To the Editor:

We commend CHUNG *et al.* [1] for their effort on consolidating recommendations for severe asthma in the European Respiratory Society/American Thoracic Society guidelines on the definition, evaluation and treatment of severe asthma. However, we were concerned by the recommendation that bronchial thermoplasty be performed "only in the context of an Institutional Review Board-approved independent systemic registry or a clinical study" [1]. In addition to the positive benefits observed in our patients, bronchial thermoplasty has been demonstrated to be effective in several studies, including the pivotal AIR2 (Asthma Intervention Research 2) trial which resulted in this therapy's approval by the US Food and Drug Administration in 2010 [2, 3]. It has been shown to improve asthma-related quality of life and reduce exacerbations, emergency room visits and hospitalisations. Furthermore, these benefits have been sustained for >5 years with no significant safety concerns [4, 5]. We agree that it is important to monitor the efficacy and safety of this and other new therapies in the real world, and that studies to better understand phenotypes of responding patients are warranted. However, mandating that this therapy be limited to the research setting will prevent many patients suffering from severe asthma with ongoing unmet needs from gaining access to bronchial thermoplasty and gaining better control of their disease. Given the demonstrated long-term efficacy (>5 years) and safety of this therapy, and since the therapeutic options for patients with severe asthma are currently limited, we feel that it is important to include bronchial thermoplasty for consideration as an effective treatment option for patients with severe refractory asthma.

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Bronchial thermoplasty is a safe and effective therapy for patients with severe, refractory asthma
http://ow.ly/vhgS0

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Conflict of interest: Disclosures can be found alongside the online version of this article at erj.ersjournals.com

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From the authors:

We thank David L. Hahn, and Michael E. Wechsler and Gerard P. Cox for their letters and for the points they have raised.

In relation to Dr Hahn's comments on the macrolide antibiotics we stress that a systematic review was performed, but focusing on studies that included patients with severe asthma. The study by BRUSSELLE *et al.* [1] should have been included but it had not been published at the time we performed the analysis. Inclusion of this study would have provided more data about asthma control and quality of life; however, its results were consistent with the results of the already included studies and would not change the estimates and the recommendation. The choice for the four studies that we analysed is fully described in the text. The guideline panel felt that there was a real risk of developing bacterial resistance to prolonged macrolide therapy, as shown in the recent studies referred to by Dr Hahn [2, 3]. Although the potential harm that this bacterial resistance