



## Cluster Analysis of Inflammatory Biomarker Expression in the International Severe Asthma Registry

Eve Denton, David B. Price, Trung N. Tran, G. Walter Canonica, Andrew Menzies-Gow, J. Mark FitzGerald, Mohsen Sadatsafavi, Luis Perez de Llano, George Christoff, Anna Quinton, Chin Kook Rhee, Guy Brusselle, Charlotte Ulrik, Njira Lugogo, Fiona Hore-Lacy, Isha Chaudhry, Lakmini Bulathsinhala, Ruth B. Murray, Victoria A. Carter, Mark Hew



Lack of non-drug specific registries

Lack of data interoperability across regional or country-specific registries due to non-standardised data collection

WHY  
ISAR?

No clear guideline for SA referrals

Existing country registries are small

- A large observational registry with pooled data from multiple countries **has the statistical power to better understand severe asthma epidemiology, clinical management and outcomes across international populations.**

# The Broad Inclusion Criteria For Enrolment Captures a Diverse Patient Population Rarely Represented in RCTs

## Inclusion

- Adult  $\geq 18$  years old with severe asthma
  - Undergoing GINA Step 5 treatment OR uncontrolled on GINA Step 4 treatment
    - Uncontrolled as defined by ERS/ATS guidelines
  - Poor symptom control where ACQ is consistently  $> 1.5$ , ACT  $< 20$
  - Airflow limitation where pre-bronchodilator  $FEV_1 < 80\%$  predicted, with reduced  $FEV_1/FVC$
  - Serious exacerbations with  $\geq 1$  hospitalization, ICU stay or mechanical ventilation in the previous year
  - Frequent severe exacerbations with  $\geq 2$  bursts of SCS with each course  $> 3$  days in the previous
- ✓ Smokers
  - ✓ ACO
  - ✓ Moderate-to-severe asthma

## Exclusion

- Lack of informed consent for participation

# BRISAR: Background & Aim

Original Article

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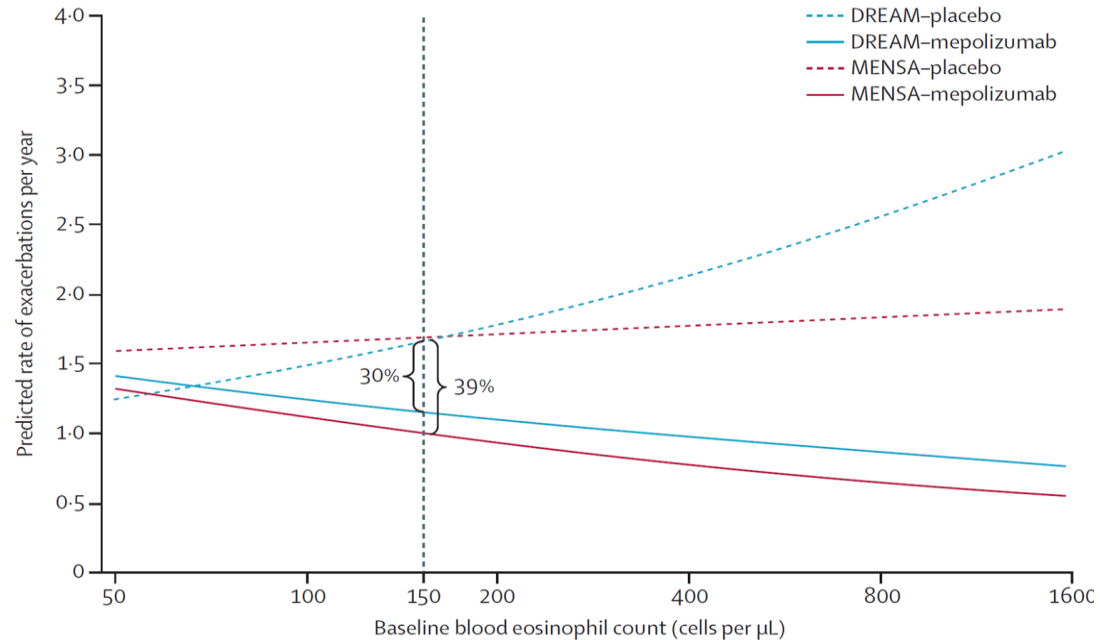
Inflammatory pathway in severe asthma	Associated biomarker
Allergy	Serum IgE
Eosinophilic inflammation	Blood eosinophil count
Airway epithelial dysregulation	FeNO

