Defining a severe asthma super-responder: findings from a Delphi process

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Rationale
- Clinicians are increasingly recognising severe asthma patients in whom biologics and other add-on therapies lead to dramatic improvement often referred to as ‘super-responders’.
- Currently, there is no agreed super-responder definition.

Aim
- To survey healthcare professionals using a modified Delphi process in order to define an international consensus-based definition of a severe asthma ‘super-responder’.

Methods
- A modified Delphi process (Figure 1) was used to reach an international consensus based definition of a super-responder.
- Consensus on individual items required at least 70% agreement by panel members.
- The panel consisted of 115 participants (91% specialist pulmonologists or allergists) from 27 countries of whom 81 participated (94% specialist pulmonologists or allergists) from 24 countries in all three Delphi rounds.
- The initial items included in round one were derived from elements of response to severe asthma treatment identified in both clinical trials and clinical practice.

Results: The super-responder definition

Improvement should involve 3 or more criteria (at least 2 of which should be major criteria) and should be assessed over 12 months.

Major Criteria
- Exacerbation elimination
- Large Improvement in asthma control
- Cessation of maintenance oral steroids

Minor Criteria
- 75% exacerbation reduction
- Well controlled asthma
- ≥ 500mL improvement in FEV1

Conclusions
This international consensus-based definition of severe asthma super-responders is an important prerequisite for better understanding of super-responders – their prevalence, predictive factors and the mechanisms involved. Further research is needed to understand the patient perspective and more precisely measure quality of life in super-responders.

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