Reslizumab for eosinophilic asthma
NIHR HSRIC

**Record Status**
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

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**Authors' objectives**
Reslizumab is intended to be used for the treatment of eosinophilic asthma in adults who are inadequately controlled on inhaled corticosteroids. If licensed, it will offer an additional treatment option for patients with eosinophilic asthma. Reslizumab is a monoclonal antibody which acts as an interleukin-5 (IL-5) receptor antagonist. IL-5 stimulates the production, activation and maturation of eosinophils. Infiltrating tissue eosinophils are potent proinflammatory leukocytes containing granule-derived basic proteins, lipid mediators, cytokines and chemokines. These contribute to airway inflammation and lung tissue remodelling that includes airway thickening, fibrosis and angiogenesis. Reslizumab does not currently have Marketing Authorisation in the EU for any indication. Asthma is a chronic disorder of the airways caused primarily by inflammation and constriction of the smooth muscle in airway walls (bronchoconstriction). In the UK around 5.4 million people are receiving treatment for asthma; the equivalent of 1 in 12 adults and 1 in 11 children. Of these, it is estimated that 3.0 million are female and 2.4 million are male. The Health Survey for England (2010) estimated the lifetime prevalence of diagnosed asthma to be 17% in women and 16% in men. Approximately 5% of asthma sufferers are described as therapy resistant and are unable to get good control of their asthma despite using high levels of anti-asthma medicines. In 2013-14, there were 60,636 hospital admissions for asthma in England, resulting in 138,140 bed days and 80,990 finished consultant episodes; 75% of these are avoidable. The management of asthma aims to control the disease while minimising adverse reactions to treatment: good control is characterised by no daytime symptoms, no night-time awakening due to asthma, normal lung function, no need for rescue medication, no exacerbations, and no limitations on activity including exercise. Reslizumab is currently in multiple phase III clinical trials comparing its effect on forced expiratory volume in 1 second (FEV1) and clinical asthma exacerbations against treatment with placebo. These trials are expected to complete by 2015.

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