1.19 Real-World Clinical Outcomes of Asthma patients switched from Reslizumab to either Mepolizumab or Benralizumab

Laura J Walsh[1], Deborah Casey[1], Punitha Vairamani[1], Fiona Arnott[1], Barry J Plant[1] and Desmond M Murphy[1,2].

[1]Cork University Hospital, Cork,[2]University College Cork, Cork.

Treatment of severe refractory asthma often involves the use of targeted biological therapy. Randomised controlled trials have shown improvements in clinical parameters with these treatments but real-world data is lacking.The clinical parameters, frequency of exacerbations, number of hospital admissions, asthma control questionnaire score (ACQ), forced expired volume in one second (FEV_1) and maintenance corticosteroid dose of twenty asthma patients switched from reslizumab to benralizumab or mepolizumab at 1 year prior and 6 months after switching were compared. The mean frequency of exacerbations (0.7 v 0.3) improved post switch, albeit non-significantly. The mean ACQ was essentially unchanged (1.6 v 1.5). The number of hospital admissions remained at one pre and post switch. 25% were on maintenance steroid before and after switching but one patient required an increased dose post switch resulting in an increase in the mean maintenance oral corticosteroid dose (1.6mg to 2.4mg). The mean FEV_1 was unchanged (80% v 77.9%) six months post switching. Regarding asthma control (n=19), 47.4% were controlled pre and post switch (ACQ<1.5), 36.8% remained uncontrolled despite switching but n=4 reduced exacerbation frequency, 10.5% improved control while 5.3% disimproved. We present real-world clinical outcomes of asthma patients switched from reslizumab to either benralizumab or mepolizumab with improvements in ACQ and exacerbation frequency observed without a loss of clinical effectiveness in the majority. ***Conflict of Interest: None to declare***