30° International Meeting
on Asthma, Rhinitis, COPD
and their Comorbidities
Florence, 1-2 December 2025

MEETING OF THE ITALIAN GINA (Asthma) WORKING GROUP

La terapia dell'asma nell'adolescente e nell'adulto

Bianca **Beghé,** Beatrice **Bilò,** Elisiana **Carpagnano**

La terapia dell'asma nell'adolescente e nell'adulto: open questions

- ✓Two tracks approach: Track 1 *vs* Track 2
- ✓Personalised treatment: Exacerbations history, biomarkers, lung function, adherence…
- ✓Early triple inhaled therapy vs High ICS/LABA

GINA 2025
Adults & adolescents 12+ years

Personalized asthma management
Assess, Adjust, Review
for individual patient needs

REVIEW
- Symptoms
- Exacerbations
- Side-effects
- Comorbidities
- Lung function
- Consider biomarkers
- Patient (and parent/caregiver) satisfaction

ASSESS
- Confirmation of diagnosis if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Inhaler technique & adherence
- Patient (and parent/caregiver) preferences and goals

ADJUST
- Treatment of modifiable risk factors and comorbidities
- Non-pharmacological strategies
- Asthma medications including ICS
- Education & skills training, action plan

TRACK 1: PREFERRED CONTROLLER and RELIEVER
Using ICS-formoterol as the reliever* reduces the risk of exacerbations compared with using a SABA reliever, and is a simpler regimen

STEPS 1 – 2	STEP 3	STEP 4	STEP 5
AIR-only*: low-dose ICS-formoterol as needed	MART* with low-dose maintenance ICS-formoterol	MART* with medium-dose maintenance ICS-formoterol	Add-on LAMA Refer for assessment of phenotype. Consider trial of high-dose maintenance ICS-formoterol. Consider anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP

RELIEVER: As-needed low-dose ICS-formoterol*

TRACK 2: Alternative **CONTROLLER and RELIEVER**
Before considering a regimen with SABA reliever, check if the patient is likely to adhere to daily controller treatment

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Reliever only; if SABA, take ICS with each dose	Low dose maintenance ICS	Low dose maintenance ICS-LABA	Medium dose maintenance ICS-LABA	Add-on LAMA Refer for assessment of phenotype. Consider trial of high-dose maintenance ICS-LABA. Consider anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP

RELIEVER: as-needed ICS-SABA*, or as-needed SABA

See GINA severe asthma guide

Non-pharmacologic strategies include smoking cessation, physical activity, pulmonary rehabilitation, weight reduction, vaccinations (see text for more)
Allergen immunotherapy, e.g. HDM SLIT: consider for patients with clinically relevant sensitization and not well-controlled (but stable) asthma See text for further information and safety advice
Additional controller options (e.g., add-on LAMA at Step 4, add-on LTRA) have less evidence for efficacy or for safety than Tracks 1 or 2 (see text). Maintenance OCS should only ever be used as last resort.

AIR: anti-inflammatory reliever; HDM: house dust mite; ICS: inhaled corticosteroid; Ig: immunoglobulin; IL: interleukin; LABA: long-acting beta$_2$-agonist; LAMA: long-acting muscarinic antagonist; LTRA: leukotriene receptor antagonist; MART: maintenance-and-reliever therapy with ICS-formoterol; OCS: oral corticosteroid; SABA: short-acting beta$_2$-agonist; SLIT: subcutaneous immunotherapy; TSLP: thymic stromal lymphopoietin

Key changes to treatment recommendations for adults and adolescents

- The **two-track approach** has been retained, given GINA's global audience
- **Track 1 with ICS-formoterol anti-inflammatory reliever is preferred** because:
  - It significantly reduces risk of severe exacerbations, oral corticosteroid exposure and need for urgent health care compared with SABA-based regimens
  - With a single inhaler and single inhaler device across Steps 1 to 4, it is easier for patients than Track 2
- **In Track 2**:
  - Step 4, 'medium/high dose' ICS-LABA changed to 'medium dose' ICS-LABA
  - High ICS doses should be used only for a maximum of 3–6 months if possible
  - Check patients are adherent with maintenance ICS or ICS-LABA, else they will be taking SABA alone
  - Make sure the patient knows correct technique for their separate reliever and maintenance inhalers
- Other controller options include non-pharmacologic strategies (including smoking cessation, weight reduction, vaccinations, pulmonary rehabilitation), and allergen immunotherapy. Some additional medications may be available but have less evidence for efficacy and safety
  - Maintenance OCS should be used only as last resort

