



ERS CONGRESS | 2026

5–9 September | Barcelona, Spain

Effect of tezepelumab on lung function in oral corticosteroid-dependent patients with severe asthma and comorbid CRSwNP or CRSsNP in the phase 3b WAYFINDER study

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Background: In the phase 3b WAYFINDER study of tezepelumab in oral corticosteroid (OCS)-dependent patients with severe asthma (NCT05274815), ~90% of patients, including those with chronic rhinosinusitis (with/without nasal polyps [CRSwNP/CRSsNP]), achieved a maintenance OCS dose of ≤ 5 mg/day prednisone/prednisolone or discontinued OCS while maintaining asthma control. Lung function remained stable in the overall cohort (mean [95% confidence interval] change from baseline in post-bronchodilator [BD] FEV₁ at week 52: +70 mL [20–110]).

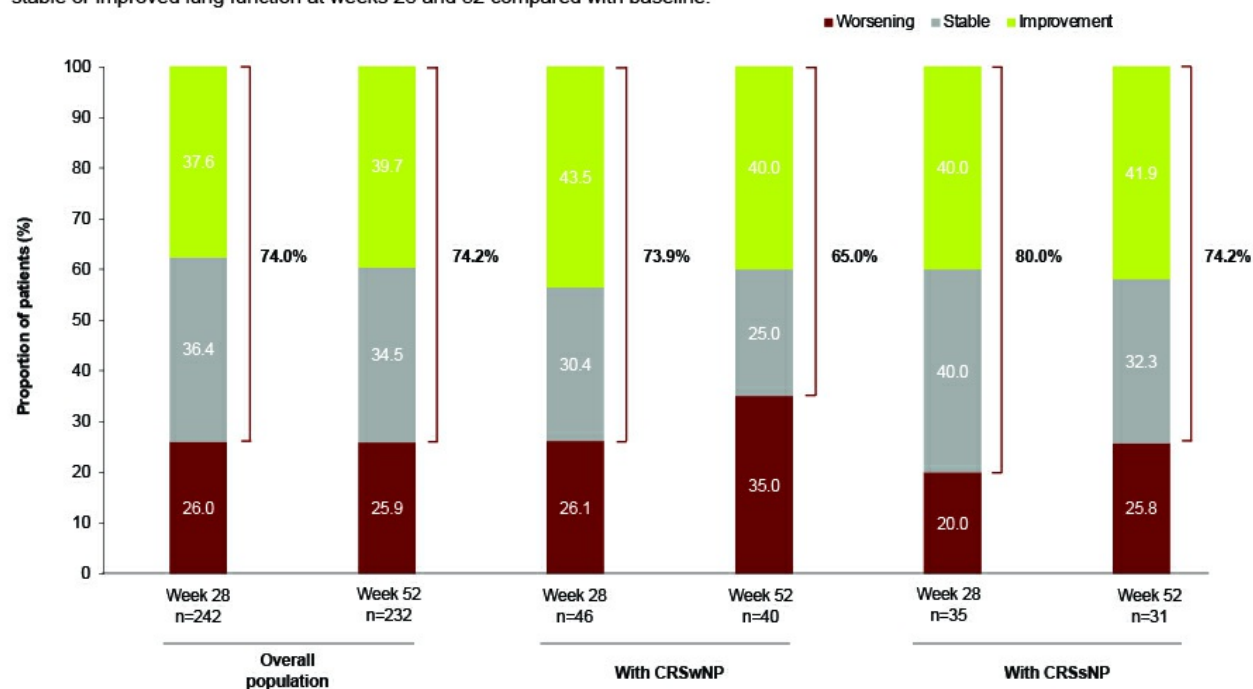
Objective: This *post hoc* analysis assessed lung function in WAYFINDER participants with CRSwNP/CRSsNP.

Methods: WAYFINDER was an open-label, single-arm study in adults with severe asthma receiving maintenance OCS. Patients received tezepelumab 210mg subcutaneously every 4 weeks for up to 52 weeks. Lung function was measured at baseline and at weeks 28 and 52. Improvement was defined as a post-BD FEV₁ increase of ≥ 100 mL from baseline, stability as a change between $-\leq 100$ mL and $+\leq 100$ mL, and worsening as a decline of > 100 mL.

Results: Of the 298 tezepelumab recipients, 50 (16.8%) had CRSwNP and 39 (13.1%) had CRSsNP. At weeks 28 and 52, lung function improvement or stability was seen in 73.9–80.0% and 65.0–74.2% of patients across the overall, CRSwNP and CRSsNP groups, respectively (**Figure**).

Conclusions: Tezepelumab treatment resulted in improved or stable lung function over 28 and 52 weeks in over 65% of patients with OCS-dependent severe asthma and CRSwNP/CRSsNP, despite OCS tapering.

Figure. Proportions of OCS-dependent patients with severe asthma and comorbid CRSwNP or CRSsNP who had worsening, stable or improved lung function at weeks 28 and 52 compared with baseline.



Only patients for whom a change from baseline could be calculated for the specific visit were included. Patients with missing post-BD FEV₁ at baseline or post-baseline were excluded from the analysis.
Worsening: a post-BD FEV₁ decline of >100 mL; stable: a post-BD FEV₁ change between -100 mL and +<100 mL; improvement: a post-BD FEV₁ increase of ≥100 mL.
BD, bronchodilator; CRSsNP, chronic rhinosinusitis without nasal polyps; CRSwNP, chronic rhinosinusitis with nasal polyps; FEV₁, forced expiratory volume in 1 second; OCS, oral corticosteroid.