- Severe asthma is a heterogenous disease – a variety of cellular pathways are activated and differentially expressed
- Inflammatory biomarkers are used to characterize severe asthma phenotypes and guide the delivery of precision medicine; however, little is known about the overlap and reliability of these biomarkers in severe asthma

**The aim of this study is to therefore describe the interrelation between inflammatory biomarker expression in severe asthma to characterize the activation of underlying inflammatory pathways using a large, international cohort**

# Differential Expression of Biomarkers Can Predict Treatment Response to Different Therapies

DREAM/MENSA: Increased blood eosinophil count associated with better response to Mepolizumab:



Patients with low eos and high FeNO respond to Dupilumab:

		AER relative risk in dupilumab vs placebo		
FeNO (ppb)		<25	25 to <50	≥50
Baseline Eos levels (cells/µL)	<150	1.154	0.643	0.551
	150 to <300	0.601	0.494	1.182
	≥300	0.564	0.347	0.194

Differential activation of inflammatory pathways

Differential expression of biomarkers

Manifestation of associated clinical characteristics

# A Cross-Sectional Study: Design

## Objective 1

To distinguish patient groups with different patterns of biomarker activation

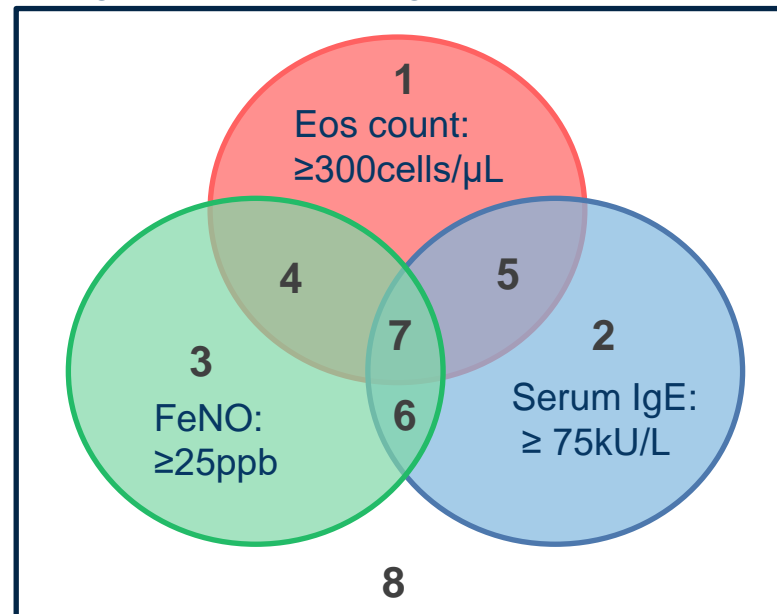
## Objective 2

To compare the clinical characteristics of the patient subgroups derived from these analyses

### Inclusion:

- ISAR population
- At least one measurement of each biomarker

Categorized according to biomarker positivity\*:



### Outcomes:

- Demographics
- Lung function
- Asthma symptoms
- Exacerbations
- Allergic comorbidities
- Asthma medications

