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POB has held grants-in aid from GSK for the investigation of mepolizumab and Medimmune for the investigation of benralizumab. POB also reports consulting fees from AstraZeneca, Chiesi, Boehringer Ingelheim, GSK, Medimmune, Merck, Takeda, Abbott, and grants-in-aid from AstraZeneca, Amgen, Genentech, Novartis Axican, Alakos.

Dr Barnes makes a number of cogent arguments as to why new anti-eosinophiilic drugs, which are biologics, will not be widely used in the management of uncontrolled asthma[1]. These include the fact that most uncontrolled asthma is caused by lack of adherence to effective therapies (particularly ICS) and that some patients with severe refractory asthma do not have a persistent airway eosinophilia. He is also correct that the use of anti-eosinophil biologics must be restricted to those patients with evidence of persistent eosinophilic asthma, who are not responding to high doses of conventional anti-asthma treatment, many of whom require oral corticosteroids to manage their disease. However, identifying these patient phenotypes, who may potentially respond to a very specific biological treatment, even if they represent a small proportion of the entire patient population with the disease, is the whole purpose of precision medicine.