OMALIZUMAB USE: OUR EXPERIENCE IN A REGIONAL HOSPITAL

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Background

Omalizumab is indicated as add-on therapy to improve asthma control in patients with severe persistent allergic asthma and who have reduced lung function as well as frequent symptoms.

Objectives

To assess the use and efficacy of omalizumab in a regional hospital.

Material and methods

Retrospective study from April 2007 to August 2013. We included all patients who were treated at least 16 weeks with omalizumab.

To evaluate use and efficacy we reviewed: baseline IgE levels, volume exhaled during first second of a forced expiratory (FEV1) and use of inhaled and/or oral corticosteroids before and after treatment, and disease evaluation after 16 weeks.

It was considered that patients with baseline IgE lower than 76 UI/ml were less likely to experience benefit as stated in Omalizumab drug information. We considered reduced lung function as FEV1 lower than 80%.

Results

10 patients (9 females), mean age 52 years (39-77). 9 patients with allergic asthma and 1 with chronic urticaria

Age	Pathology	IgE	FEV1 %	
			Baseline	Post-treatment
77	Moderate persistent allergic asthma	211.57	49	75
39	Moderate persistent allergic asthma	431.64	69	72
65	Moderate persistent allergic asthma	65.43	104	117
39	Moderate persistent allergic asthma	46.96	96	78
58	Severe persistent allergic asthma	397.96	-	34
54	Severe persistent allergic asthma	215.20	-	100
41	Severe persistent allergic asthma	62.26	-	95
49	Severe persistent allergic asthma	66.51	59	71
47	Severe persistent allergic asthma	97.53	-	65
55	Chronic urticaria	518.40	-	-

- 4 patients were prescribed omalizumab with IgE lower than 76 UI/mL
- 3 patients had FEV1 lower than 80%, having been increased in all cases
- 2 patients had FEV1 higher than 80%, having been increased in one case
- After omalizumab start all patients continued treatment with inhaled corticosteroids and 3 also with oral corticosteroids

- 1 patient was completely asymptomatic, 2 had improved respiratory status, 5 were stable from a respiratory standpoint and 1 experimented non respiratory changes with the introduction of omalizumab
- From patients who started omalizumab with IgE levels higher than 76 UI/mL, 4 were stable from a respiratory standpoint and 1 had improved respiratory status
- We had 1 patient diagnosed with chronic urticaria with IgE 518.4 UI/mL on treatment with omalizumab 300mg every 6 weeks (off label). Currently without skin rash or need to take antihistamines

Discussion

Only 33% (3/9) patients improved respiratory status and 55% (5/9) were stable from a respiratory standpoint.

These data are lower compared with other studies reporting up to 55% effectiveness. No patient discontinued treatment with corticosteroids.

Conclusions

Is necessary to develop a protocol to ensure the use of omalizumab in the most suitable patients and review effectiveness after starting treatment to avoid unnecessary exposure to the drug in non-responders.

Omalizumab treatment for chronic urticaria has been effective.

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