Index date: Date of enrolment in ISAR

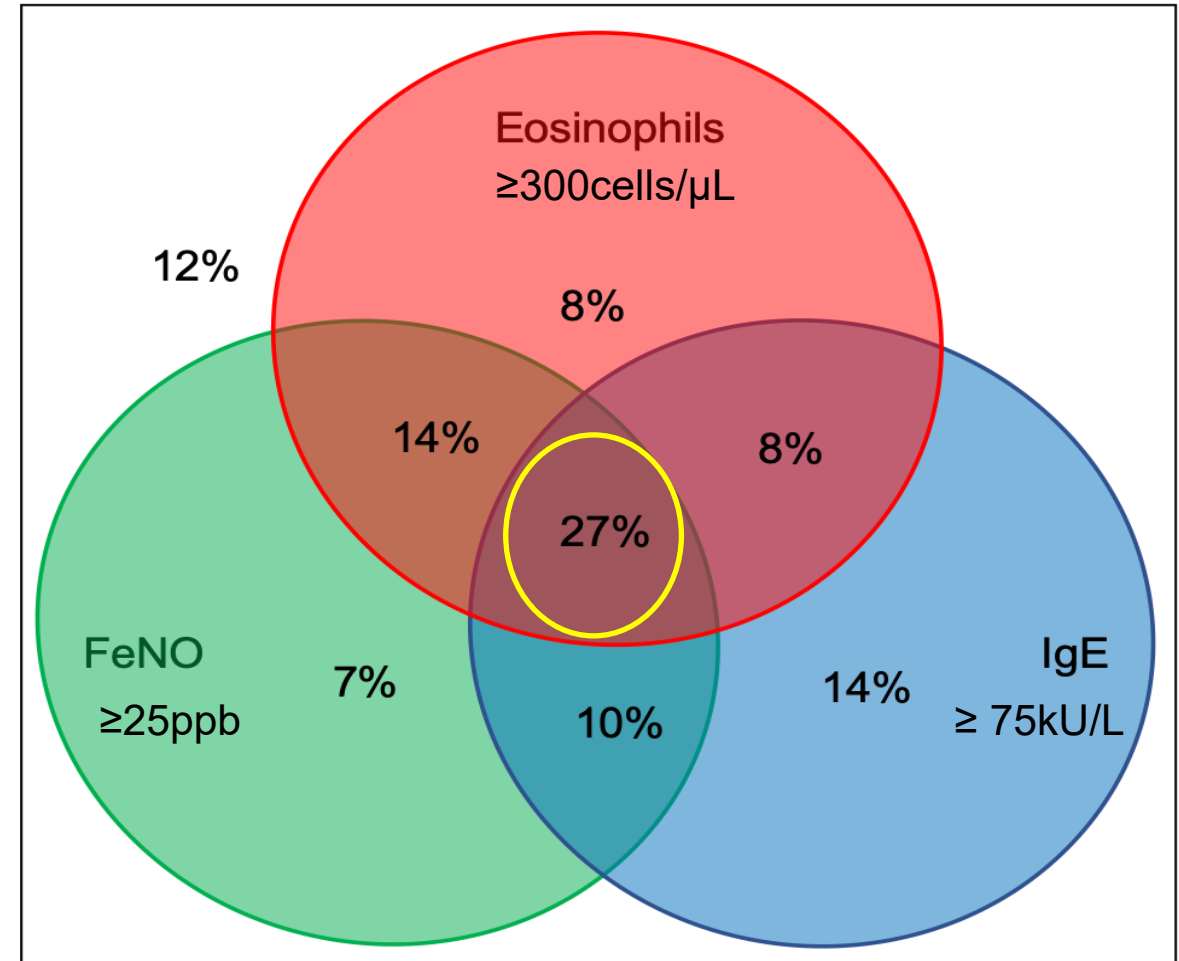
Biomarker levels measured pre-biologic initiation

\*Biomarkers were measured at baseline; the highest measurement was used in cases of multiple baseline measurements