ICS: inhaled corticosteroids; LABA: long-acting beta$_2$-agonist; OCS: oral corticosteroids; SABA: short-acting beta$_2$-agonist

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Asthma control: Risk factors for asthma exacerbations

Uncontrolled asthma symptoms increase the risk of exacerbations

Factors associated with increased exacerbation risk, even in patients with few symptoms:

- SABA over-use, e.g., ≥3 canisters of salbutamol in 12 months (average daily use)
- Inadequate ICS (not prescribed, poor adherence, incorrect inhaler technique)
- Comorbidities (obesity, chronic rhinosinusitis, GERD, confirmed food allergy, pregnancy)
- Exposures (smoking, vaping, air pollution, allergen exposure if sensitized)
- Psychosocial or socioeconomic problems
- Low lung function
- High blood eosinophils or FeNO
- History of severe exacerbations

Supported by recent meta-analysis of data for many of these risk factors from the placebo arms of 22 clinical trials (ORACLE2 study, Meulmeester et al, Lancet Respir Med 2025)

People with infrequent symptoms can still have severe, life-threatening or fatal exacerbations

FeNO: fractional exhaled nitric oxide; GERD: gastro-esophageal reflux disease; ICS: inhaled corticosteroids; SABA: short-acting beta$_2$-agonist

GINA 2025 - personalized asthma management

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ADJUST

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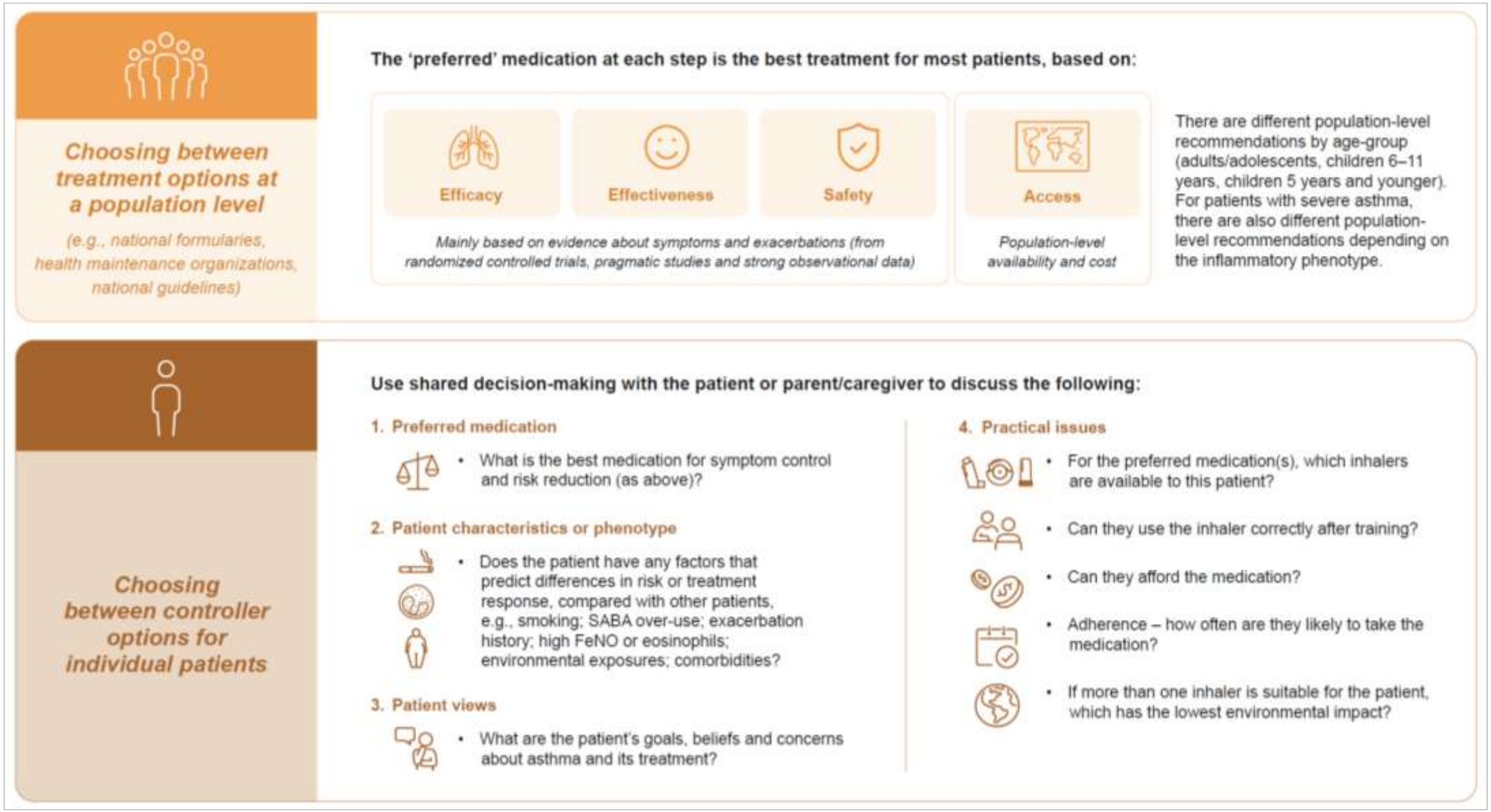
ICS: inhaled corticosteroids

