

THE MAJORITY OF SEVERE ASTHMA PATIENTS HAVE AN ALLERGIC PHENOTYPE^{1*}

PHENOTYPING IS IMPORTANT TO HELP DETERMINE THE NEXT STEPS^{2,3}

POTENTIAL INDICATORS¹⁻⁵

Phenotyping

- A positive skin prick test (serum levels of allergen-specific IgE are $>0.35 \text{ kU}_A/\text{L}$)[†]
- Range of low-to-high eosinophil counts
- Range of low-to-high IgE levels

Non-Phenotypic Characteristics

- Early onset asthma (symptoms start in childhood or adolescence)
- Family history of allergic disease
- Personal history of allergic comorbidities (e.g., rhinitis, eczema, food, allergic rhinitis, nasal polyps)
- Symptoms and/or exacerbations in response to allergen exposure

UI/mL=kU_A/L

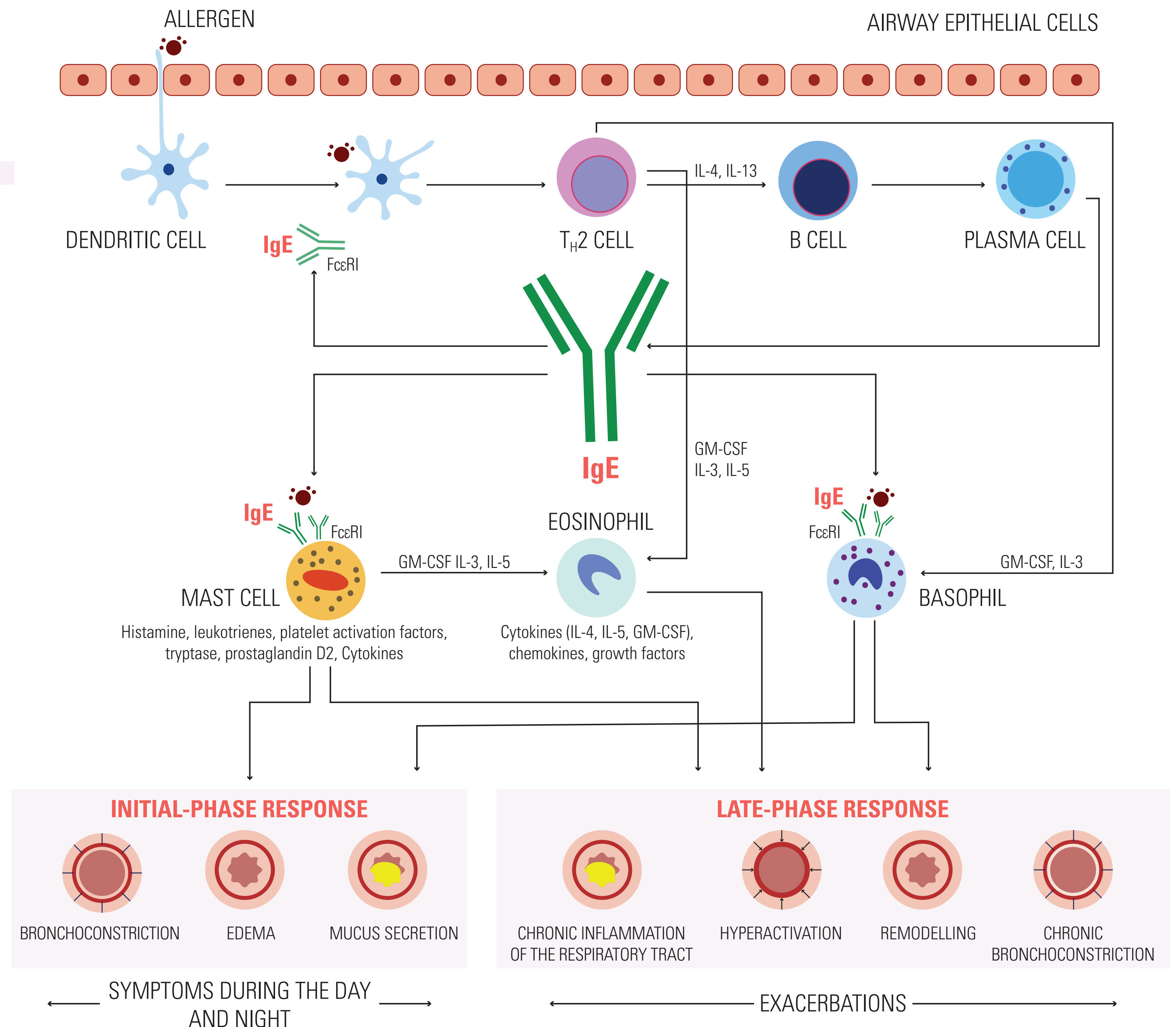
* Based on the Severe Asthma Research Program (SARP) study analysis of 228 adults and 60 children with severe asthma, >64% and 87% presented with an allergic phenotype respectively.

† The clinical significance of the results must be assessed in the context of the patient's medical history and clinical symptoms.

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IgE PLAYS A CENTRAL ROLE IN ALLERGIC ASTHMA^{3,6-9}

IgE TRIGGERS THE INFLAMMATORY CASCADE LEADING TO EXACERBATIONS AND AIRWAY REMODELLING



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