Timing of exacerbations with tezepelumab versus placebo in patients with and without symptomatic perennial allergy

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 history of allergy to dust mite (Dermatophagoides farinae) and a positive FEIA test result (≥ 0.35 kUA/L) for serum total IgE levels irrespective of confirmed perennial allergy status. Tezepelumab reduced the cumulative number of exacerbations in patients with severe uncontrolled asthma, this phenomenon was observed with tezepelumab in patients with allergy, this post hoc analysis assessed the timing and number of exacerbations with tezepelumab in patients with and without confirmed symptomatic perennial allergy to dust mite or animal allergens.

How did we perform this research?

• In NAVIGATOR, patients (12–80 years old) were randomized 1:1 to receive tezepelumab 210 mg or placebo Q4W subcutaneously for 52 weeks (Figure S1, access via QR code).
• Confirmed symptomatic perennial allergy was defined as investigator-reported clinical history of allergy to dust mite (Dermatophagoides farinae or D. pteronyssinus) or animal allergens (cat dander or dog dander) and a positive RAST test result (> 0.35 KUA/L) for serum specific IgE against the corresponding allergen at baseline.
• The cumulative number of asthma exacerbations was assessed over 52 weeks in patients grouped by confirmed symptomatic perennial allergy and treatment.

How might this impact current clinical practice?

Despite the more gradual decline in IgE compared with other inflammatory biomarkers in tezepelumab recipients, there was no meaningful difference in the timing of exacerbation reductions in patients with and without perennial aeroallergens.

E-poster

Supplementary material

Audio/video navigation

See the supplementary material for further details on the study design and subgroups.