

Mild to moderate asthma is treated with anti-inflammatories like inhaled steroids, long and short acting beta-agonists, montelukast and theophylline. In the more severe populations oral steroids are added, but do not suffice to control all asthma phenotypes. There is therefore a medical need for the treatment of more severe forms of asthma, for example for phenotypes which display a high number of certain cell subpopulations and/or are steroid resistant.

Summary

The present disclosure addresses the above needs and provides methods for treating asthma, in particular severe persistent asthma, comprising administering an anti-IL-23A antibody to a patient.

There is provided a method of the present disclosure for treating neutrophilic asthma. There is provided a method of the present disclosure for treating eosinophilic asthma. There is provided a method of the present disclosure for treating mixed neutrophilic and eosinophilic asthma. There is provided a method of the present disclosure for treating paucigranulocytic asthma. In the present disclosure, asthma is categorized by induced sputum.

In one aspect, there is provided use of an anti-IL-23A antibody comprising a light chain comprising the amino acid sequence of SEQ ID NO:18 and a heavy chain comprising the amino acid sequence of SEQ ID NO:19 in the manufacture of a medicament for the treatment of severe persistent asthma in a patient who is not responsive to corticosteroids.

In the present disclosure, a patient as provided above is not responsive to corticosteroids.

In the present disclosure, as provided above, the treatment is assessed by the reduction of the annual rate of exacerbations in patients, for example patients with severe persistent asthma, for example with a hazard ratio (HR) of 0.75. In the present disclosure, as provided above, the treatment is assessed by the relative improvement in proportion of patients having symptomatic improvements, for example an Asthma Control Questionnaire (ACQ) reduction of 0.5 units: 20 %. In the present disclosure, as provided above, the treatment is assessed by improvement in trough Forced Expiratory Volume in 1 second (FEV_1), e.g. > 125ml, reduction of current controller therapies,

Claims

1. Use of an anti-IL-23A antibody comprising a light chain comprising the amino acid sequence of SEQ ID NO:18 and a heavy chain comprising the amino acid sequence of SEQ ID NO:19 in the manufacture of a medicament for the treatment of severe persistent asthma in a patient who is not responsive to corticosteroids.
2. The use according to claim 1, wherein said anti-IL-23A antibody is to be administered to said patient by subcutaneous administration.
3. The use according to any one of claims 1 or 2, wherein said asthma is neutrophilic asthma, eosinophilic asthma, mixed neutrophilic and eosinophilic asthma or paucigranulocytic asthma.