# Triple Positivity Was The Most Common Biomarker Overlap Group

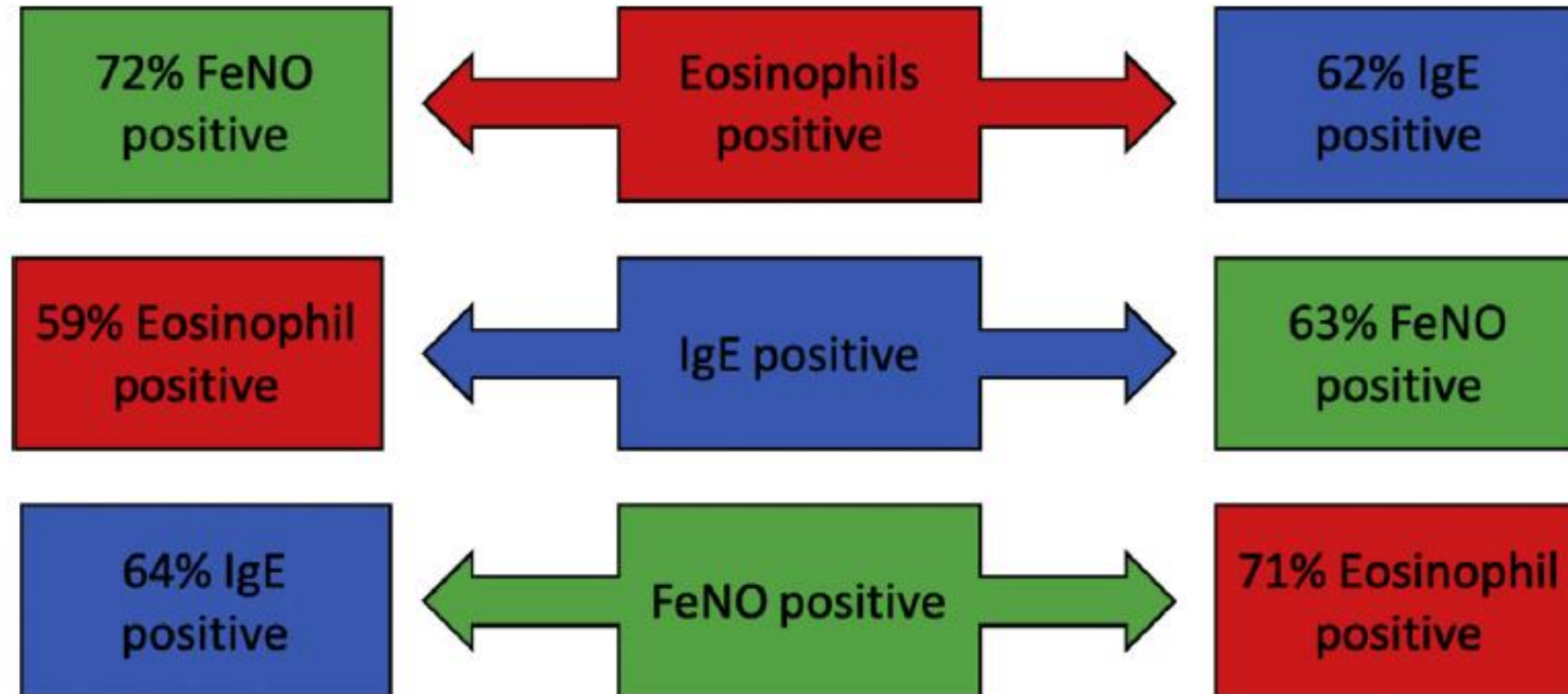
n=1175

- There is substantial overlap between biomarker positivity groups
- A greater overlap was observed with eosinophils and FeNO than with IgE
- Overall:
  - 57% were positive for eosinophils
  - 58% were positive for FeNO
  - 59% were positive for IgE



