

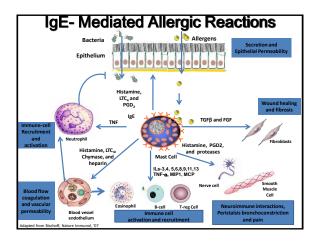
### **Objectives**

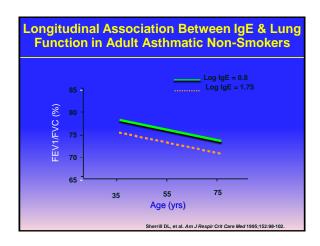
- To explain the rationale behind IgE blockade
- To discuss which patients might benefit from omalizumab
- To explain dosing issues for omalizumab
- To address potential adverse effects of omalizumab
- To compare to immunotherapy

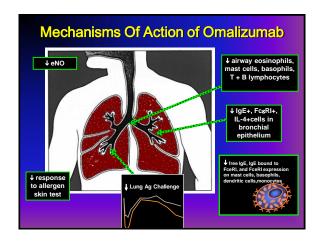
### **Omalizumab Indications**

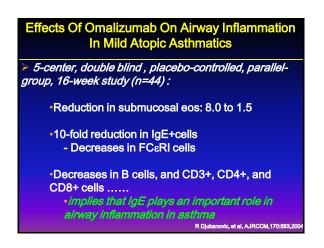
- (Moderate) to severe persistent asthma in patients with a positive skin test or in vitro reactivity to a perennial aeroallergen and symptoms that are inadequately controlled with ICS +/-LABA.
- Step 5/6 care (NHLBI) or 4/5 (GINA)

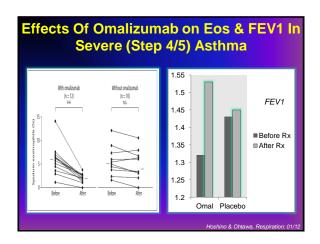
What Is the Role of IgE in Severe Asthma?

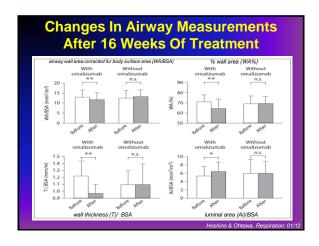


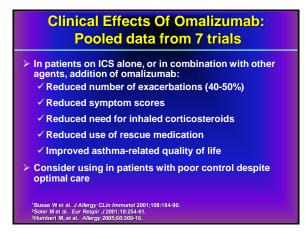


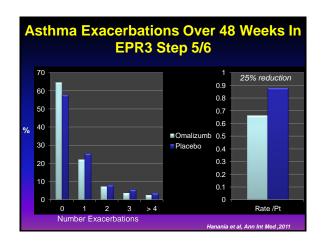












# Omalizumab effect appears independent of: Duration of treatment Age Severity of asthma

### **Omalizumab Not Indicated**

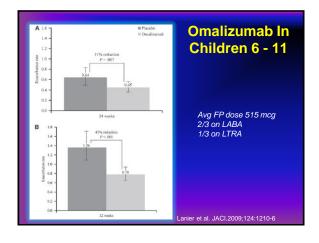
- Acute bronchospasm or status asthmaticus
- Pediatric patients less than 12 years of age
- Nonallergic asthma
- Other allergic conditions

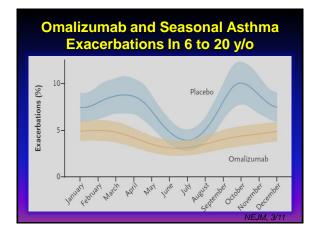
## Why Not For Acute Bronchospasm Or Status Asthmaticus?

Omalizumab Onset Of Action In Asthma: Pivotal Trials: While onset of response was measurable at 4 weeks, the proportion of responders continued to increase throughout the 16 week period:

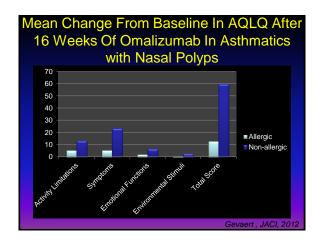
> 4 wks: 61% 8 wks: 78% 12 wks: 87%

■ Respiratory data suggest that down regulation of Fc<sub>E</sub>RI expression on effector cells is required for clinical inhibition of allergic respiratory responses.



