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Title: Long-term effectiveness of omalizumab in patients with severe persistent allergic (IgE-mediated) asthma: Real-life data from 3 UK centres

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Body: For patients with uncontrolled severe persistent allergic (IgE-mediated) asthma, omalizumab is an effective add-on therapy. However, limited data are available reporting on long-term effectiveness of omalizumab in UK clinical settings. In a previous pooled analysis using data from 3 UK centres, healthcare utilisation substantially reduced and patient reported outcomes improved post-omalizumab in patients with severe allergic asthma (mean treatment duration: 982 days; range: 112–3839). Using the same patient cohort, data were compared for 2 years pre-omalizumab and for most recent assessment post-omalizumab initiation, to determine if improvements were sustained with longer-term treatment. Patients (n=50; age 18–74) received omalizumab for mean of 1318 days (range: 238–4217). 85% patients were responders at 16 weeks. Reductions in hospital admissions/bed days, accident & emergency (A&E) and GP visits were seen post-omalizumab (Table). Mean maintenance oral corticosteroid (OCS) dose reduced pre- to post-omalizumab: 12.8 to 4.5 mg/day. Overall mean[SD] AQLQ score (+1.6[1.5]) and ACT score (+3.9[10.3]) improved post omalizumab; in patients not on OCS vs patients on OCS (at baseline) improvements were greater: AQLQ: 2.2[1.1] vs 1.5[1.5]; ACT: 8.8[4.9] vs 7.0[6.5]. Results from this real-life follow-up study demonstrate that improved outcomes in patients with severe allergic asthma are sustained with longer-term omalizumab therapy.

	Hospital admissions	Hospital bed days	ICU admissions	A&E visits	GP visits
Pre-omalizumab (n=50)	162*	259†	12**	159‡	454$

Post-omalizumab (n=50)	20*	6†	1**	32‡	131$

*n=42; †n=27; **n=23; ‡n=49; $n=39; ICU=intensive care unit