The Royal College of Pathologists
Pathology: the science behind the cure

Please see below comments from the Royal College of Pathologists on ACD Omalizumab for treating previously treated chronic spontaneous urticarial.

08/12/2014

Dear Committee

Thank you for the opportunity to comment on the appraisal consultation document, regarding use of omalizumab in the treatment of chronic spontaneous urticaria (CSU).

In reference to the first point, as to whether all relevant evidence has been taken into account, I note that under section 3.13 (non-randomised studies) the committee felt that such evidence may contain bias and should not be used in the appraisal. However given the limited evidence from randomised control trials (RTC) regarding long-term outcomes and optimum duration of treatment, I believe that the non-randomised studies should be included for consideration. Whilst it is evident from RTC that symptoms relapse after the withdrawal of omalizumab, information regarding the time to relapse, is limited. It is evident from many of the published case series that omalizumab offers symptomatic relief, and that in most patients, symptoms re-occur once omalizumab is stopped (1-4). Although in the majority of patients this time interval is around 4-8 weeks, some remain symptom free for much longer periods of time. In addition, patients included in these earlier studies were likely to have more resistant disease, as demonstrated by the fact that many had failed ciclosporin before commencing omalizumab. This is the case with the use of omalizumab in the UK. Therefore, taking into account that a proportion of patients will achieve long-term remission after their initial course of omalizumab, and that the selection of patients will not favour the more resistant phenotypes, it is likely that the overall use of omalizumab will be less than that anticipated from previous modelling.

Another important point illustrated by these studies, is that many patients are able to discontinue all concomitant medications. So for example, in a cohort of 110 CSU patients treated across 9 different centres in Spain, 60% of patients stopped all other medications whilst on omalizumab (3). Similarly, patients described in a Canadian study demonstrated a significant reduction in their

quantitative medication score, from 13.3 at the start of treatment with omalizumab, to 12.0 at 1 month, 9.2 at 3 months, 4.7 at 6 months, 5.3 at 12 months, and 3.0 at 18 months (4). This certainly reflects my own clinical observations of 45 CSU patients treated with omalizumab.

It is disappointing that omalizumab has not been given a favourable recommendation for use in CSU. I must stress that this is the only medication that is currently effective for patients who have previously failed other treatments, including a range of immunosupressive therapies. If omalizumab were not available to such patents, they would continue to experience an extremely poor quality of life, to the serious detriment of their work and study.

References:

1. Viswanathan RK, Moss MH, Mathur SK Retrospective analysis of the efficacy of omalizumab in chronic refractory urticaria. Allergy Asthma Proc. 2013 Sep-Oct;34(5):446-52.

2. Metz M, Ohanyan T, Church MK, Maurer M. Omalizumab is an effective and rapidly acting therapy in difficult-to-treat chronic urticaria: a retrospective clinical analysis. J Dermatol Sci. 2014 Jan;73(1):57-62.

3. Labrador-Horrillo M, Valero A, Velasco M, Jáuregui I, Sastre J, Bartra J, Silvestre JF, Ortiz de Frutos J, Gimenez-Arnau A, Ferrer M. Efficacy of omalizumab in chronic spontaneous urticaria refractory to conventional therapy: analysis of 110 patients in real-life practice.Expert Opin Biol Ther. 2013 Sep;13(9):1225

4. Sussman G, et al. Real-life experience with omalizumab for treatment of chronic urticaria. Ann Allergy Asthma Immunol. 2014;112:170-174