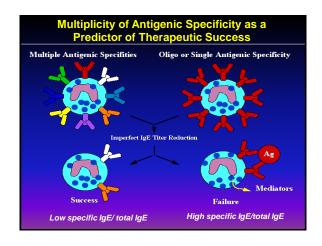


## Why Not Nonallergic Asthma? The Case For Entopy Nasal mucosa: allergic & "nonallergic" rhinitis & CFS Nasal Polyps (also can involve Staph) Bronchial mucosa: Predominately in asthma Regardless of atopic status Possibly due to superantigens (Staph enterotoxins) Related to asthma severity Clinical implications: Strategies aimed at blocking IgE locally could be fruitful

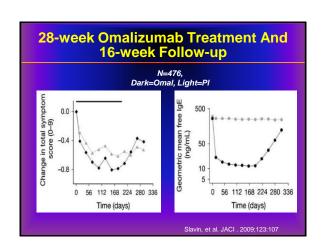


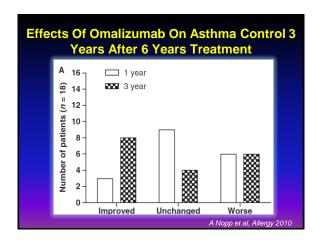
	0.016	D mg/k	osing g/IU/m	Table: L ever	y 4 we	eks	
5		Body Weight (kg)					
Dosing	Baseline IgE IU/mL	30-60	> 60-70	> 70-80	> 80-90	> 90-150	
Monthly I	30-100	150	150	150	150	300	
	>100-200	300	300	300	300		
ž	> 200-300	300					
Biweekly Dosing	> 100-200					450	
	> 200-300		450	450	450	600	
	> 300-400	450	450	600	600		
	> 400-500	600	600	750	750		
	> 500-600	600	750				
	> 600-700	750					

## Factors Predictive Of Clinical Response Reasons for omalizumab being ineffective for some (~40%) patients are unknown. Improvements correlate w/ IgE reductions, BUT free IgE levels in nonresponders are similar to those found in responders Possible reasons:<sup>2</sup> (1) Relationship between free IgE levels and FcaR1 expression (2) Ratio of specific IgE to total IgE (3) Intrinsic cellular sensitivity. Recent data indicate that response at 16 wks is highly predictive of persistent response at 32 wks<sup>3</sup> J. Slavin, et al. JACI ,2009; 2. MacGlashan. JACI 2009; 3. Bousquet et al, Allergy, 2011



## Do the Effects Of Omalizumab Continue After Treatment Is Stopped? Conflicting data, but may depend upon duration of treatment 2 different studies with 2 different answers: INvestigation of Omalizumab in seVere Asthma TrEatment (INNOVATE) study Nopp et al, 2010 Allergy



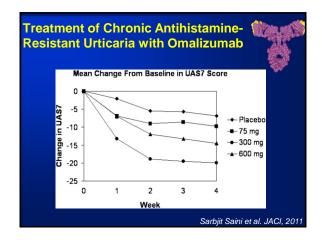


### **Omalizumab and Asthma Summary**

- Omalizumab is effective in children and adults in reducing exacerbations and steroid requirements
  - Also positive effects on SABA use, QOL, Sxs and PFTs (minor)
- Omalizumab has anti-inflammatory effects
- If not effective by 4-6 months, probably will not be effective
  - Predictors of who will respond are unclear
- Whether omalizumab can be stopped with sustained clinical efficacy is unclear
  - May depend on duration of treatment

## Potential Clinical Uses of Omalizumab

- SAR and PAR
- Atopic Dermatitis
- Food Allergy
- Insect Allergy
- · Chronic Urticaria with and w/o Autoantibodies
- Adjuvant to Immunotherapy:
  - Increased Efficacy As Add On
  - Improved Safety As Pretreatment for SCIT and food SLIT



## With Asthma? A 26-week, randomized, double-blind, parallel-group, placebo-controlled, multicenter study to evaluate the effect of Xolair® (omalizumab) on improving the tolerability of specific immunotherapy in

**What About Pretreatment In Patients** 

patients with at least moderate persistent allergic asthma\* inadequately controlled with inhaled corticosteroids

• FEV1 ≥ 75% • + ST to HDM, cat or dog

Massanari et al, JACI 2010

