

benefits. Direct prescription of LTOT from primary care by comparison carries a risk of inadequate initial assessment and follow-up.

REFERENCE

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Managing asthma: inhaled therapy and beyond

**P107 EFFECTIVENESS OF OMALIZUMAB ON ASTHMA CONTROL AND LUNG FUNCTION IN SEVERE ALLERGIC ASTHMA PATIENTS IN THE CZECH REPUBLIC**

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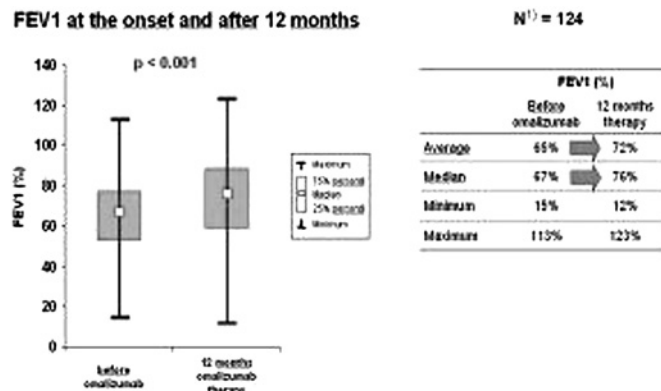
**Introduction** Anti-IgE therapy (omalizumab) is indicated for severe persistent allergic asthma, which is uncontrolled despite appropriate therapy according to current GINA guidelines.

**Aim of this study** Aim of this study was to describe changes of selected parameters (FEV<sub>1</sub>, life quality and FeNO<sub>50</sub>) in all patients treated with omalizumab in the Czech Republic for more than 12 months in a real life clinical setting.

**Methods** Data of 127 patients treated 12 months by omalizumab in eight Czech centres were prospectively observed in Czech Anti-IgE Registry and analysed. Respiratory specialist and allergist together decided indication of anti-IgE therapy after extensive evaluation process in each patient.

**Results** Median IgE level was 223 IU/ml, all patients experienced during previous year at least two exacerbation treated by oral steroid burst. 69 patients were dependent on oral steroids, mean dose 5 mg prednisolone/day. After 12 months of omalizumab therapy FEV<sub>1</sub> improved from 65% to 72% (p<0.001), asthma control test changed from 13 to 18 points score (p<0.001) and FeNO<sub>50</sub> decreased from 48 to 32 ppb (p=0.001). Emergency visits, steroid bursts for asthma exacerbation and mean oral steroid dose were lower after the 12 months of therapy as well (all p<0.001). Observed side effects were mild (headache, weight gain) in 21.3% patients. Overall response to anti-IgE therapy measured by clinical evaluation of treatment benefit was 80.8%.

**Conclusion** Rigorous selection of candidates for anti-IgE therapy based on consensus of allergology and respiratory specialists leads to



Abstract P107 Figure 1 Spirometry after 12 months of omalizumab therapy.

very good therapeutic response, we have observed significant improvement in lung functions.

**P108 OMALIZUMAB FOR SEVERE ALLERGIC ASTHMA: COST-EFFECTIVE OR PRICELESS?**

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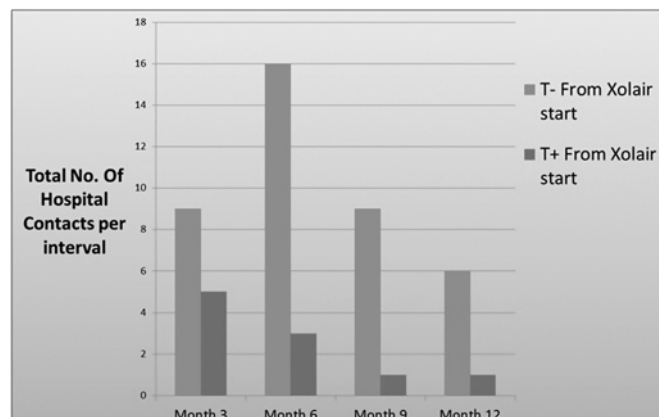
**Background** Omalizumab is licensed for the treatment of severe allergic asthma to help reduce severe exacerbations. However the decision as to whether to consider Omalizumab therapy is based on a 16 week assessment period with no reference to the licensed indication at all! We were therefore keen to examine omalizumab efficacy in terms of exacerbation reduction in our severe asthma clinic.

**Methods** 40 patients had received omalizumab treatment for at least 12 months, on the basis of a successful 16 week assessment period. Hospital and GP records were scrutinised to assess exacerbation frequency and unscheduled hospital attendance before and after treatment. Costs for asthma admissions, attendance for clinic and price per omalizumab vial were analysed. In addition a repeat patient survey was undertaken to assess satisfaction with therapy and our service using a previously validated tool.<sup>1</sup>

**Results** Complete data was available for 20 patients. A sequential education in unscheduled hospital; contacts was seen throughout the first year following commencement of omalizumab. Average cost savings on unscheduled hospital attendances were £2500 per annum. Average costs of attendance for injections were £2080 per annum. Treatment costs varied between £3250 and £26 000 per patient per annum. We did not have data on the absenteeism rates from those patients currently in full or part time employment. Patient satisfaction with both Omalizumab and the clinic set up remained high as in keeping with our previous assessment.

**Conclusions**

1. Omalizumab does reduce exacerbation frequency in patients with severe allergic asthma.
2. Patients are extremely satisfied with the efficacy of therapy.
3. The costs of reduced unscheduled care offset the costs of extra planned attendances for injections.
4. Although an expensive treatment, there may be many potentially hidden physical, social and economic benefits of omalizumab therapy.
5. Sophisticated health economic analysis is required to pursue this hypothesis.



Abstract P108 Figure 1 Total hospital contacts by intervals: first year before and first year after the start of treatment.