A lay summary of “Heterogeneity in the use of biologics for severe asthma in Europe: a SHARP ERS study”

Treatment with biologics for severe asthma is informed by international and national guidelines and defined by national regulating bodies, but how these drugs are used in real-life is unknown. The European Respiratory Society (ERS) SHARP Clinical Research Collaboration conducted a three-step survey collecting information on asthma biologics use in Europe. This survey focused on seven end-points: biologics availability and financial issues, prescription and administration modalities, inclusion criteria, continuation criteria, switching biologics, combining biologics and evaluation of corticosteroid toxicity.

Our study shows that availability of biologics varies across Europe, with wealthier countries offering a greater choice in provided therapies. Large variation was observed in medical criteria for reimbursing the patients. Our survey also demonstrated differences in prescription and administration modalities, albeit without negative impact on initiation of treatment. Surprisingly, our survey revealed marked differences in treatment inclusion criteria. Remarkably, some countries have established reimbursement criteria that do not strictly follow the clinical or laboratory criteria used in monoclonal antibodies randomised controlled trials (RCTs). We also noted divergence between countries in the criteria used to assess effectiveness. In an attempt to reach a consensus on optimal assessment, we asked asthma experts to rank the clinical efficacy criteria used in those RCTs. Not surprisingly, the reduction in exacerbation rate and the burden of maintenance OCS were rated as the most important, followed by improvements in asthma control and quality of life.

Overall, our study has demonstrated some similarities, but also great disparities in the use of biologics for severe asthma in Europe.

Visit https://openres.ersjournals.com/content/8/4/00273-2022 to read the full paper