May 15, 2017

Arlene Bierman, MD, MS
Director, Center for Evidence and Practice Improvement
Agency for Healthcare Quality and Research
5600 Fishers Ln
Rockville, MD 20857

Dear Dr. Bierman:

The American Lung Association appreciates the opportunity to submit comments with regard to the Agency for Healthcare Research and Quality (AHRQ) draft report for the Role of Immunotherapy in the Treatment of Asthma conducted by AHRQ's Evidence-Based Practice Center Program. Our comments are presented here based on specific sections of the draft report and concluding with general comments on the draft report.

With regard to the Introduction section of the draft report, subcutaneous immunotherapy (SCIT) guidelines do not support the use of SCIT at home. This may explain why there are no studies of SCIT at home. It might be beneficial to mention this as a possible reason why these studies do not exist and cannot be analyzed.

With regard to the results section of the draft report, our comments are as follows:

1) On page 16 (Immunoglobulin E section), the Lung Association would recommend using "specific IgE" in the discussion, otherwise it is not clear if it is antigen specific or total IgE that is being discussed. The wording in the sublingual immunotherapy (SLIT) section (page 32) is properly phrased, and can be replicated in the SCIT section of the report.

2) On page 17 (immunoglobulin G4 section), the same issue as with the IgE section described in the above comment exists. The Lung Association would recommend using "specific IgG4" when discussing

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IgG4 levels. Again, the wording in the SLIT section (page 32) is properly phrased.

3) The report does not address the length of SCIT or SLIT treatment and the potential cost and inconvenience of these treatments. This should be added because it is important for practitioners to understand (and quite useful for the National Heart, Lung, and Blood Institute National Asthma Education and Prevention Program Expert Panel Report).

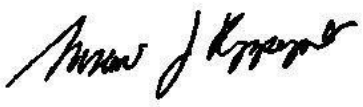
4) The conclusion section of the abstract states that anaphylaxis was observed rarely. In the discussion section this reaction is said to occur "in a small proportion" which is quite different. This is an important issue as immunotherapy has only modest beneficial effects. As a result, attention must be paid to even a small number of life-threatening events.

Overall, the draft report concludes that SLIT as a multi-allergen form of treatment has good efficacy in asthma. The Lung Association does not believe this has actually been shown. These studies are difficult to do, and for SCIT, one must go back decades to find good multi-allergen studies. SLIT is only licensed for monotherapy for grass, ragweed, and more recently dust mite. There are many ENTs prescribing sublingual drops in homeopathic doses of SLIT, and the conclusions of report do not address this.

Lastly, the draft report does not consider two negative points related to the use of these drugs—cost and inconvenience—as they may require doctor visits many times over a year.

The Lung Association respectfully thanks the AHRQ for conducting this report. We thank you for the opportunity to submit our comments and for your consideration.

Sincerely,



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