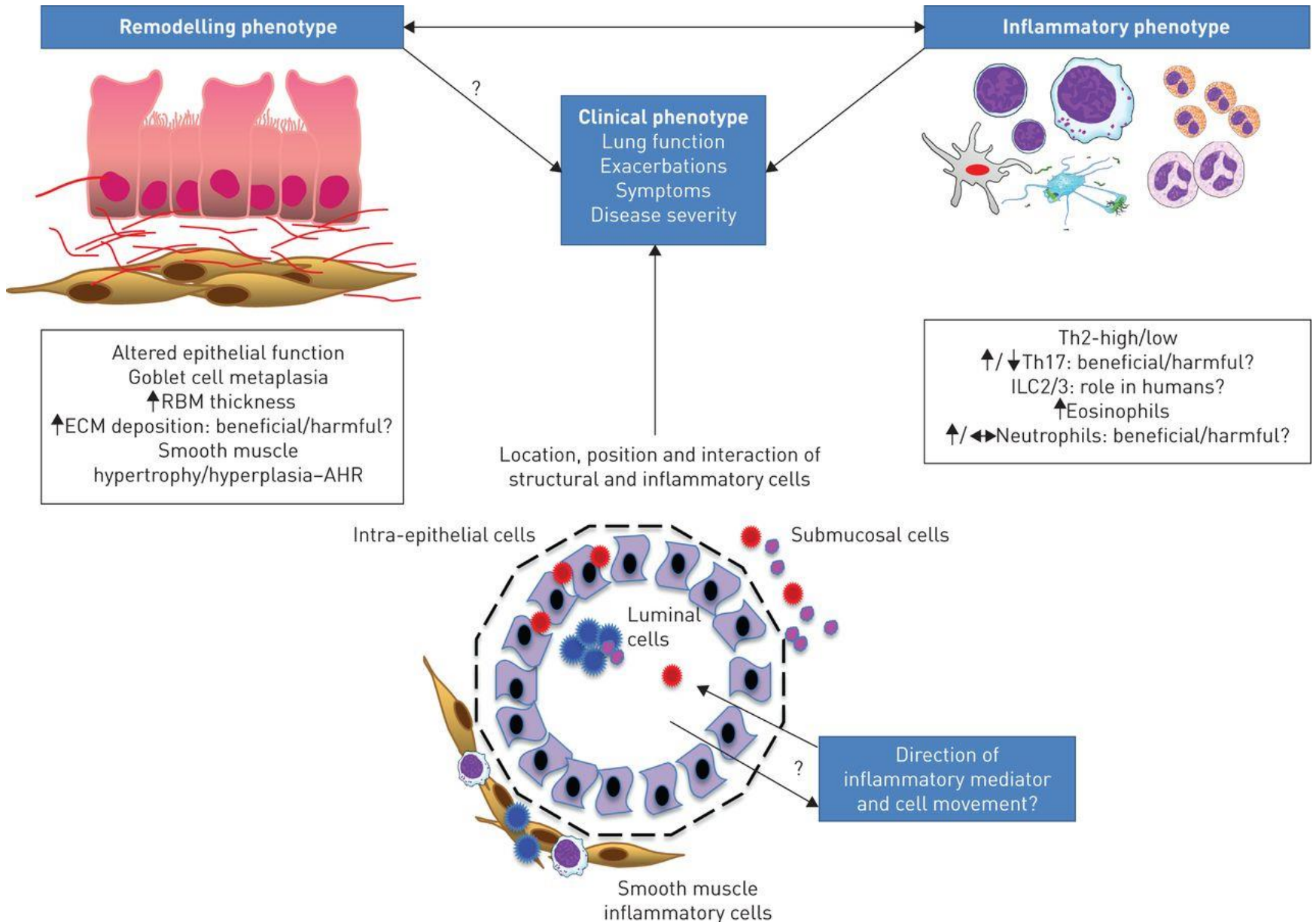


Closing remark

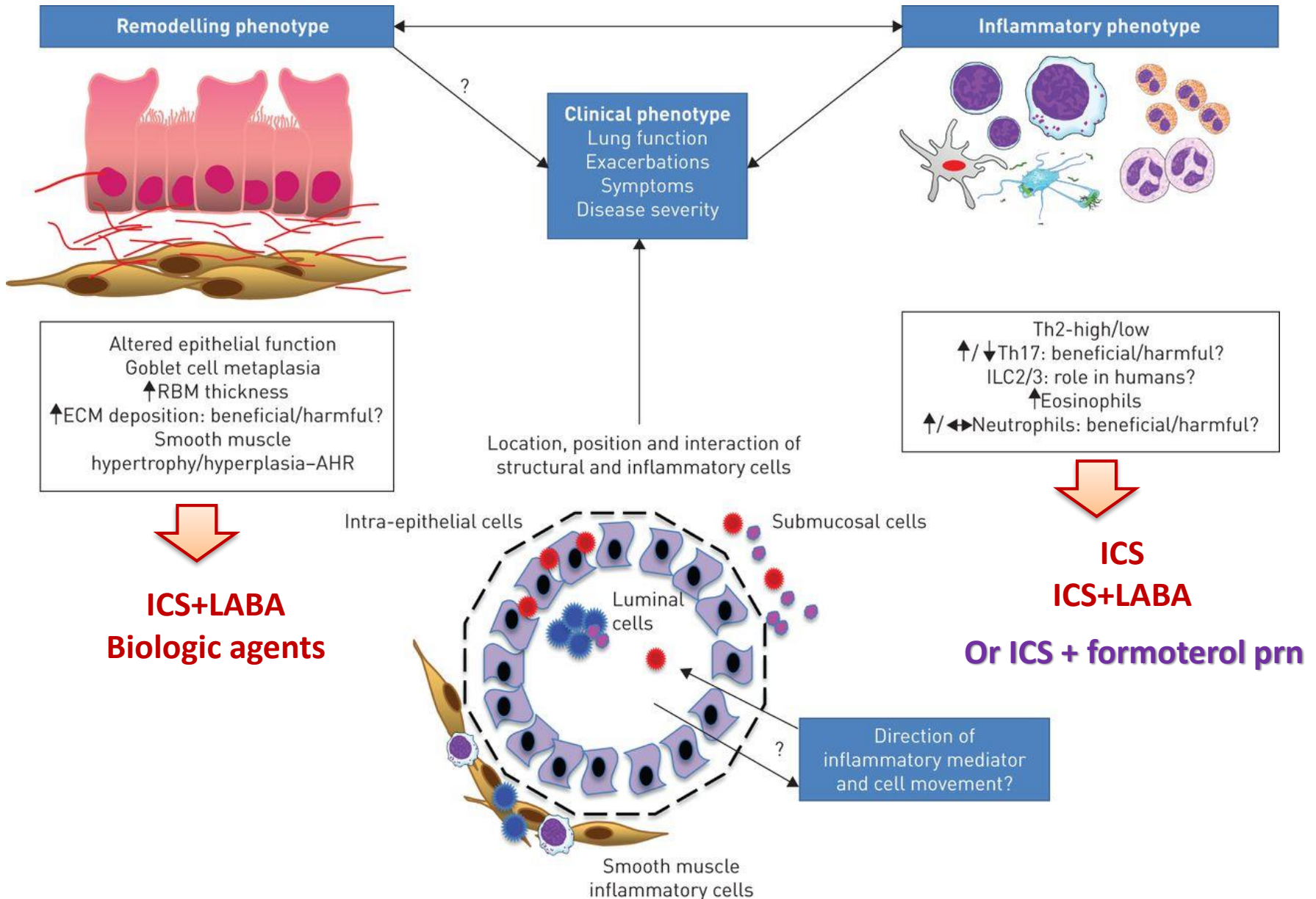
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Interactions between remodelling, clinical and inflammatory phenotypes determine disease manifestation and the optimal molecular targets for intervention in the individual patient



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Biomarkers and Predicting Response to Therapy

Biomarker	Treatment expected to produce a response	Associations	Comments (point of care, variability)
Blood			
Eosinophils	Anti-IL-5	Exacerbations	Easily available Significant fluctuation
	Anti-IgE	Reduced lung function	
	Anti-IL-4/IL-13	Fixed airway obstruction	
	Corticosteroids		
	CRTH2 antagonists		
Specific IgE	Anti-IgE	Exacerbations	
	AIT	Airway hyperresponsiveness (for AIT)	
Periostin	Anti-IL-13	Reduced lung function	Research type
Dipeptidyl peptidase-4 (DPP-4)		Exacerbations	Assay-dependent
Induced sputum			
Eosinophils	Anti-IL-5	Exacerbations	Currently available only in specialized centers
	ICSs		Not point of care
IL-13	Anti-IL-13	?	Research type
Exhaled breath			
FeNO	Anti-IL-5	Exacerbations	Easily available
	Anti-IgE	Reduced lung function	Point of care
	Anti-IL-13		Significant fluctuation
	ICSs		
Metabolomics (VOCs)	ICSs	?	Research type

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