Journal of Asthma and Allergy Dovepress

Open Access Full Text Article LETTER

Response to Disease Burden and Access to Biologic Therapy in Patients with Severe Asthma, 2017–2022: An Analysis of the International Severe Asthma Registry [Letter]

Agussalim

Parepare School of Nursing, Makassar Health Polytechnic, Ministry of Health Indonesian Republic, Makassar City, South Sulawesi Province, Indonesia

Correspondence: Agussalim, Email salim170878@gmail.com

Journal of Asthma and Allergy downloaded from https://www.dovepress.com/
For personal use only.

Dear editor

After reading the research from Tham T Le, at al[1] entitled Disease Burden and Access to Biologic Therapy in Patients with Severe Asthma, 2017–2022: An Analysis of the International Severe Asthma Registry provides many false references because this study uses data from the International Severe Asthma Registry (ISAR), which includes more than 17,000 adult patients with severe asthma from 28 countries, is a historical cohort study that uses prospective data, allowing for more accurate analysis of disease burden and access to biologic therapies, The data collected are standardized, individual-level data, which improves the quality and consistency of the information obtained, and the descriptive data generated can provide important information for health researchers and policymakers to plan improvement strategies in the management of severe asthma and access to more effective therapies.

Furthermore, I tried to analyze this study in depth and found several shortcomings, namely Data Variability where there are differences in health systems between countries, including biological accessibility criteria, which can affect the results and generalization of findings. This is in accordance with what Heng Li, et al[2] said that variability is a natural part of the human condition and human performance. Analyze variability, is essential in scientific research related to human performance is the missing data because about 15% of patients in the ISAR cohort do not have enough data to determine biological accessibility, and more than 40% of biological recipients cannot be included in the follow-up period analysis. Missing data elaborated by Alma B Pedersen, et al[3] that missing data can constitute considerable challenges in the analyses and interpretation of results and can potentially weaken the validity of results and conclusion.

Another thing is the Use of Proxies for Biological Therapy because in some countries, the use of prescriptions as proxies to receive biological therapy can be misleading. This was revealed by Victoria Sheperd[4] that proxy decision-making for research may be associated with significant emotional distress in settings. The last we found was a Study Design in which the study was not designed to conduct statistical comparisons between groups, which limited our ability to draw stronger conclusions about differences in disease burden between subgroups. This is in the research of Loannidis, et al[5] which said that correctable weaknesses in the design, conduct, and analysis of biomedical and public health research studies can produce misleading results and waste valuable resources.

To improve this research, the author should design a Stronger Research, conduct more complete data collection, standardize Recording Procedures, Evaluation of the Use of Biological Therapy, Subgroup analysis, International Collaboration and increase Awareness and Education. With these steps, research can provide deeper and relevant insights into the burden of disease and access to therapy for patients with severe asthma.

Received: 29 October 2024
Accepted: 5 November 2024
Published: 8 November 2024

© 2024 Agussalim. This work is published and licensed by Dove Medical Press Limited. The full terms of this license are available at https://www.dovepress.com/terms.php and incorporate the Creative Commons Attribution – Non Commercial (unported, v3.0) License (http://creativecommons.org/licenses/by-nc/3.0/). By accessing the work you hereby accept the Terms. Non-commercial uses of the work are permitted without any further permission from Dove Medical Press Limited, provided the work is properly attributed. For permission for commercial use of this work, please see paragraphs 4.2 and 5 of our Terms (https://www.dovepress.com/terms.php).

Disclosure

There is no conflict of interest related to letter to editor.

References

1. Le TT, Price D, Erhard C, et al. Disease burden and access to biologic therapy in patients with severe asthma, 2017–2022: an analysis of the international severe asthma registry. *J Asthma Allergy*. 2024;2024(17):1055–1069. doi:10.2147/JAA.S468068
2. Li H, Chen Z, Zhu W. Variability: human nature and its impact on measurement and statistical analysis. *J Sport Health Sci*. 2019;8(6):52731. doi:10.1016/j.jshs.2019.06.002
3. Pedersen AB, Mikkelsen E, Cronin-Fenton D, et al. Missing data and multiple imputation in clinical epidemiological research. *Clin Epidemiol*. 2017;9(9):157–166. doi:10.2147/CLEP.S129785
4. Sheperd V. (Re)Conceptualising "good" proxy decision-making for research: the implications for proxy consent decision quality. *BMC Med Ethics*. 2022;23(1):75. doi:10.1186/s12910-022-00809-5
5. Ioannidis JPA, Greenland S, Hlatky MA. Increasing value and reducing waste in research design, conduct, and analysis. *Lancet*. 2014;383 (9912):166–175. doi:10.1016/S0140-6736(13)62227-8

Dove Medical Press encourages responsible, free and frank academic debate. The contentTxt of the Journal of Asthma and Allergy 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Journal of Asthma and Allergy editors. While all reasonable steps have been taken to confirm the contentTxt of each letter, Dove Medical Press accepts no liability in respect of the contentTxt of any letter, nor is it responsible for the contentTxt and accuracy of any letter to the editor.

Journal of Asthma and Allergy Dovepress

Publish your work in this journal

The Journal of Asthma and Allergy is an international, peer-reviewed open-access journal publishing original research, reports, editorials and commentaries on the following topics: Asthma; Pulmonary physiology; Asthma related clinical health; Clinical immunology and the immunological basis of disease; Pharmacological interventions and new therapies. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit http://www.dovepress.com/testimonials.php to read real quotes from published authors.

Submit your manuscript here: https://www.dovepress.com/journal-of-asthma-and-allergy-journal

https://doi.org/10.2147/JAA.S503590