# Epidemiology of lung function in a global severe asthma population

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### Introduction Results Table 1B: Lun To date, clinical characteristics of the international severe asthma population are not fully known. • The International Severe Asthma Registry (ISAR; http://isaregistries.org/) is the first global adult severe asthma registry; a multi-country, multi-center, observational real-life initiative. • ISAR captures 95 core variables, from existing and newly formed national severe asthma registries, as well as additional safety and effectiveness variables including information on asthma severity, co-morbidities, biomarkers, lung function, diagnostics, medications, control and adherence.<sup>1</sup> Aims All To describe post-bronchodilator (post-BD) lung function of adult severe asthma patients for an initial set of 5 countries (Ireland (IE), Italy (IT), South Korea (SK), the UK and the USA) using a standardised severe asthma definition USA Methods

- ISAR incorporates retrospectively and prospectively collected baseline lung function data from severe asthma patients (≥18 years old), receiving GINA Step 5 treatment or remaining uncontrolled on GINA Step 4 treatment (GINA 2018)<sup>2</sup> from secondary and tertiary care between December 2014 to December 2018.
- Lung function variables assessed included: pre and post-BD % predicted forced expiratory volume in one second (FEV<sub>1</sub>), % predicted forced vital capacity (FVC) and  $FEV_1/FVC$ .
- Both patient- and aggregate-level data from were used for the analyses

### Results

- The mean post-BD FEV<sub>1</sub>/FVC was 0.69 (SD: 0.13) for GINA step 5 patients, and 0.71 (SD: 0.13) for those with uncontrolled asthma on GINA Step 4 (Tables 1A & 1B).
- Both pre- and post-BD % predicted FEV<sub>1</sub> and FVC values at baseline appeared to:
- Not differ by asthma severity (Figure 1A & 1B) and
- Showed little improvement post-bronchodilator (Figure 1A & 1B)
- Both of these features were observed at the country level, with some variability noted (Tables 1A & 1B).
- 43% of Step 4 patients and 47% of Step 5 patients had post-BD FEV<sub>1</sub>/FVC <0.7.</li>
- Mean bronchodilator responsiveness was < 9% for those in both severity groups and was irrespective of smoking</li> history (Figure 2).<sup>3</sup>
- Some inter-country variability was noted (Table 1C).

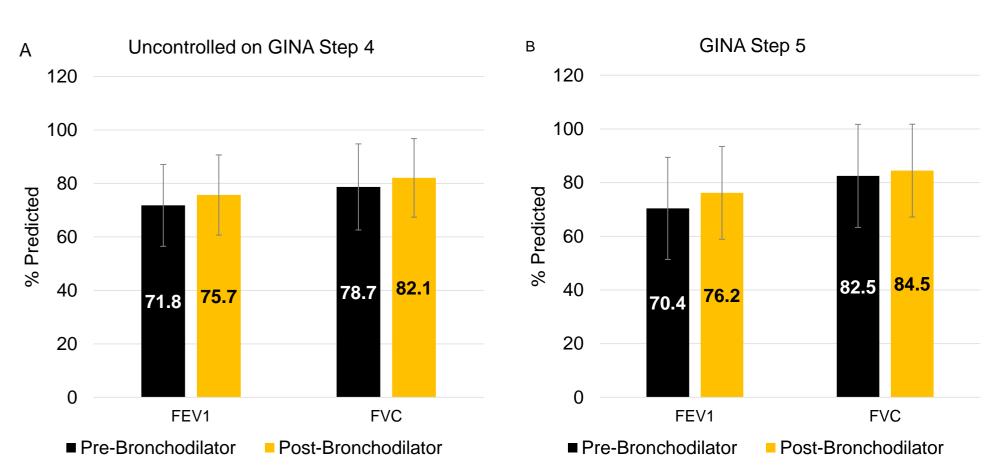
### Table 1A: Lung function for patients uncontrolled on GINA Step 4 included in ISAR and according to country/registry

