



ERS

INTERNATIONAL CONGRESS 2021

v i r t u a l

Long-term oral corticosteroid-sparing effects of anti-IL5/anti-IL5 receptor treatment.

A. Bjerrum (Århus, Denmark), S. Tina (Århus, Denmark), S. Johannes Martin (Århus, Denmark)

Introduction: Clinical trials have shown oral corticosteroid (OCS) sparing effects of anti-IL5/anti-IL5-receptor treatments. The generalisability of these trials may be limited, due to the rigid inclusion and exclusion criteria, and the short tapering duration. Real-life evidence may bridge the gap between the clinical trials and the clinical practice. We present real-life data on the OCS sparing effects of anti-IL5/anti-IL5-receptor treatments after 12 and 24 months of treatment.

Methods: We included severe, eosinophilic asthma patients treated with mepolizumab, reslizumab or bernalizumab for 24 months. Data on OCS-dose, FEV1, ACT/ACQ score and blood eosinophils were collected from the patients records before and after 12 and 24 months of anti-IL5/anti-IL5-receptor treatment.

Results: At baseline 75% of patients were on daily OCS. This number was reduced to 50% and 28% after one and two years of treatment, $p < 0.001$. Within the group on daily OCS the median daily dose was reduced from 10 mg (IQR 5-20) Prednisolone at baseline to 3.75 mg (IQR 0-10) and 0 mg (IQR 0-7.5) Prednisolone after 12 and 24 months, $p < 0.001$. At baseline 29% of patients scored themselves as being wellcontrolled, increasing to 45% and 52% after one and two years of treatment, respectively.

Conclusions: The findings in this study add to the generalisability of the clinical studies, showing significant OCS sparing effects of anti-IL5/anti-IL5-receptor treatment in a real-life clinical setting. These findings add to the understanding of the long-term effects of anti-IL5/anti-IL5-receptor treatment, showing an even further and persistent OCS sparing effect after two years of treatment, without jeopardizing the asthma control.