

Bronchial Thermoplasty: An Additional Option for Managing Patients with Severe Asthma

INTERASMA, the Global Asthma Association, is a 60 years-old organization gathering asthma specialists from all over the world and it is the only international society focused on recent advances and clinical practice for asthma specialists as well as other healthcare professionals related to the care of asthma patients. Patients groups and related organizations, such as GAAPP (Global Allergy and Asthma Patient Platform), also collaborate with INTERASMA. INTERASMA is member of GARD-WHO (Global Alliance against Chronic Respiratory Diseases-World Health Organization) and Airways-ICPs (Integrated Care Pathways - European Innovation Partnership on Active and Healthy Ageing, Action Plan B3), among other organizations.

Severe asthma is a major respiratory problem; patients suffering this clinical phenotype have persistent severe symptoms, deterioration of quality of life, school and work absenteeism, and social limitations despite the maximum treatment recommended by the most relevant asthma guidelines such as GINA (Global Initiative for Asthma) and NAEPP/EPR-3/NHLBI (National Asthma Education and Prevention Programme-National Heart Lung and Blood Institute). Patients with severe uncontrolled asthma have frequent asthma exacerbations, emergency room (ER) visits, and hospitalization. All of these cause a highly socio-economic impact (WHO Severe Asthma definition¹).

In the last World Congress of Asthma-INTERASMA 2014 Mexico City, the 2014 update GINA guideline was launched during a special GINA session. The potential role of Bronchial Thermoplasty (BT) was mentioned as it is included in this last update (Evidence B).

Studies seeking the efficacy and safety of BT have been performed and have shown a significant reduction in severe exacerbations, ER visits, and days missed from work or school during the post-treatment follow-up period (6 to 52 weeks post BT). The safety of the procedure was good and adverse events including airway inflammation, upper respiratory infections, among others, were short in duration and patients responded well to therapy. The benefit of BT persisted for at least 1 year. Moreover, a 5-year period post BT follow-up showed the absence of relevant clinical complications and the maintenance of stable lung function. In addition, BT met TA (Technology Assessment) criterion 1 through 5 for safety, effectiveness, and improvement in health outcomes according to CTAF (California Technology Assessment Forum).

BT is an innovative concept for the treatment of severe asthma that is opening a new avenue in the management of patients with uncontrolled refractory symptoms. BT can offer an excellent alternative as an add-on therapy in severe asthma patients carefully selected. In this context, BT should not be considered as “experimental”. On the contrary, it should be considered an important option for patients suffering this condition and should be covered and paid by the social security system and/or private insurances to facilitate the accessibility to this treatment for this special group of patients.

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¹ Bousquet J, Mantzouranis E, Cruz AA, Ait-Khaled N, Baena-Cagnani CE, Bleecker ER, Brightling CE, et al. Uniform definition of asthma severity, control, and exacerbations: document presented for the World Health Organization Consultation on Severe Asthma. *J Allergy Clin Immunol.* 2010 Nov;126(5):926-38.