Mepolizumab reduces exacerbations in patients with severe eosinophilic asthma, irrespective of body weight/body mass index: meta-analysis of MENSA and MUSCA (Albers *et al.*)

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	Body weight categories			
	≤60 kg	>60-75 kg	>75–90 kg	>90 kg
Exacerbation rate ratio, 95% CI	, mepolizumab	/placebo		
DREAM study				
Mepolizumab 75 mg	n=25	n=47	n=52	n=29
IV	0.67 (0.39,	0.57 (0.33,	0.58 (0.34,	0.25 (0.13,
	1.14)	0.96)	0.98)	0.49)
Mepolizumab 250 mg	n=25	n=44	n=43	n=40
IV	0.46 (0.25,	1.09 (0.68,	0.40 (0.23,	0.44 (0.26,
	0.85)	1.74)	0.71)	0.75)
Mepolizumab 750 mg	n=18	n=41	n=48	n=49
IV	0.21 (0.09,	0.69 (0.41,	0.45 (0.26,	0.52 (0.32,
	0.48)	1.16)	0.79)	0.87)
MENSA study				
Mepolizumab 100 mg	n=41	n=67	n=55	n=31
SC	0.32 (0.14,	0.39 (0.23,	0.58 (0.34,	0.64 (0.33,
	0.75)	0.65)	1.00)	1.21)
Mepolizumab 75 mg	n=40	n=50	n=63	n=38
IV	0.48 (0.20,	0.36 (0.20,	0.73 (0.44,	0.62 (0.34,
	1.16)	0.66)	1.23)	1.13)

DREAM and MENSA were randomized, multicentre, double-blind, placebo-controlled trials.[1,2] Patients had a history of ≥2 exacerbations requiring systemic corticosteroid treatment in the previous year and evidence of eosinophilic inflammation. Patients enrolled in DREAM were randomised (1:1:1:1) to receive mepolizumab 75 mg IV (n=154), mepolizumab 250 mg IV (n=152), mepolizumab 750 mg IV (n=156) or placebo (n=159), plus standard of care, every 4 weeks for 52 weeks (totalling 13 infusions). Patients enrolled in MENSA were randomised (1:1:1) to receive mepolizumab 75 mg IV (n=191), mepolizumab 100 mg SC (n=194) or placebo (n=191), plus standard of care, every 4 weeks for 32 weeks.

CI, confidence interval; IV, intravenous; SC, subcutaneous.

References

- 1. Ortega HG, Liu MC, Pavord ID, et al. Mepolizumab treatment in patients with severe eosinophilic asthma. N Engl J Med 2014;371:1198-207.
- 2. Pavord ID, Korn S, Howarth P, et al. Mepolizumab for severe eosinophilic asthma (DREAM): a multicentre, double-blind, placebo-controlled trial. *The Lancet* 2012;380:651-59.