Biologics for type 2 severe asthma: Understanding the mechanism of action



Prof. Marc Humbert Professor of Respiratory Medicine, Université Paris-Saclay, Le Kremlin-Bicêtre, France



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The key molecules targeted by biologic therapies in severe type 2 asthma

Key therapeutic targets

Type 2 cytokines (IL-4, IL-5 and IL-13) and IgE have a pivotal role in asthma pathophysiology

- **IgE** plays a significant role in allergic asthma
- IL-4, IL-5 and IL-13 drive eosinophilic inflammation
- IL-4 and IL-13 drive IgE synthesis in type 2 asthma

Targeted biologic therapies

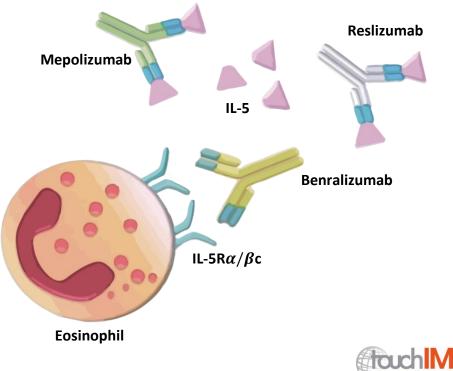
Five mABs have been developed targeting these pathways:

- Omalizumab (IgE)
- Mepolizumab (IL-5)
- Reslizumab (IL-5)
- Benralizumab (IL-5 receptor)
- Dupilumab (IL4R binding IL-4/IL-13)



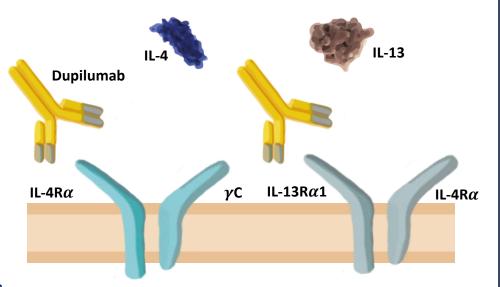
Mechanism of action of mepolizumab, reslizumab and benralizumab

- Mepolizumab and reslizumab bind to and neutralise IL-5
- Benralizumab targets and blocks the IL-5 receptor



Dupilumab mechanism of action

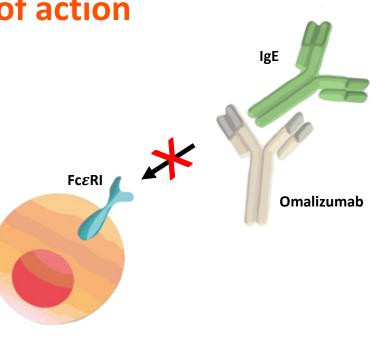
- Dupilumab binds to the IL-4α subunit of IL-4 and IL-13 receptors¹
- Dupilumab blocks signalling of IL-4 and IL-13, key cytokines that promote production of IgE, recruitment of inflammatory cells and can trigger airway remodelling²





Omalizumab mechanism of action

- Omalizumab is an anti-IgE antibody that prevents IgE from binding to its high-affinity receptor on mast cells and basophils¹
- Dampens release of proinflammatory mediators and reduces inflammatory response¹



Mast cell or basophil

