

National President and CEO
Harold P. Wimmer

January 17, 2020

James P. Kiley
Director
Division of Lung Diseases
National Heart, Lung and Blood Institute
National Institutes of Health
6701 Rockledge Blvd., Room 9182
Bethesda, MD 20892

RE: Update on Selected Topics in Asthma Management 2020: A Report from the National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC) Expert Panel Report 4 (EPR-4) Working Group

Dear Director Kiley:

Thank you for the opportunity to provide feedback on Update on Selected Topics in Asthma Management 2020: A Report from the National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC) Expert Panel Report 4 (EPR-4) Working Group.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 35 million Americans living with lung diseases including asthma. The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association appreciates and strongly supports the NAEPPCC's efforts to update the EPR-3 Guidelines for the Diagnosis and Management of Asthma. These guidelines are the foundation of the Lung Association's work to reduce the burden of asthma, including tracking coverage of and related barriers to guidelines-based asthma care in state Medicaid programs through the [Asthma Guidelines-Based Care Coverage Project](#); developing and updating educational materials for patients with asthma and other stakeholders, such as our [Asthma Basics](#) program and content on [Lung.org](#); and preparing thousands of individuals to deliver high quality asthma care and sit for the National Asthma Educator Certification Board exam to become certified asthma educators through our [Asthma Educator Institute](#).

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There have been many advancements in the diagnosis and treatment of asthma since the publication of EPR-3 in 2007, and the updates included in the draft EPR-4 working group report can help more patients to receive high quality, evidence-based care. The Lung Association would also like to offer the following recommendations regarding how the draft EPR-4 report can be strengthened prior to final publication and how the EPR-4 working group can continue to advance evidence-based asthma care in future work.

Changes to EPR-4 Final Report

The Lung Association appreciates that the EPR-4 report includes updated step diagrams regarding the stepwise approach for the management of asthma in individuals by age group (Figure i-iii). These diagrams will be helpful for clinicians and other stakeholders looking for a succinct summary that can assist them in making treatment decisions. However, the Lung Association believes it would be helpful to add a note to each of these figures clearly stating that the step diagrams have only received targeted updates and that content outside of the topics chosen for the selected updates has not been revised. This will help to reduce confusion where there have been changes in best practices in areas outside of the selected updates. As an example, multiple studies have shown that use of oral systemic corticosteroids is not effective for individuals under age five, yet this treatment remains included in step 6 of Figure i since this was not a topic addressed in these updates.¹ Individuals who only reference the step diagrams without reviewing the rest of the EPR-4 report may not understand this nuance without additional clarification.

The Lung Association also recommends adding additional details to Table i regarding the allergen reduction recommendations. The full text of the report includes two comments after recommendations six and eight that should be incorporated into this table. Thus, recommendation six would include “Interventions with at least low certainty of evidence that may be effective as part of a multicomponent allergen mitigation strategy include HEPA vacuums, impermeable pillow/mattress covers, mold removal, and pest control,” and recommendation eight would include “A recommendation for or against a single allergen mitigation intervention should not suggest that the intervention cannot be used as part of a multicomponent intervention strategy.” We also suggest that the comment for recommendation eight be reframed in the positive to reduce confusion about whether impermeable pillow/mattress covers are recommended as part of multicomponent intervention strategies. These changes would help to improve the clarity of these recommendations and the state of the evidence for individual elements of single and multicomponent intervention strategies.

Finally, the Lung Association recommends that the NAEPPCC add a table to the final EPR-4 report summarizing the usual dosages and other key information for asthma medications for children and adults, similar to the content included in tables 4-4a through 4-4c and 4-8a through 4-8c in the final EPR-3 report. The EPR-4 updates include a number of changes to the recommendations involving asthma medications, including inhaled corticosteroids (ICS) and long-acting muscarinic antagonists (LAMA). Consolidating these updates along with the previous EPR-3 recommendations into one straightforward reference table could help clinicians and other



stakeholders more easily use these recommendations to guide their treatment decisions and advance the implementation of the NAEPP guidelines.

Directions for Future Work

While many patients with asthma can control their disease with ICS and long-acting bronchodilators, new treatments have become available for patients with severe persistent asthma whose asthma is not controlled with these medications. The draft report states that “a major gap in this update is the lack of information regarding several available biologic therapeutics for asthma that have become available since 2014.” The Lung Association appreciates that the EPR-4 working group includes a footnote in Figure iii, *Stepwise Approach for Management of Asthma in Individuals Ages 12 Years and Older* that refers readers to the latest European Respiratory Society/American Thoracic Society Guideline on the management of severe asthma, which can provide stakeholders with further information on the use of biologics in asthma in Steps 5 and 6, and encourages the NAEPPCC to make this referral more prominent in the final draft of the EPR-4 report. Still, there is a significant need for the NAEPPCC to look at this topic in more depth. The Lung Association encourages the NAEPPCC to review the evidence for the use of biologics in the treatment of asthma and promptly release additional guidance on this issue as soon as possible and certainly within two years of the publication of the EPR-4 report.

The Lung Association also believes that, as the draft report itself acknowledges, a comprehensive update to the EPR-3 asthma guidelines is still needed. There are a number of topics included in EPR-3 where evidence has changed, as well as a number of new and emerging topics not included in EPR-3 that need to be addressed. The Lung Association encourages the EPR-4 working group to consider revising or adding the following topics in such an update: outdoor allergens, asthma phenotypes and endotypes, seasonal ICS use, ICS and short acting beta agonists (SABA) combination therapy, e-cigarettes and other new tobacco products, differences in the prevalence of asthma and response to treatments among different racial groups, and the impact of adverse child experiences. As the NAEPPCC contemplates updates to the guidelines in these areas, the Lung Association encourages the Committee to include a diverse group of stakeholders, including patients of different ages, genders, races and socioeconomic backgrounds, as well as consider research and evidence from other countries outside of the United States.

As the leading organization working to save lives by improving lung health and preventing lung disease, the American Lung Association once again thanks the NAEPPCC for its efforts on the EPR-4 report. These updates will help to ensure that patients with asthma have access to high quality, evidence-based care, and the Lung Association is ready to work with you to ensure that the guidelines continue to evolve to reflect best practices and new evidence regarding the diagnosis and management of asthma. Thank you for the opportunity to provide these comments.

Sincerely,



Harold P. Wimmer
National President and CEO



¹ See, for example, Beigelman A. 2013. *Journal of Asthma and Clinical Immunology*. 131. 1518-1525; Bacharier L. 2008. *Journal of Asthma and Clinical Immunology*. 122. 1127-1135; Zeiger R. 2011. *New England Journal of Medicine*. 365. 1990-2001; Panickar, J. 2009. *New England Journal of Medicine*. 360. 329-338.