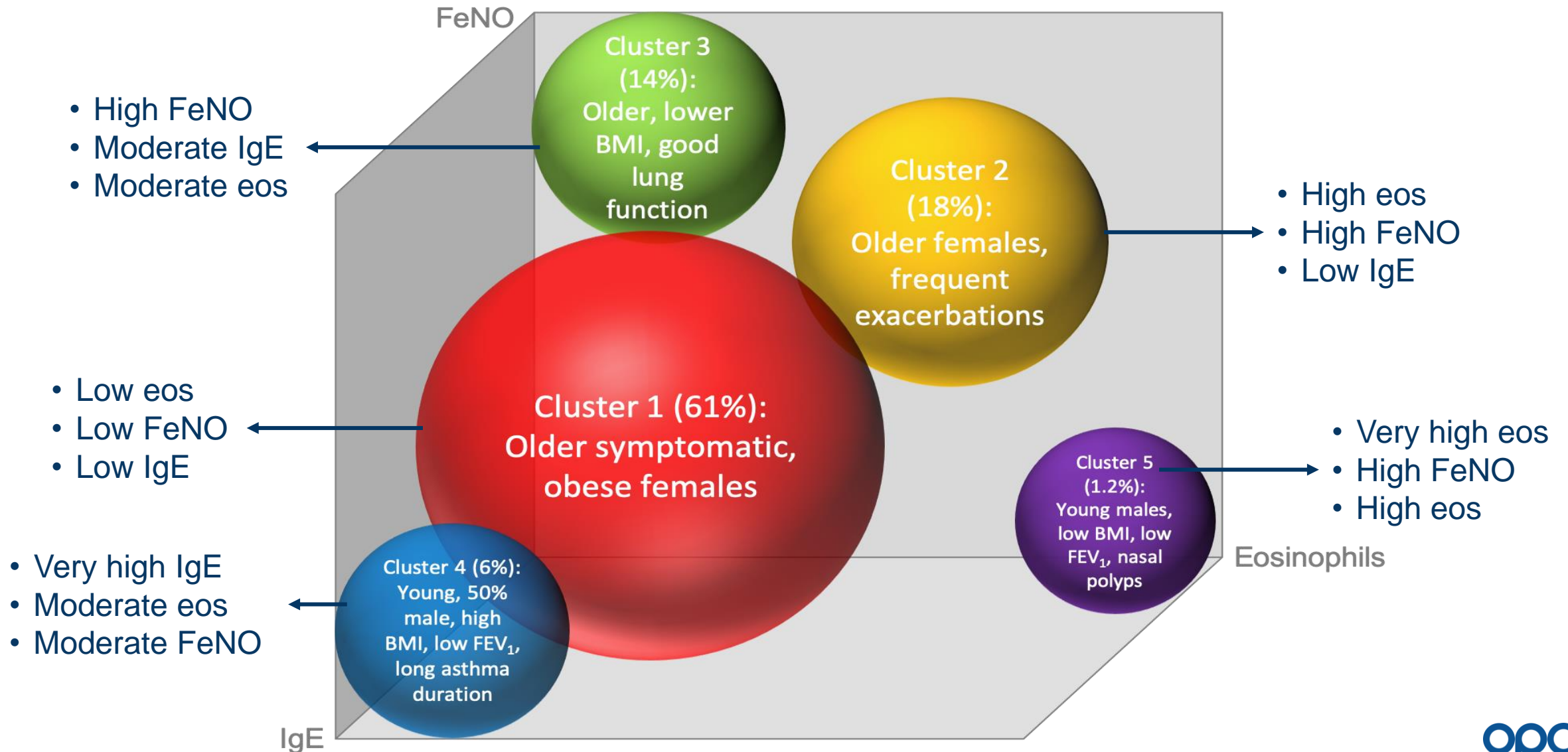
— Blood eosinophils positive  
 — FeNO positive  
 — IgE positive

