. DJM has received personal fees from AstraZeneca, GSK, Novartis, Regeneron/Sanofi, and Sunovion. EG is on speaker bureau for GSK and Genentech and is a principal investigator on studies sponsored by AstraZeneca, Novartis, Teva, and Genentech. NM reports personal fees from AstraZeneca and ReAlta Life Sciences, and grants from Blade Therapeutics and NIH.

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