Population-level vs patient-level treatment decisions



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Clinical utility of Type 2 biomarkers in adults/adolescents with asthma (continued)

- Selecting treatment or predicting response
  - **AIR-only and MART** reduce severe exacerbations compared with regimens with a SABA reliever in patients with low or high blood eosinophils or FeNO *(Beasley et al, NEJMed 2019; Hardy et al, Lancet 2019; Brusselle et al, ERJ 2021)*, i.e. independent of Type 2 biomarkers
    - For MART, even greater benefit when blood eosinophils are high *(Brusselle et al, ERJ 2021)*
  - **If FeNO is high and asthma is uncontrolled** despite medium or high-dose ICS-LABA: first check and correct adherence and inhaler technique before considering increase of ICS dose or adding biologic therapy *(e.g. Heaney et al, AJRCCM 2019)*
  - **If both blood eosinophils and FeNO are low**, consider other treatment options before increasing ICS dose (see GINA severe asthma decision tree)

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  - Check patients are adherent with maintenance ICS or ICS-LABA, else they will be taking SABA alone
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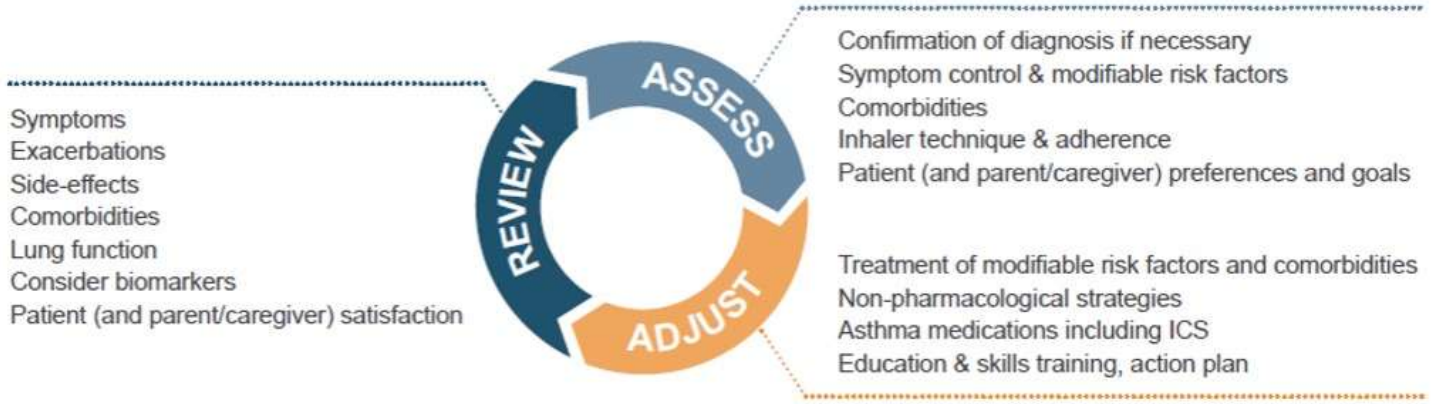

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STEP 3
MART* with low-dose maintenance ICS-formoterol

STEP 4
MART* with medium-dose maintenance ICS-formoterol

STEP 5
Add-on LAMA
Refer for assessment of phenotype. Consider trial of high-dose maintenance ICS-formoterol. Consider anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP

RELIEVER: As-needed low-dose ICS-formoterol*

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TRACK 2: Alternative CONTROLLER and RELIEVER
Before considering a regimen with SABA reliever, check if the patient is likely to adhere to daily controller treatment

STEP 1
Reliever only; if SABA, take ICS with each dose

STEP 2
Low dose maintenance ICS

STEP 3
Low dose maintenance ICS-LABA

STEP 4
Medium dose maintenance ICS-LABA

STEP 5
Add-on LAMA
Refer for assessment of phenotype. Consider trial of high-dose maintenance ICS-LABA. Consider anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP

RELIEVER: as-needed ICS-SABA*, or as-needed SABA

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