Anonymised Data Ethics Protocols & Transparency Committee (ADEPT) Annual Report

1 January 2021 to 31 December 2021

Table of Contents

Glossary

ADEPT	Anonymisation Data Ethics Protocols & Transparency Committee
AUKCAR	Asthma UK Centre for Applied Research
COPD	Chronic obstructive pulmonary disease
EHR	Electronic health records
HES	Hospital episode statistics
HRU	Healthcare resource utilisation
IBD	Inflammatory bowel disease
iHARP	International helping asthma in real-life patients
ISAR	International Severe Asthma Registry
MREC	Medical Research Ethics Committee
NIHR	National Institute for Health Research
OPC	Optimum Patient Care Ltd
OPCRD	Optimum Patient Care Research Database
OPRI	Observational and Pragmatic Research International Ltd
PRO	Patient-reported outcomes
RCT	Randomised clinical trial
REG	Respiratory Effectiveness Group
SOP	Standard operating procedure
UK	United Kingdom

Foreword from the Chair & Vice Chair of ADEPT

Another year of life with covid has flown by. It is amazing that despite all the pressures on all of our health services; the submissions to the ADEPT Committee have increased slightly and this demonstrates that we have all tried to continue with “business as usual” during these trying times.

We received 23 applications last year, and the time for completion of review did increase slightly, probably reflecting the increased clinical workload of our reviewers. However, we remain encouraged that real life research remains as important to real-life researchers as it does to the ADEPT Chair and Vice Chair.

After 3 years at the helm, Ted Popov is stepping back as Chair and his role will be taken over by Daryl Freeman once again who will continue to strive towards providing robust feedback in a timely manner for the ADEPT applications.

Never has real life research been more relevant and on topic, so we look forward to 2022 being a year when we review more studies and contribute further to guideline development and service improvement.

We hope you enjoy reading the ADEPT 2021 Annual Report and look forward to discussing exciting new projects with you all in the future.

Professor Todor A. Popov, MD (BG)
ADEPT Chair

Daryl Freeman, MBChB FRCGP
ADEPT Vice Chair

1. Introduction

The Respiratory Effectiveness Group (REG) is an international research and advocacy group led by clinical academics with expertise in respiratory medicine and real-world research. REG initiatives target unmet needs in routine clinical care and the group provides leadership in real-world evidence generation through collaborative working, knowledge sharing and demonstration of quality research in practice.

The Anonymised Data Ethics and Transparency Committee (ADEPT) is an independent body commissioned by the REG to assess the feasibility and scientific merit of real-world research studies and to provide expert critique, as appropriate (see **Section 2**).

This ADEPT Annual Report outlines the Committee's role and operating procedures, and summarises its activities over the period 1 January 2021 to 31 December 2021.

2. Governance and Review of Research Applications

2.1 Role of ADEPT

2.1.1 Database governance

ADEPT is an independent body of experts and regulators commissioned by the REG to quality appraise research protocols involving the use of electronic health records (EHRs) and clinical databases, such as:

- The Optimum Patient Care Research Database (OPCRD, https://opcrd.co.uk)
- The International Severe Asthma Registry (ISAR, http://isaregistries.org)
- The Implementing Helping Asthma in Real Patients Database (iHARP, https://opcrd.co.uk/international-helping-asthma-in-real-life-patients-iharp/)
- Hospital Episode Statistics (HES, https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics)

The ADEPT review process involves an evaluation of a proposed study's clinical relevance and quality of design, as well as an assessment of its practical feasibility using the intended database. The process does not constitute formal medical research ethics committee (MREC) approval. All ADEPT-approved protocols remain subject to local/institutional MREC approval requirements, as appropriate for the outlined research.

In addition to applications for formal protocol approval, ADEPT is also open to requests for expert guidance on the optimum design of studies intending to use EHRs and clinical databases. Requests for such expert input must be made prior to submission of related study protocols to relevant ethical bodies.

2.1.2 Terms of reference

ADEPT approval is contingent on the submitted protocol meeting (as a minimum) the following quality standards – the proposed research must:

- Ensure practice and patient confidentiality will be maintained throughout the study
- Address a well-defined research hypothesis or address a clear research question

- Propose the use of a data source (e.g. EHRs or a clinical database) adequate for the intended research
- Outline methods appropriate for the proposed research
- Demonstrate scientific rigor in the study design and approach
- Have previously secured (or will prior to commencement) all necessary ethical approvals
- Involve a team with experience in (or supported by experts) in real-life research

2.2 Membership

ADEPT is a committee made up of independent clinical experts and scientists with expertise in statistics, epidemiological experience and/or EHR-based research, and of lay members.

2.2.1 Member appointment

ADEPT membership is voluntary, but limited to expert or lay collaborators of the REG. Self-appointment from a body of pre-identified experts in real-world research, such as REG, not only ensures the expertise of the Members, but also a broad range of specialisms within the Committee so that protocols can be aligned by topic to the most appropriate reviewer.

2.2.2 Membership over the reporting period

Throughout the 2021 calendar year covered by this report, there were 20 ADEPT members, including the Chair. The full list of is detailed in
Appendix 1. ADEPT Committee Members.

Between 2014–2016, ADEPT was Chaired Dr Daryl Freeman, Associate Clinical Director Norfolk Community Health & Care, Chair Norfolk & Waveney Respiratory Working Group. Todor (Ted) Popov, Professor at the University Hospital Sv. Ivan Rilski in Sofia, Bulgaria, has been ADEPT Chair since January 1, 2019. Dr Freeman took up the position of Vice Chair where she provides ongoing support to the Chair, including cover during periods of Chair absence or on occasions of conflict of interest.

