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**Title:** Physician assessment of asthma control in patients receiving omalizumab in a real-world setting

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**Body:** GINA guidelines define controlled, partly controlled and uncontrolled asthma based on a number of individual components (symptoms, activity limitation, rescue medication use, lung function and exacerbations). The 2-year, global, single-arm, observational eXpeRIence registry evaluated the efficacy and safety of omalizumab (OMA) in patients with allergic asthma in a 'real-world' setting. Investigators were instructed to assess asthma control using the GINA 2006 definitions. A post-hoc analysis compiled the individual components of control recorded by physicians and applied these to the GINA definitions. The intent-to-treat population consisted of 916 patients. Investigators' assessment (IA) of control increased from 1.4% at baseline to 41.1% after 2 years of treatment (Table). Asthma control by strict GINA definitions increased from 0.8% at baseline to 21.0% over the 2 year treatment period (Table).

	Baseline		1 year		2 years	
	N=916		N=734		N=643	
Data are n (%)						
	IA*	GINA	IA	GINA	IA*	GINA
Controlled	13 (1.4)	7 (0.8)	282 (38.4)	138 (18.8)	264 (41.1)	135 (21.0)
Partly controlled	209 (22.8)	120 (13.1)	342 (46.6)	285 (38.8)	296 (46.0)	258 (40.1)
Uncontrolled	690 (75.3)	730 (79.7)	95 (12.9)	211 (28.7)	72 (11.2)	180 (28.0)
Unknown	3 (0.3)	59 (6.4)	15 (2.0)	100 (13.6)	10 (1.6)	70 (10.9)

\* Data missing for 1 patient

These data show differences between physician's assessment of asthma control and control as determined by strict application of GINA 2006 definitions. This study did not explore what determined the differences in

assessment, which may be of interest for future study. Regardless of method, asthma control improved over time in patients receiving OMA in this real-world study.