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Management of severe asthma: a European Respiratory Society/American Thoracic Society guideline

Fernando Holguin[1,34], Juan Carlos Cardet[2], Kian Fan Chung[3], Sarah Diver[4], Diogenes S. Ferreira[5,6], Anne Fitzpatrick[7], Mina Gaga[8], Liz Kellermeyer[9], Sandhya Khurana[10], Shandra Knight[9], Vanessa M. McDonald[11], Rebecca L. Morgan[12], Victor E. Ortega[13], David Rigau[14], Padmaja Subbarao[15], Thomy Tonia[16], Ian M. Adcock[17], Eugene R. Bleecker[18], Chris Brightling[19], Louis-Philippe Boulet[20], Michael Cabana[21], Mario Castro[22], Pascal Chanez[23], Adnan Custovic[24], Ratko Djukanovic[25], Urs Frey[26], Betty Frankemölle[27], Peter Gibson[28], Dominique Hamerlijnck[27], Nizar Jarjour[29], Satoshi Konno[30], Huahao Shen[31], Cathy Vitary[32] and Andy Bush[33,35]

Affiliations: [1]Pulmonary Sciences and Critical Care Medicine, University of Colorado, Denver, CO, USA. [2]Allergy and Immunology, University of South Florida, Tampa, FL, USA. [3]Experimental Studies Medicine, National Heart and Lung Institute, Imperial College London, London, UK. [4]Respiratory Biomedical Unit, University of Leicester, Leicester, UK. [5]Alergia e Imunologia, Complexo Hospital de Clinicas, Universidade Federal do Parana, Curitiba, Brazil. [6]School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia. [7]Division of Pulmonology Allergy/Immunology, Cystic Fibrosis and Sleep, Emory University, Atlanta, GA, USA. [8]Respiratory Medicine Dept and Asthma Centre, Athens Chest Hospital, Athens, Greece. [9]Biomedical Library, National Jewish Health, Denver, CO, USA. [10]Pulmonary Diseases and Critical Care, University of Rochester, Rochester, NY, USA. [11]School of Nursing, University of Newcastle, Newcastle, Australia. [12]Health Research Methods, Evidence and Impact, McMaster University, Hamilton, ON, Canada. [13]Pulmonary, Critical Care, Allergy and Immunologic Diseases, Wake Forest School of Medicine, Winston-Salem, NC, USA. [14]Iberoamerican Cochrane Centre, Barcelona, Spain. [15]Dept of Pediatrics, SickKids, Toronto, ON, Canada. [16]Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland. [17]Molecular Cell Biology Group, National Heart and Lung Institute, Imperial College of London, London, UK. [18]Division of Genetics, Genomics and Precision Medicine, University of Arizona, Tucson, AZ, USA. [19]Dept of Respiratory Sciences, University of Leicester, Leicester, UK. [20]Respiratory Medicine, Laval University, Quebec, QC, Canada. [21]Division of General Pediatrics, University of California San Francisco, San Francisco, CA, USA. [22]Division of Pulmonary and Critical Care Medicine, Washington University, St Louis, MO, USA. [23]Dept of Respiratory Diseases, University of Aix-Marseille, Marseille, France. [24]Paediatric Allergy, National Heart and Lung Institute, Imperial College of London, London, UK. [25]Respiratory Biomedical Research, University of Southampton, Southampton, UK. [26]Dept of Pediatrics, University Children's Hospital, Basel, Switzerland. [27]European Lung Foundation, Lausanne, Switzerland. [28]School of Medicine and Public Health, University of Newcastle, Newcastle, Australia. [29]Division of Pulmonary and Critical Care, University of Wisconsin, Madison, WI, USA. [30]Dept of Respiratory Medicine, Faculty of Medicine and Graduate School of Medicine, Hokkaido University, Hokkaido, Japan. [31]Dept of Respiratory and Critical Care Medicine, The Second Affiliated Hospital of Zhejiang University School of Medicine, Hangzhou, China. [32]Asthma Institute, University of Pittsburgh, Pittsburgh, PA, USA. [33]Dept of Paediatrics, Imperial College London, National Heart and Lung Institute, London, UK. [34]F. Holguin is ATS co-chair. [35]A. Bush is ERS co-chair.

Correspondence: Fernando Holguin, CU Anschutz Research Complex II, 12700 East 19th Avenue, 9C03, Aurora, CO 80045, USA. E-mail: fernando.holguin@ucdenver.edu

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The ERS/ATS Task Force makes recommendations on the use of novel therapies for severe asthma, specifically biologicals for type 2 high asthma, and antimuscarinic agents and macrolides, as well as on biomarkers for predicting treatment response http://bit.ly/2kZLRaD

Cite this article as: Holguin F, Cardet JC, Chung KF, *et al*. Management of severe asthma: a European Respiratory Society/American Thoracic Society guideline. *Eur Respir J* 2020; 55: 1900588 [https://doi.org/10.1183/13993003.00588-2019].

ABSTRACT This document provides clinical recommendations for the management of severe asthma. Comprehensive evidence syntheses, including meta-analyses, were performed to summarise all available evidence relevant to the European Respiratory Society/American Thoracic Society Task Force's questions. The evidence was appraised using the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) approach and the results were summarised in evidence profiles. The evidence syntheses were discussed and recommendations formulated by a multidisciplinary Task Force of asthma experts, who made specific recommendations on six specific questions. After considering the balance of desirable and undesirable consequences, quality of evidence, feasibility, and acceptability of various interventions, the Task Force made the following recommendations: 1) suggest using anti-interleukin (IL)-5 and anti-IL-5 receptor α for severe uncontrolled adult eosinophilic asthma phenotypes; 2) suggest using a blood eosinophil cut-point $\geqslant 150\ \mu L^{-1}$ to guide anti-IL-5 initiation in adult patients with severe asthma; 3) suggest considering specific eosinophil ($\geqslant 260\ \mu L^{-1}$) and exhaled nitric oxide fraction (≥19.5 ppb) cut-offs to identify adolescents or adults with the greatest likelihood of response to anti-IgE therapy; 4) suggest using inhaled tiotropium for adolescents and adults with severe uncontrolled asthma despite Global Initiative for Asthma (GINA) step 4–5 or National Asthma Education and Prevention Program (NAEPP) step 5 therapies; 5) suggest a trial of chronic macrolide therapy to reduce asthma exacerbations in persistently symptomatic or uncontrolled patients on GINA step 5 or NAEPP step 5 therapies, irrespective of asthma phenotype; and 6) suggest using anti-IL-4/13 for adult patients with severe eosinophilic asthma and for those with severe corticosteroid-dependent asthma regardless of blood eosinophil levels. These recommendations should be reconsidered as new evidence becomes available.