

From Definition to Practice: Global and Korean Consensus on Clinical Remission in Severe Asthma



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The concept of clinical remission in severe asthma has shifted from aspiration to realistic treatment target with the advent of biologic therapies. However, definitions of remission have varied widely across studies, leading to inconsistent prevalence estimates. A systematic review and meta-analysis of over 5000 patients highlighted this heterogeneity, identifying more than sixty definitions and showing that attainment depended on whether symptom control and lung function were included. Pooled estimates suggested that about one-third of patients could achieve remission, but impaired lung function, longer disease duration, and comorbidities such as obesity or depression reduced the likelihood.

To improve clarity, international frameworks have proposed multidomain constructs, typically requiring the absence of exacerbations, discontinuation of systemic corticosteroids, sustained symptom control, and stable lung function over at least 12 months. Global expert roundtables emphasized the clinical and policy relevance of labeling this state as remission, while also recognizing the need to incorporate patient perspectives.

The Korean Academy of Tuberculosis and Respiratory Diseases (KATRD) convened a modified Delphi survey of 28 expert pulmonologists to develop a locally relevant definition. Consensus was reached on defining clinical remission as no exacerbations, no systemic corticosteroid use, Asthma Control Test score ≥ 20 , and stabilization and optimization of pulmonary function over 12 months, during maintenance therapy. Complete remission was additionally defined by normalization of type 2 inflammatory markers, including blood eosinophils and fractional exhaled nitric oxide.

Together, these global and Korean initiatives underscore a paradigm shift toward remission as a treat-to-target goal in severe asthma. Remission can be framed not only as a theoretical construct but also as a practical benchmark for clinical care and future research.