Background

Teleconference participants were asked to discuss whether modifications were needed to the current draft Needs Assessment Report based on information provided by the public during the public comment period. Key points raised during the discussion are summarized below, aligned with the structure of the report’s five priority topic areas and additional topics for acknowledgement.

Priority Topic Areas
The Working Group reviewed all public comments received regarding the five priority topic areas proposed in the Needs Assessment Report. As noted in the summary below, in some cases participants opted to recuse themselves from discussions of certain topic areas due to potential conflicts of interest; these participants were invited to rejoin the teleconference after discussion of these topics concluded.

- **Role of Adjustable Medication Dosing in Recurrent Wheezing and Asthma**
  - Dr. Lemanske suggested that after considering public comments, the following language be added to row 2 box 3: “ICS as needed with and without concomitant short-acting beta agonists (SABA).” Dr. Busse brought the motion to the Working Group and all were in favor.

- **Role of LAMA in Asthma Management as Add-on to ICS**
  - In response to one comment, the Working Group acknowledged that they were instructed to not consider the role of cost in care decisions. All were in favor of retaining the topic area with no revisions.

- **Role of Bronchial Thermoplasty in Adult Severe Asthma**
  - **(Recused: Dr. Schatz)**
  - The Working Group acknowledged there are many questions regarding thermoplasty and it is an important topic to consider for the potential update to the guidelines. All were in favor of retaining the topic area with no revisions.

- **Role of Fractional Exhaled Nitric Oxide (FeNO) in Diagnosis, Medication Selection, and Monitoring Treatment Response in Asthma**
  - **(Recused: Drs. Busse, Stoloff, and Szefler)**
  - The Working Group reviewed all public comments and observed that most were in support of the topic area moving forward for review as written. All were in favor of retaining the topic area with no revisions.
The group discussed a comment requesting a systematic review of impulse oscillometry as a tool similar to FeNO. Participants decided impulse oscillometry could not be added to the “biomarkers” category in Table 2 (Topics for Acknowledgment). However, Dr. Lemanske suggested that a new row be added to Table 2 called “physiological assessments” which would include topic areas for future investigation. The group agreed that “physiological assessments” would be added as a row to Table 2 with the corresponding key point: “Impulse oscillometry, and other novel methods of bronchial provocation, are under active investigation, and show promise for future clinical applications.”

Upon return of the recused participants, the proposal to add “physiological assessments” to Table 2 was summarized, and all were in favor.

- **Role of Remediation of Indoor Allergens (House Dust Mites/Pets) in Asthma Management**
  - After consideration of the public comments, all were in favor of retaining the topic area with no revisions.

*Topics for Acknowledgement in an Update, but Not Systematic Review*

The Working Group reviewed all comments addressing topics for acknowledgement and other concerns.

- **Immunotherapy**
  - (Recused: Dr. Lemanske)
    - The group considered public comments regarding immunotherapy.
    - The group noted that the current guidelines mention immunotherapy as an option, but not as being essential for treatment.
    - Dr. Nelson was asked for his opinion, as an expert on this topic. He noted that immunotherapy is an evolving topic area and questions remain about issues such as home administration and the use of sublingual immunotherapy.
    - The group acknowledged that this topic is of substantial interest, both to patients and in practice.
    - The group also acknowledged that several new studies have been published since the 2007 guidelines that may warrant a more thorough review.
    - Dr. Parsons suggested adding the role of immunotherapy (both subcutaneous and sublingual) as effective and safe in the treatment of asthma as an additional priority topic area. A majority of the committee was in favor and two members (Drs. Busse and Kelly) voted no.
    - As a result of the group decision, immunotherapy will be added as the sixth priority topic area to the draft Needs Assessment Report.
    - Given the elevation of this topic to a priority topic area, as was done in drafting the original Needs Assessment Report, the group used the evidence-based “PICO” decision-making process to identify questions regarding immunotherapy.
      - PICO for subcutaneous immunotherapy was as follows:
        - Population of Interest: Age 5+; allergic asthma; Step 2-4
        - Intervention: Subcutaneous immunotherapy
        - Comparator: Placebo; also usual care
        - Outcomes of Interest: Asthma control and safety
      - PICO for sublingual immunotherapy was decided to be the same as for subcutaneous, with the intervention being changed to sublingual immunotherapy.
• Adherence
  o The group considered moving adherence to Table 1, but ultimately decided it should be left in Table 2 since the wording acknowledged adherence is an emerging topic.

• Step-down from Combination (ICS plus LABA) Therapy
  o Participants discussed whether the topic could be broadened so it is not specific to combination therapy.
  o Dr. Schatz suggested this category be split into two: one focused on LABA safety and the other on step-wise therapy in general. All were in favor of a two-pronged approach to the step-down topic, none were opposed.
  o Within the two-pronged approach, it was decided that the first emerging topic area will be “LABA Safety” and the second will be “Step-down from Maintenance Therapy.”

• Role of Community Health Workers in Asthma Management
  o Participants discussed the complexity of accurately defining the role and qualifications of Community Health Workers. To help acknowledge the complexity, the group agreed to remove the second reference to home visits and last sentence in the key points box. All were in favor of the two changes.

Other Comments
Several public comments addressed topics not covered within the five priority topic areas or topics for acknowledgement. Dr. Kiley asked participants if they wanted to bring up any additional issues based on the public comments. Two issues were brought forward for discussion.

• Asthma Action Plans
  o Dr. Busse noted the public comment about asthma actions plans and asked the group if the use of asthma action plans should be considered as part of the needs assessment. After a discussion about whether there was enough new scientific literature since 2007 to warrant another review, the group decided asthma action plans warranted addition to Table 2 as a topic for acknowledgement.
  o The language within Table 2 could read: “Asthma action plans are an integral part of the asthma care paradigm. Their effectiveness has not been fully assessed and there is a need to continue to monitor the emerging literature.”

• Overlap Syndrome
  o Dr. Schatz recommended adding overlap syndrome either as its own row or under heterogeneity in Table 2. The Working Group decided to add overlap syndrome within the heterogeneity box in Table 2.

The Working Group decided it was not necessary to address comments about medication charts and Xolair in children under 12.

Next Steps
Dr. Kiley specified that the draft Needs Assessment Report, all public comments received, and minutes from this meeting will be presented during the next meeting of the National Heart, Lung, and Blood Advisory Council (February 10, 2015). The Council will discuss the report and give its approval or disapproval of the revised Needs Assessment Report. All comments about the Needs Assessment Report will be made available to the public.
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