The NAEPCC also fulfills charges, similar to those above, set forth in the Children’s Health Act of 2000 (Pub. L. 106–310). In addition, the Children’s Health Act of 2000 tasks the NHLBI, through the NAEPCC, with submitting recommendations to Congress on ways to strengthen and improve coordination of asthma-related activities of the federal government.

The NAEPCC consists of representatives from the major scientific, professional, governmental, and voluntary organizations interested in asthma. The Committee’s primary mission is to advise the NHLBI on matters concerning asthma and to facilitate the exchange of information on asthma activities among the member agencies and voluntary health organizations.

The NHLBI administers and coordinates the Coordinating Committee. The Coordinating Committee meetings are open to the public and include presentations and discussion on a variety of topics concerning asthma, including activities and projects of the Committee.

**NHLBI Asthma Guidelines**

NHLBI produced its first asthma clinical practice guidelines in 1991 and an update was issued in 2007. Guidelines for the Diagnosis and Management of Asthma (EPR–3). In 2011, the National Asthma Education and Prevention Program concluded another update was needed and an Advisory Council of the NHLBI determined in 2012 that a needs assessment should be conducted prior to engaging in any guideline activity. In 2014, NHLBI Council convened an Asthma Expert Panel Working Group to conduct a needs assessment. The Working Group recommended that an update should be made to the 2007 clinical practice guidelines; identified five priority topics for immediate systematic review and update (subsequently changed to six priority topics); and recommended that the NHLBI maintain the NAEPCC structure, coordinate the systematic reviews, and update the report. After public comments on the draft needs assessment report were received and reviewed, the Working Group recommended adding a sixth priority topic to the report.

The six priority topic areas identified by the Working Group are: (1) Adjustable medication dosing in recurrent wheezing and asthma (“intermittent therapy”), (2) long acting anti-muscarinic agents in asthma management as add-on to inhaled corticosteroids, (3) bronchial thermoplasty in adult severe asthma, (4) fractional exhaled nitric oxide (FeNO) in diagnosis, medication selection, and monitoring treatment response, (5) remediation of indoor allergens (house dust mites/pets), and (6) the role of immunotherapy in the treatment of asthma.

The Working Group also recommended that several emerging topic areas be acknowledged and monitored, but did not yet merit systematic review.


The NAEPCC Expert Panel Working Group 4 (EPR–4) was established in 2018 to update selected topics in the 2007 Guidelines for the Diagnosis and Management of Asthma, Expert Panel Report 3 (EPR–3). The Expert Panel Working Group members used findings from the following NHLBI-supported systematic reviews to develop updates to the 2007 guidelines.

- Role of Immunotherapy in the Treatment of Asthma
  - Intermittent Inhaled Corticosteroids and Long-Acting Muscarinic Antagonist for Asthma
  - Effectiveness of Indoor Allergen Reduction in Management of Asthma
  - Effectiveness and Safety of Bronchial Thermoplasty in Management of Asthma
  - The Clinical Utility of Fractional Exhaled Nitric Oxide (FeNO) in Asthma Management

The Expert Panel Working Group members include asthma content experts, specialists and primary care clinicians, health policy experts, implementation and dissemination experts and individuals with experience using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach. A methodologist provided technical support to the Working Group.

This RFI should not be construed as a solicitation for applications or proposals, or as an obligation in any way on the part of the United States Federal government. The Federal government will not pay for the preparation of any information submitted or for the government’s use. Additionally, the government cannot guarantee the confidentiality of the information provided.


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