

Asthma Phenotyping Should Only Be Done on Severe Asthma

Dennis K. Ledford, MD, FAAAAI, FACAAI, LCP

Ellsworth and Simmons Professor of Allergy and Immunology

Morsani College of Medicine, University of South Florida

Section Chief, Allergy/Immunology, James A. Haley VA Hospital

Objectives

- Participants will recognize that it is an obvious waste of time and resources to go through the ridiculous exercise of phenotyping every asthma patient
- Participants will prioritize the use of biomarkers in asthma
- Participants will identify that current biomarkers for asthma overlap and are imprecise

Why Phenotype Asthma Patients?

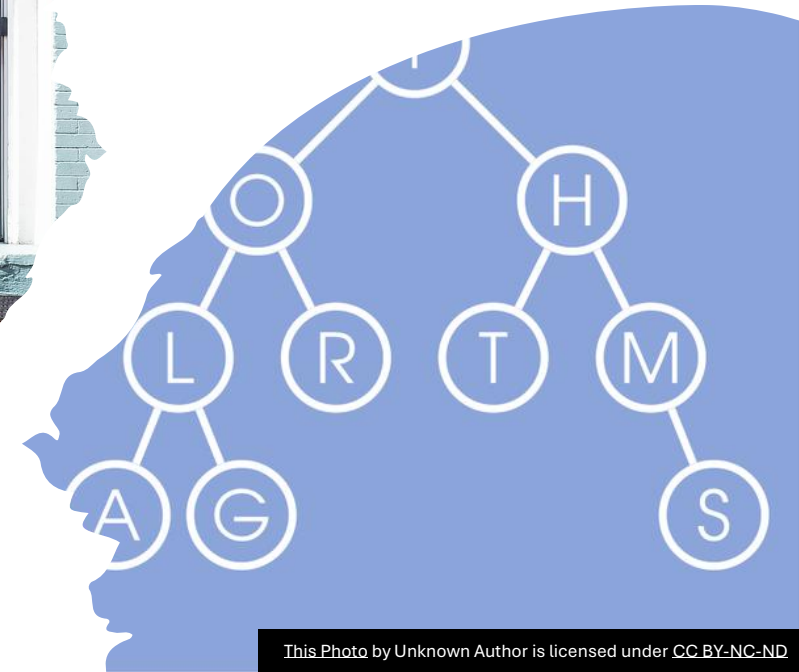
- Therapeutic Decision Making
- Predicting Risk
- Better Understanding of Disease Beyond History, Physical Examination, Spirometry and Skin Testing

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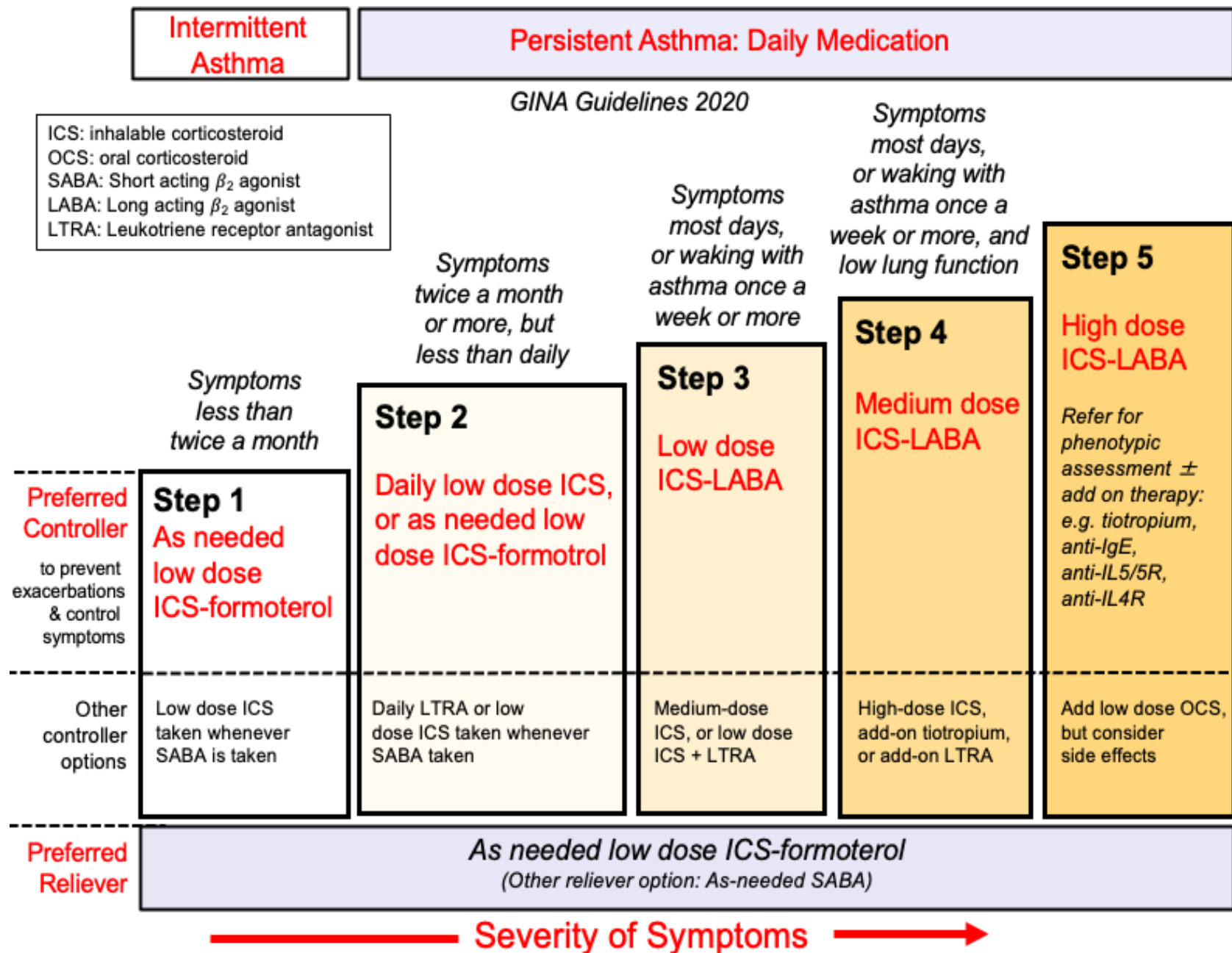
- Therapeutic Decision Making
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- **Getting Biologic Therapy Approved (5%-10% of persistent asthma patients)**

Phenotyping Asthma Does Not Change Therapy for the Overwhelming Majority

- Guideline directed, evidence based therapeutic choices are based upon step therapy not algorithms
- All asthma patients start at an initial step and step up or down



Where do you
see phenotyping?



Asthma Phenotypic Markers Are Not Good



Overlap



Lack Precision



**Only Identify
Type 2 Disease**

How Does My Colleague Propose to Phenotype All Asthma Patients?

Weight (no cut offs to identify risk)

IgE (high variability)

Skin testing (identifies allergy but does not help in management of majority)

FeNO (does not predict outcomes with measurement)

Blood Eosinophil Count (varies by as much as 50% over time)

Really!!! Is this all you have? Then why bother?

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Do Not Phenotype All Asthma Patients As It Is Ridiculous

Does not affect management of the overwhelming majority

Guideline evidence-based therapeutic recommendations do not utilize

Available phenotypic markers are imprecise

Available phenotypic markers overlap or are redundant

Reserve to gain approval for the subset of severe patients for whom biologic therapy is a consideration