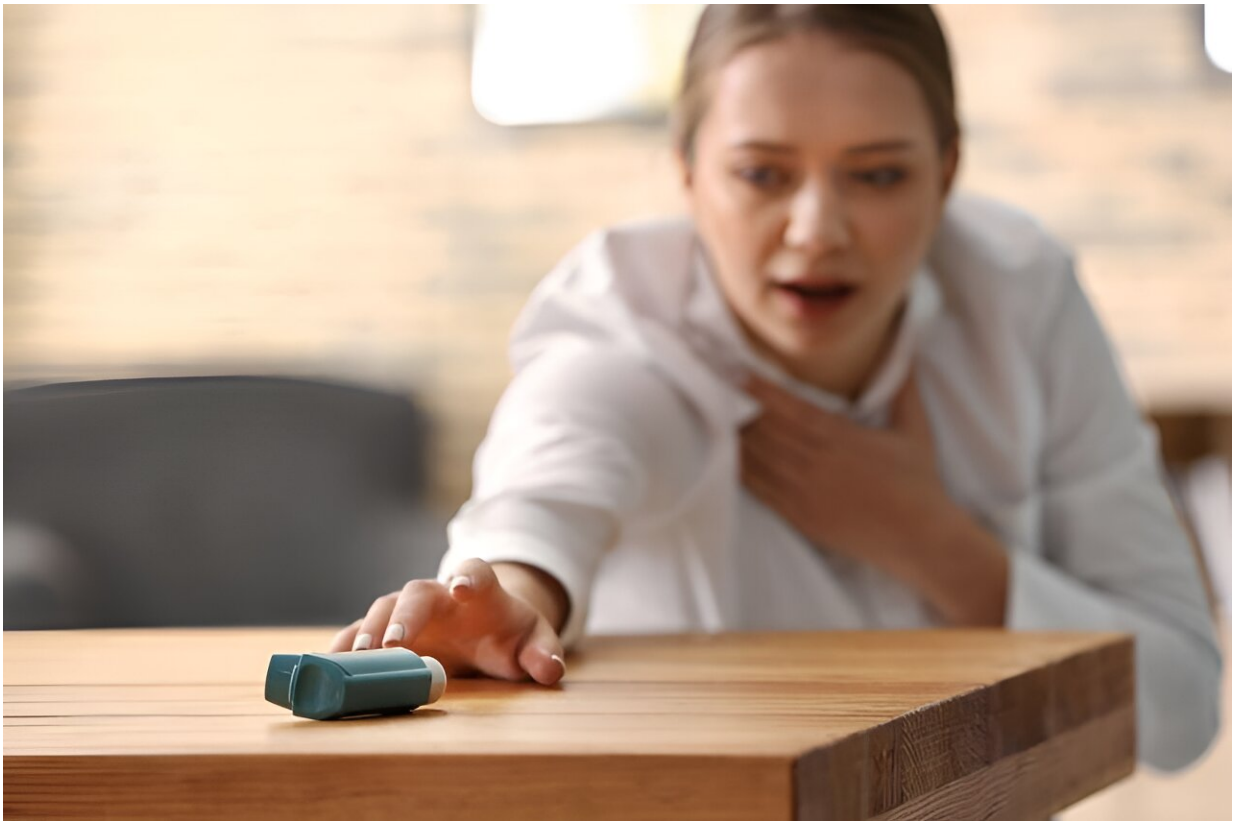


Tapering of inhaled steroids feasible for asthma controlled with benralizumab

January 13 2024, by Elana Gotkine



For patients with severe eosinophilic asthma controlled on bevacizumab, tapering of inhaled corticosteroids (ICS) is feasible and is not associated with worse asthma control, according to a study published online on Dec.

7 in *The Lancet*.

David J. Jackson, M.P.H., from King's College London, and colleagues conducted a [phase](#) 4 study involving [adults](#) with severe eosinophilic asthma and a five-item Asthma Control Questionnaire score less than 1.5 and who received at least three consecutive doses of benralizumab before the screening.

Participants were randomly assigned to taper their high-dose ICS to a medium-dose, low-dose, and as-needed dose (reduction group) or to continue therapy for 32 weeks, followed by 16 weeks of maintenance.

Overall, 168 patients were assigned to the reduction and reference arms (125 and 43, respectively). Ninety-two percent of the 110 patients reduced their ICS-formoterol dose: 15, 17, and 61 percent to medium-dose, low-dose, and as-needed only, respectively. The researchers found that in 96 percent of the patients, the reductions were maintained to week 48; in the tapering group, 91 percent had zero exacerbations during tapering.

The rates of adverse events were similar between the groups: 73 and 83 percent in the reduction and reference groups, respectively. A total of 17 patients had [serious adverse events](#): 10 and 12 percent in the reduction and reference groups, respectively. There were no deaths reported.

"Our key finding is that 92 percent of [patients](#) were able to successfully reduce their high-dose ICS, with more than 60 percent reducing to anti-inflammatory reliever only without a change in asthma control," the authors write.

More information: David J Jackson et al, Reduction of daily maintenance inhaled corticosteroids in patients with severe eosinophilic asthma treated with benralizumab (SHAMAL): a randomised,

multicentre, open-label, phase 4 study, *The Lancet* (2023). DOI: [10.1016/S0140-6736\(23\)02284-5](https://doi.org/10.1016/S0140-6736(23)02284-5)

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