



## Reply to letter regarding article “Long-term efficacy and safety of bronchial thermoplasty in patients with moderate to severe persistent asthma”

Jian Ping Zhou MD & Qing Yun Li MD, PhD

To cite this article: Jian Ping Zhou MD & Qing Yun Li MD, PhD (2016): Reply to letter regarding article “Long-term efficacy and safety of bronchial thermoplasty in patients with moderate to severe persistent asthma”, Journal of Asthma, DOI: [10.3109/02770903.2015.1116091](https://doi.org/10.3109/02770903.2015.1116091)

To link to this article: <http://dx.doi.org/10.3109/02770903.2015.1116091>



Published online: 19 Jan 2016.



Submit your article to this journal [↗](#)



Article views: 18



View related articles [↗](#)



View Crossmark data [↗](#)

LETTER TO THE EDITOR

## Reply to letter regarding article “Long-term efficacy and safety of bronchial thermoplasty in patients with moderate to severe persistent asthma”

Jian Ping Zhou, MD and Qing Yun Li, MD, PhD

*Department of Respiratory Medicine, School of Medicine, Ruijin Hospital, Shanghai Jiaotong University, Shanghai, China*

Sir,

We appreciate the insight provided by this letter to the authors regarding the issue of “Long-term efficacy and safety of bronchial thermoplasty (BT) in patients with moderate to severe persistent asthma” [1].

As we all know, BT is the first non-pharmacologic interventional therapy approved by the U.S. Food and Drug Administration in 2010 for severe asthma. This approval was based on Asthma Intervention Research (AIR) 2 published in 2010 [2]. BT is currently recommended for patients with severe persistent asthma who remain uncontrolled despite optimal medical therapy, as outlined in steps 4 and 5 of the British Thoracic Society (BTS)/Scottish Intercollegiate Guidelines Network (SIGN), UK National Institute of Clinical Excellence (NICE) and Global Initiative for Asthma (GINA) guidelines [3].

As with any novel therapy, we fully understand that some critical opinions are vital for advancing the development of this procedure. Drs. Iyer and Lim [4] and Drs. Dunn and Wechsler [5] have recently completed a detailed discussion around AIR 2 study. We think that it is sufficient to answer the doubts on AIR2 study from the author of the letter. Furthermore, our meta-analysis was not designed to serve as a supportive copy for AIR 2. We used this “single-arm meta-analysis” method to focus on BT-treated patients with long-term follow-up. The key point of our article is to have a better understanding of long-term benefits and safety from BT therapy by collecting all data available [2,6–10]. As for the matched long-term follow-up control group for BT, we should take the ethical issue into account. It has been noted at the end of our article.

Honestly, we think that the input provided in this meta-analysis is much appreciated. The intent of our article is to bring awareness of a potential treatment option for the patients with moderate to severe persistent asthma. Indeed,

we also agree that BT requires further study so that we can identify specific responders and better understand the mechanisms by which BT works.

### References

1. Zhou JP, Feng Y, Wang Q, Zhou LN, Wan HY, Li QY. Long-term efficacy and safety of bronchial thermoplasty in patients with moderate-to-severe persistent asthma: a systemic review and meta-analysis. *J Asthma* 2015. DOI: 10.3109/02770903.2015.1065424.
2. Castro M, Rubin AS, Laviolette M, Fiterman J, De Andrade Lima M, Shah PL, Fiss E, et al. Effectiveness and safety of bronchial thermoplasty in the treatment of severe asthma: a multicenter, randomized, double-blind, sham-controlled clinical trial. *Am J Respir Crit Care Med* 2010;181:116–124.
3. Dheda K, Koegelenberg CF, Esmail A, Irusen E, Wechsler M, Niven RM, Bateman ED, Chung KF. Recommendations for the use of bronchial thermoplasty in the management of severe asthma. *S Afr Med J* 2015;105:726–732.
4. Iyer VN, Lim KG. Bronchial thermoplasty: Where there is smoke, there is fire. *Allergy Asthma Proc* 2015;36:251–255.
5. Dunn R, Wechsler ME. Rebuttal Comments from Dr. Dunn and Dr. Wechsler. *Allergy Asthma Proc* 2015;36:240–241.
6. Wechsler ME, Laviolette M, Rubin AS, Fiterman J, Lapa e Silva JR, Shah PL, Fiss E, et al. Bronchial thermoplasty: long-term safety and effectiveness in patients with severe persistent asthma. *J Allergy Clin Immunol* 2013;132:1295–1302.
7. Thomson NC, Rubin AS, Niven RM, Corris PA, Siersted HC, Olivenstein R, Pavord ID, et al. AIR Trial Study Group. Long-term (5 year) safety of bronchial thermoplasty: Asthma Intervention Research (AIR) trial. *BMC Pulm Med* 2011;11:8.
8. Pavord ID, Thomson NC, Rubin AS, Niven RM, Corris PA, Chuang KF, Cox G. Research in Severe Asthma Trial Study Group. Safety of bronchial thermoplasty in patients with severe refractory asthma. *Ann Allergy Asthma Immunol* 2013;111:402–407.
9. Pavord ID, Cox G, Thomson NC, Rubin AS, Corris PA, Niven RM, Chuang KF, Laviolette M. Safety and efficacy of bronchial thermoplasty in symptomatic, severe asthma. *Am J Respir Crit Care Med* 2007;176:1185–1191.
10. Cox G, Thomson NC, Rubin AS, Niven RM, Corris PA, Siersted HC, Olivenstein R. Asthma control during the year after bronchial thermoplasty. *N Engl J Med* 2007;356:1327–1337.