

# Severe Asthma: Beyond Airway Focus in Treatment Decisions at ATS 2026

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Managing severe asthma presents a persistent clinical dilemma, as treatment decisions often prioritize objective measures of airway function and exacerbation rates.<sup>1</sup> However, patient experience, encompassing quality of life and symptom burden, frequently diverges from these physiological markers. The ATS 2026 conference addressed this gap, emphasizing the integration of patient-reported outcomes (PROs) to inform a more holistic approach to severe asthma management.

## KEY TAKEAWAYS

- ° **The Pivot:** Treatment decisions for severe asthma are shifting from a sole focus on objective airway measures to include patient-reported outcomes.
- ° **The Data:** While no specific trial data was presented, the consensus highlighted that a significant proportion of patients with controlled FEV1 still report impaired quality of life.
- ° **The Action:** Clinicians should routinely incorporate validated PRO tools, such as the Asthma Control Questionnaire (ACQ) or Asthma Quality of Life Questionnaire (AQLQ), into severe asthma patient assessments.

Severe asthma, defined by the need for high-dose inhaled corticosteroids (ICS) plus a second controller and/or systemic corticosteroids to prevent it from becoming uncontrolled, or which remains uncontrolled despite this therapy, affects approximately 5-10% of the asthma population.<sup>1</sup> Despite advances in targeted therapies, a substantial proportion of patients continue to experience significant symptom burden and impaired quality of life, even when objective measures like forced expiratory volume in 1 second (FEV1) or exacerbation frequency appear controlled.<sup>2</sup> This discrepancy underscores a critical challenge in current clinical practice: the disconnect between physiological control and patient-perceived well-being. The discussions at ATS 2026 aimed to re-evaluate the parameters guiding treatment decisions, moving beyond a purely airway-centric view.

## Integrating Patient Perspectives in Severe Asthma Management

The core of the ATS 2026 discourse centered on the necessity of incorporating patient-reported outcomes (PROs) into the routine assessment and management of severe asthma. While spirometry, fractional exhaled nitric oxide (FeNO), and exacerbation history remain fundamental, the consensus emphasized that these metrics alone do not fully capture the disease's impact on a patient's daily life.<sup>3</sup> For instance, a patient might maintain an FEV1 within acceptable limits and experience few exacerbations, yet report persistent fatigue, sleep disturbance, or limitations in physical activity due to breathlessness. These subjective experiences, if unaddressed, can lead to suboptimal treatment adherence and overall

dissatisfaction with care.<sup>4</sup>

The discussions highlighted the utility of validated PRO instruments, such as the Asthma Control Questionnaire (ACQ) and the Asthma Quality of Life Questionnaire (AQLQ), as essential tools.<sup>5</sup> These questionnaires provide a structured method for patients to communicate their symptom burden, functional limitations, and emotional impact of asthma, offering insights that objective tests cannot. For example, the ACQ assesses symptoms like nocturnal asthma, morning symptoms, and activity limitation over the past week, yielding a score that correlates with asthma control.<sup>5</sup> Similarly, the AQLQ evaluates the impact of asthma on activity, symptoms, emotional function, and environmental stimuli over a two-week period, providing a comprehensive measure of quality of life.<sup>6</sup>

The conference emphasized that integrating PROs allows clinicians to identify unmet patient needs that may not be evident from standard clinical parameters. This can inform adjustments to existing therapies, such as optimizing ICS/LABA regimens, considering add-on biologics (e.g., omalizumab, mepolizumab, reslizumab, benralizumab, dupilumab, tezepelumab) based on endotype and patient-reported symptoms, or addressing non-pharmacological interventions like pulmonary rehabilitation or psychological support.<sup>7</sup> The goal is to achieve not just physiological control, but also patient-centered control, where treatment decisions are co-created with the patient, reflecting their individual priorities and goals.<sup>8</sup>

The patient populations most likely to benefit from this expanded approach include those with persistent symptoms despite optimized conventional therapy, individuals with significant comorbidities such as chronic rhinosinusitis or anxiety/depression, and those who report a substantial impact on their daily activities and social interactions. Recognizing the heterogeneity of severe asthma, a personalized approach that integrates both objective biomarkers and subjective patient experiences is crucial for these complex cases. For instance, a patient with eosinophilic severe asthma might achieve good FEV1 with a biologic, but still report significant sleep disturbance due to cough, which an ACQ score could highlight, prompting further investigation into non-eosinophilic drivers or reflux. This holistic view ensures that treatment extends beyond merely managing airway inflammation to addressing the broader systemic and psychosocial aspects of the disease.

While the discussions at ATS 2026 did not present new randomized controlled trial data specifically comparing PRO-guided versus objective-measure-guided treatment strategies, the expert consensus underscored the clinical imperative of this shift. The absence of such head-to-head trials represents a limitation in the evidence base, but the qualitative data from patient advocacy groups and observational studies consistently supports the value of PROs.<sup>9</sup> Future research should focus on designing trials that evaluate the impact of PRO-driven treatment algorithms on long-term patient outcomes, including sustained quality of life improvements and healthcare resource utilization. Furthermore, challenges in implementing routine PRO collection in busy clinical settings, such as time constraints and integration into electronic health records, were acknowledged as areas requiring practical solutions and technological advancements.<sup>10</sup> Delve deeper into severe asthma and its intricate management, including the practical application of patient-reported outcomes, with the definitive Oxford Handbook of Respiratory Medicine.

#### CLINICAL IMPLICATIONS

The ATS 2026 discussions serve as a timely reminder that clinicians must look beyond the spirometer when managing severe asthma. Relying solely on FEV1 and exacerbation rates risks overlooking the profound,

daily impact of the disease on a patient's life. It is not enough for a patient to be 'controlled' on paper if they are still struggling with sleep, work, or social activities. The industry, with its focus on developing biologics that target specific inflammatory pathways, must also consider how these therapies translate into tangible improvements in patient-reported quality of life, not just biomarker modulation. The real-world effectiveness of a drug like dupilumab, for instance, should be measured as much by a patient's ability to walk up stairs without breathlessness as by their eosinophil count.

For general practitioners and specialists alike, the message is clear: incorporate validated PRO tools into every severe asthma assessment. The Asthma Control Questionnaire (ACQ) or Asthma Quality of Life Questionnaire (AQLQ) are not optional extras; they are essential diagnostic instruments. Without them, we are making treatment decisions with incomplete information. This shift requires a conscious effort to integrate these tools into routine practice, perhaps leveraging digital platforms to streamline data collection and interpretation. It also necessitates a change in mindset, valuing a patient's subjective experience as highly as an objective physiological measurement.

Ultimately, the move towards patient-centered care in severe asthma is not merely about empathy; it is about efficacy. When treatment aligns with a patient's lived experience and addresses their most pressing concerns, adherence improves, and overall outcomes are likely to be better. Guideline bodies, such as GINA, should continue to strengthen recommendations for PRO integration, providing clear guidance on which tools to use and how to interpret them. The pharmaceutical industry, in turn, should prioritize PROs as primary or co-primary endpoints in future clinical trials, demonstrating a commitment to what truly matters to patients.

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