# Likelihood of alternate biomarker positivity





# Five Distinct Clusters Based on Biomarker Profiles



# Clinical Characteristics Associated With Each Patient Subgroup

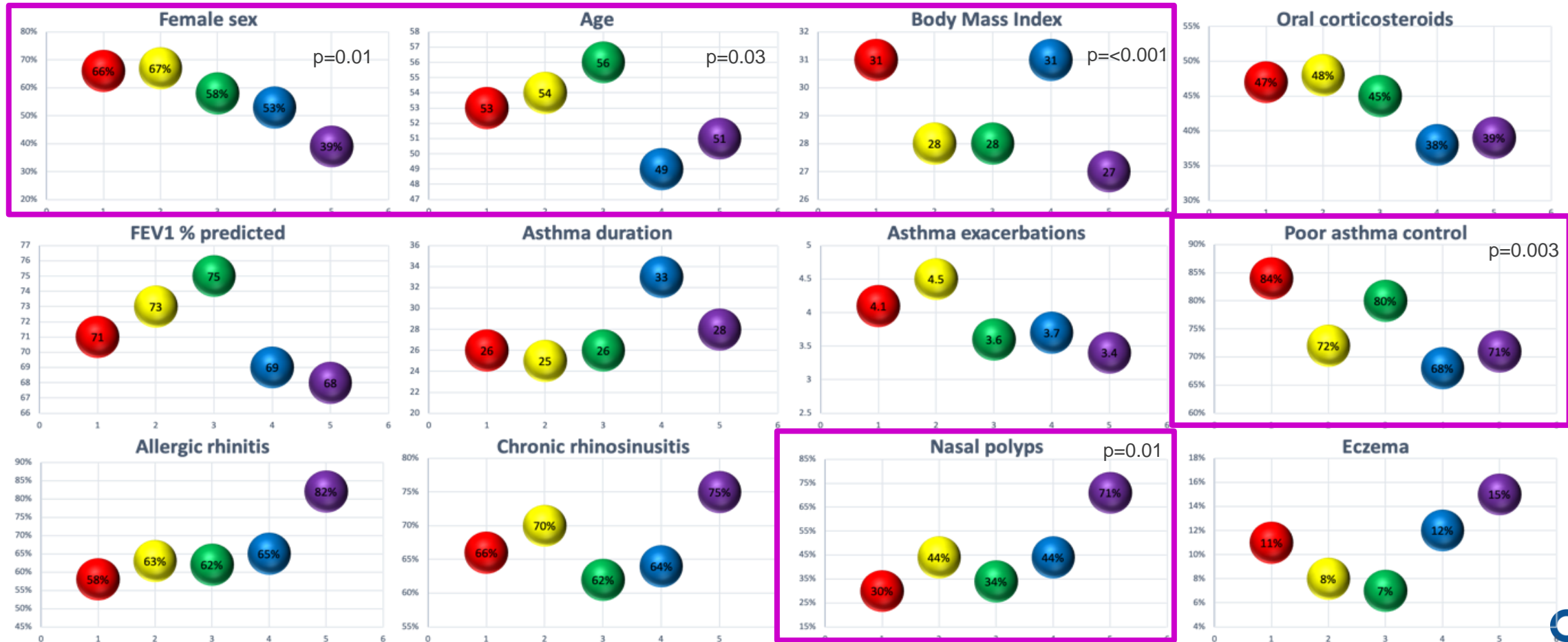
- Cluster 1:**
- Low eos
  - Low FeNO
  - Low IgE

- Cluster 2:**
- High eos
  - High FeNO
  - Low IgE

- Cluster 3:**
- High FeNO
  - Moderate IgE
  - Moderate eos

- Cluster 4:**
- Very high IgE
  - Moderate eos
  - Moderate FeNO

- Cluster 5:**
- Very high eos
  - High FeNO
  - High eos



## Implications for Clinical Practice

- New methods are required to determine the most appropriate choice of targeted therapy – simply relying on biomarker positivity is not appropriate due to the significant overlap groups
- There is an urgent unmet need in severe asthma, where patients negative for all three biomarkers cannot be appropriately treated by currently available biologics
- Discrete clusters of severe asthma phenotypes based on specific combinations of biomarker profiles can be identified – future research can use these patient sub-populations as a basis to better understand severe asthma disease mechanisms

# Conclusion

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- Many patients have an overlap in biomarker positivity, which may assist in delivering precision medicine
- Specific combinations of inflammatory pathway activation predominate in severe asthma
- Distinct inflammatory endotypes underpin clinically recognizable phenotypes