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Clinical asthma remission and nasal polyp outcomes with dupilumab versus omalizumab in patients with severe chronic rhinosinusitis with nasal polyps and uncontrolled asthma: results from EVEREST

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Background: Chronic rhinosinusitis with nasal polyps (CRSwNP) can coexist with asthma driven by type 2 inflammation. Clinical asthma remission is a key treatment goal, but its relevance in patients with coexisting CRSwNP is unclear. Dupilumab and omalizumab are approved for the treatment of CRSwNP and moderate/severe asthma. In the phase 4 EVEREST (NCT04998604) trial, dupilumab vs omalizumab significantly improved CRSwNP and asthma-related clinical outcomes.

Aim: Assess the efficacy of dupilumab vs omalizumab in clinical asthma remission and changes in nasal polyp score (NPS) in EVEREST.

Methods: Adults with comorbid severe CRSwNP and uncontrolled asthma received add-on dupilumab 300 mg q2w or omalizumab 75–600 mg q2w or q4w for 24 wks. Patients analyzed: with type 2 inflammation (bsl Eos ≥150 cells/μL or FeNO ≥25 ppb). Clinical asthma remission defined as: no asthma exacerbations/no oral corticosteroids during study period, stable lung function after 24 wks (FEV_1 decline ≤5% from bsl); 5-item Asthma Control Questionnaire score<1.5 at Wk 24. NPS change was assessed by asthma remission status (range 0–8; minimal clinically important difference 1.0).

Results: At Wk 24, more patients receiving dupilumab vs omalizumab achieved asthma remission (64.0% vs 40.5%, *P*<0.0001) and greater NPS improvements independent of asthma remission status **(Table)**.

Table. Proportion of patients achieving clinical asthma remission at Week 24 and change from baseline to Week 24 in NPS, according to clinical asthma remission status and treatment group

Patients who achieved clinical asthma remission at Week 24		
	Dupilumab n=175	**Omalizumab n=173**
Yes, n (%)	112 (64.0)	70 (40.5)
No, n (%)	63 (36.0)	103 (59.5)
P value vs omalizumab[a]		<0.0001

Change from baseline in NPS to Week 24				
	With clinical asthma remission		**Without clinical asthma remission**	
	Dupilumab n=112	**Omalizumab n=70**	**Dupilumab n=63**	**Omalizumab n=103**
Baseline				
n	112	70	63	103
Mean (SD)	6.10 (1.17)	6.09 (1.17)	6.12 (1.17)	6.23 (1.27)
Week 24				
n	112	68	51	76
Mean (SD)	3.40 (2.00)	4.79 (1.76)	3.69 (1.99)	5.30 (1.83)
Change from baseline at Week 24				
LS mean (SE)[a]	−2.71 (0.18)	−1.34 (0.22)	−2.75 (0.25)	−0.89 (0.22)
LS mean difference vs omalizumab, (95% CI)[a]		−1.4 (−1.9, −0.9)		−1.9 (−2.5, −1.3)
P value vs omalizumab[a]		<0.0001		<0.0001

[a]Change from baseline has been modelled using a MMRM including study intervention (dupilumab, omalizumab), prior surgery (yes, no), ICS doses (low, medium/high), presence of AERD (yes, no), region (Eastern Europe, Rest of World). visit (up to Week 24), study intervention-by-visit interaction, baseline value of NPS and baseline-by-visit interaction as covariates. AERD, aspirin-exacerbated respiratory disease; LS, least squares; ICS, inhaled corticosteroid; MMRM, mixed-effect model with repeated measures; NPS, nasal polyp score.

Conclusions: In EVEREST, dupilumab vs omalizumab showed better improvements in clinical asthma remission and nasal polyp burden regardless of achieved asthma remission.