

Monoclonal Antibodies in Severe Asthma: Worksheet April 18th, 2024

1. Which type of severe asthma is most likely to benefit from a monoclonal antibody targeting IgE?
 - a. Eosinophilic asthma with high blood eosinophil count
 - b. Allergic asthma with high blood IgE levels
 - c. Neutrophilic asthma with frequent infections
 - d. Non-allergic asthma with unknown triggers

2. Monoclonal antibodies are typically used as a first-line treatment for severe asthma.
 - a. True
 - b. False

3. Which of the following is a common side effect of monoclonal antibody treatment for asthma?
 - a. Improved lung function
 - b. Increased risk of upper respiratory infections
 - c. Faster-acting bronchodilation
 - d. Reduced dependence on inhaled corticosteroids

4. A key factor in determining if a patient with severe asthma is a candidate for monoclonal antibodies is:
 - a. Age of the patient
 - b. Response to current asthma medications
 - c. Severity of allergy symptoms
 - d. Presence of other chronic illnesses

5. When compared to traditional asthma medications, monoclonal antibodies are administered:
 - a. More frequently through a nebulizer
 - b. Less frequently, often via injection
 - c. Orally, with faster absorption rates
 - d. Topically, for direct airway delivery

6. Which monoclonal antibodies must be administered in a healthcare setting? (Select all that apply)
 - a. Omalizumab (Xolair)
 - b. Mepolizumab (Nucala)
 - c. Reslizumab (Cinqair)
 - d. Benralizumab (Fasenra)
 - e. Dupilumab (Dupixent)
 - f. Tezepelumab (Tezspire)