			Uncontrolled of				All (n=2149)
		USA (n=1849					
	Pre-bronchodilator			Post-bronchodilator			SK (n=20)
	FEV <sub>1</sub> (%)	FVC (%)	FEV₁/FVC	FEV <sub>1</sub> (%)	FVC (%)	FEV₁/FVC	IT (n=251)
All	71.8 (15.3)	78.7 (15.0)	0.69 (0.12)	75.7 (16.1)	82.1(14.7)	0.71 (0.13)	IE (n=29)
	n=2830	n=2965	n=2662	n=2104	n=2080	n=1784	Bronchodilator Reversi definition. FEV <sub>1</sub> : forced expiratory
	72.3 (13.7)	78.2 (14.1)	0.70 (0.11)	75.8 (14.1)	81.4 (13.6)	0.71 (0.13)	Bronchodilator reversib There were no patients
USA	n=2244	n=2382	n=2512	n=1591	n=1639	n=1732	Conclusions
UK	72.5 (22.3)	85.2 (17.8)		77.5 (22.5)	91.5 (18.1)		Results fro
UN	n=117	n=114		n=73	n=71	-	bronchodil
SK	68.1 (20.1)	76.7 (18.0)	0.6 (0.16)	73.8 (21.1)	81.9 (18.2)	0.62 (0.17)	References
	n=341	n=341	n=12	n=341	n=341	n=12	1. Bulathsinhala 2. Global Strateg
	74.2 (20.5)	91.5 (18.8)	0.65 (0.11)	77.1 (19.1)		0.59 (0.14)	3. Quanjer PH, 1
IT	n=99	n=99	n=109	n=99	-	n=11	Acknowledgm
IE	65.2 (14.5)	76.2 (19.6)	0.65 (0.15)	83.0 (18.2)	103.2 (17.3)	0.68(0.14)	ISAR is conducte Andrew Menzies-
	n=29	n=29	n=29	n=29	n=29	n=29	Boehringer Ingel



g function for patients on GINA Step 5 included in ISAR and according to country/registry						
GINA Step 5						
Р	re-bronchodilate	or	Post-bronchodilator			
FEV <sub>1</sub> (%)	FVC (%)	FEV <sub>1</sub> /FVC	FEV <sub>1</sub> (%)	FVC (%)	FEV <sub>1</sub> /FVC	
70.4 (19.0)	82.5 (17.3)	0.68 (0.12)	76.2 (19.2)	84.5 (17.3)	0.69 (0.13)	
(n=1437)	(n=1484)	(n=1045)	(n=975)	(n=775)	(n=530)	
74.9 (15.8)	80.1 (15.3)	0.69 (0.11)	75.5 (15.6)	82.1 (14.2)	0.69 (0.13)	
(n=625)	(n=688)	(n=740)	(n=390)	(n=413)	(n=445)	
65.2 (22.0)	84.5 (20.4)		71.1 (21.9)	89.9 (20.5)		
(n=503)	(n=487)	-	(n=276)	(n=264)	-	
68.0 (20.7)	77.5 (19.0)	0.60 (0.13)	72.1 (21.4)	80.4 (19.8)	0.63 (0.15)	
(n=98)	(n=98)	(n=8)	(n=98)	(n=98)	(n=8)	
70.7 (18.8)	88.3 (18.4)	0.66 (0.13)	86.0 (20.5)		0.68 (0.14)	
(n=211)	(n=211)	(n=297)	(n=211)	-	(n=77)	

### Figure 1 Pre- and post-bronchodilator lung function in ISAR patients (A) uncontrolled on GINA Step 4 and (B) on GINA Step 5 (all patients)



Footnote to both Table 1A and Table 1B Data are presented as mean (standard deviation)

UK

SK

IT

Country

FEV<sub>1</sub>: forced expiratory volume in one second; FVC: forced vital capacity; GINA: Global Initiative for Asthma; IE: Ireland; IT: Italy; SK: south Korea

% predicted data are based on aggregate level data from UK, SK and IT, and patient level data from the USA and IE

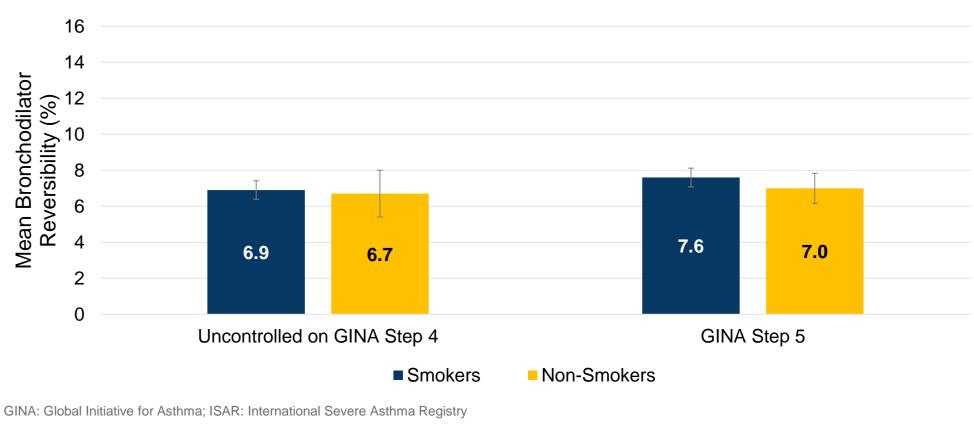
FEV<sub>1</sub>/FVC is derived from patient level lung function data from USA, SK, IT and IE. It is not reported for the UK due to aggregate level data. There were no patients on GINA Step 5 treatment from Ireland

### Table 1C: Bronchodilator reversibility (%) as a function of asthma severity and smoking status for all patients included in ISAR and according to country/registry

	Uncontrolled	on GINA Step 4	GINA Step 5				
у	Smokers	Non-smokers	Smokers	Non-smokers			
	ERS definition (change from % predicted FEV <sub>1</sub> ; threshold >9%) <sup>3</sup>						
49)	6.9% (6.9)	6.7% (7.8)	7.6% (8.1)	7.0% (8.6)			
349)	7.0%(6.9)	6.6%(6.9)	7.0% (7.9)	6.5% (7.8)			
0)	6.2% (6.9)	5.0% (4.9)	4.1% (3.1)	9.0% (5.1)			
1)	7.5% (7.0)	9.0% (17.5)	9.9% (9.0)	7.6% (9.8)			
9)	6.8% (4.7)	6.2% (5.9)	-	-			

FEV1: forced expiratory volume in one second; FVC: forced vital capacity; GINA: Global Initiative for Asthma; ISAR: International Severe Asthma Registry

## severity (all patients)



lator Reversibility (% change in lung function) are presented as mean (standard deviation) bronchodilator reversibility according to ERS/ATS

ed expiratory volume in one second; ERS: European Respiratory Society; GINA: Global Initiative for Asthma; IE: Ireland; IT: Italy; SK: South Korea ator reversibility is not reported for UK due to aggregate level data

e no patients on GINA Step 5 treatment from Ireland

sults from the initial ISAR countries indicate that fixed airflow obstruction is common in severe asthma patients seen by specialists or at tertiary care centres, and is associated with poor nchodilator responsiveness regardless of smoking history or treatment on GINA Steps 4 or 5.

thsinhala L, Eleangovan N, Heaney LG, et al. Development of the International Severe Asthma Registry (ISAR): A Modified Delphi Study. J Allergy Clin Immunol Pract. 2019;7(2):578-588.e2. doi:10.1016/j.jaip.2018.08.016 al Strategy for Asthma Prevention and Treatment. 2018 Update. https://ginasthma.org/wp-content/uploads/2018/04/wms-GINA-2018-report-V1.3-002.pdf njer PH, Tammeling GJ, Cotes JE, Pedersen OF, Peslin R, Yernault JC. Lung volumes and forced ventilatory flows. Eur Respir J. 1993;6 Suppl 16:5-40. doi:10.1183/09041950.005s1693

### wledgments & Conflict of interest

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### Figure 2 Mean bronchodilator reversibility in smokers and non-smokers in ISAR patients according to asthma