2.3. Committee working

During the 2021 reporting period, all protocols submitted for ADEPT review were processed virtually. Committee members received no renumeration for their review of ADEPT applications; all applications were reviewed on an honorary basis.

Application processing and review was facilitated by the very efficient ADEPT Secretariat and conducted by the Committee in accordance with the ADEPT SOP, as summarised in **Section 2.8 Review of research protocols** of this report.

2.4 ADEPT Secretariat

The ADEPT Secretariat is made up of REG employees who provide administrative support to the Committee.[1] The Secretariat forwards ADEPT applications for Chair and Committee review, communicates Committee decisions to applicants and invoices and processes application submissions, as appropriate.

[1] Address: ADEPT Secretariat, ESpace North, 181 Wisbech Road, Littleport, ELY, Cambridgeshire, CB6 1RA

2.5 Application channels

Researchers applying for ADEPT review must submit their research protocols and supporting materials for the Chair and Committee's attention. Applications can be submitted to the Secretariat by email (to application@adeptcommittee.com) or via an web-based submission form on the REG website (https://www.regresearchnetwork.org/adept).

In 2019, the online application infrastructure was supported by Smartsheet content management software (Smartsheet Inc, https://www.smartsheet.com).

2.6 Application fees

The REG charges a processing fee for all ADEPT applications. The fee is intended to cover administrative cost of the ADEPT Secretariat and Committee.

The fee level is set by the nature of the research (e.g. commercial or academic) and profile of the applicant (e.g. academic, REG supporter or non-supporter), with discounts offered for applications submitted by REG supporters or pertaining to academic studies.

The ADEPT fee is waived for any research application responding to an REG-identified research priority. Invoices are issued following by the ADEPT Secretariat following their confirmation of a complete submission.

Table 1. ADEPT fees, 2021

Applicant type		**Fee**
Commercial	**Non REG supporter**	£1500
	REG supporter	£750
Academic		£350

2.7 Application requirements

ADEPT applicants must complete and provide the following documents:

- Covering letter on headed paper
- ADEPT application form
- Research protocol
- Chief Investigator CV

The ADEPT Secretariat assesses each submission for completeness. Once it has been confirmed that all necessary documentation has been provided, the Secretariat confirms receipt by issuing a formal email to the corresponding applicant. The confirmation of receipt email includes the protocol's assigned "ADEPT number" and any relevant information relating to the dates of meeting(s) at which the protocol will be discussed.

The Secretariat then blinds the submission (through removal of identifying names and institution details) and releases the application to the ADEPT Chair for onward processing.

2.8 Review of research protocols

ADEPT applications can be reviewed and adjudicated by the Chair alone (under Chairperson's actions), or can be circulated for wider Committee review.

The scope of the proposed study informs the Chair's decision to process the application under Chairperson's actions, or to involve specific experts from the Committee.

2.8.1 Chairperson's actions

To be eligible for Chairperson's actions (i.e. "fast-track review") a study protocol must relate to a descriptive characterisation study, or to a retrospective analysis of a historical dataset.

Submissions whose scope meets any of the following criteria must be reviewed by at least one ADEPT member, in addition to the Chair:

- Forward-looking/prospective studies involving an *a priori* defined follow-up (within the historical dataset) after a defined index date
- Comparative effectiveness evaluations
- Studies requiring statistical matching

The Chair can circulate any application for wider ADEPT review, at their discretion.

2.8.2 Committee / Chairperson's Decision

ADEPT can 'Approve' a study protocol, or return any of the following decisions:

- Conditionally approved
- Resubmit with amendments
- Reject

If a protocol is not deemed eligible for ADEPT approval, it can be resubmitted if the applicant(s) feel it is possible to revise the protocol to address the Committee's concerns.

All phases of the ADEPT review process are overseen and signed-off by the Chair.

2.9. ADEPT contributions to research

2.9.1 Publications

ADEPT has supported the real-world research efforts of a wide range of expert researchers (clinical, commercial, academic, public health workers) from around the world. Research protocols reviewed by ADEPT have led to an extensive number of publications in MEDLINE®-listed, peer review journals, particular within the field of Respiratory Medicine.

ADEPT-approved studies have helped to address important questions relating to routine care management practises, real-world (comparative) effectiveness, real-world tolerability of interventions, natural history of disease, prognostic and predictive risk markers and opportunities for early intervention to reduce disease burden.

REG publications originating from ADEPT-approved protocols can be found on the REG website: https://www.regresearchnetwork.org/publications

2.9.2 Acknowledgement

All authors of publications resulting from ADEPT-approved protocols are requested to include a statement acknowledging *a priori* protocol approval by ADEPT (citing their ADEPT reference number) when publishing their work.

2.10 Future governance

The ADEPT governance structure and standard operating procedures (SOP) outlined in this report were reviewed and revisions agreed for implementation from January 2022.

Central aspects of the review were:
1) Revision of review process and improved scrutiny and additional reviewers
2) Current tenure and on-going commitments, formal documentation of declaration of interests and
3) identification of opportunities to attraction new committee members.

3. Activities and Outputs

During the 2021 reporting period, ADEPT reviewed 23 protocols, of which 20 were for new studies and 3 amendments to prior protocol submission. The Committee approved all protocols submitted for review in 2021.

3.1 2021 ADEPT applications by research database

Just over half of all study protocols submitted for ADEPT review in 2021 (n= 13) involved use of the OPCRD. Six protocols involved use of the ISAR database (26%) and two protocols used the OPC Australia database (9%) (**Table 2**). Compared with 2020, a similar proportion of 2021 protocols proposed use of the OPCRD (56% versus 50%). There were submitted protocols using the OPC DARTNet database in 2021, however there were two publication projects that were submitted.

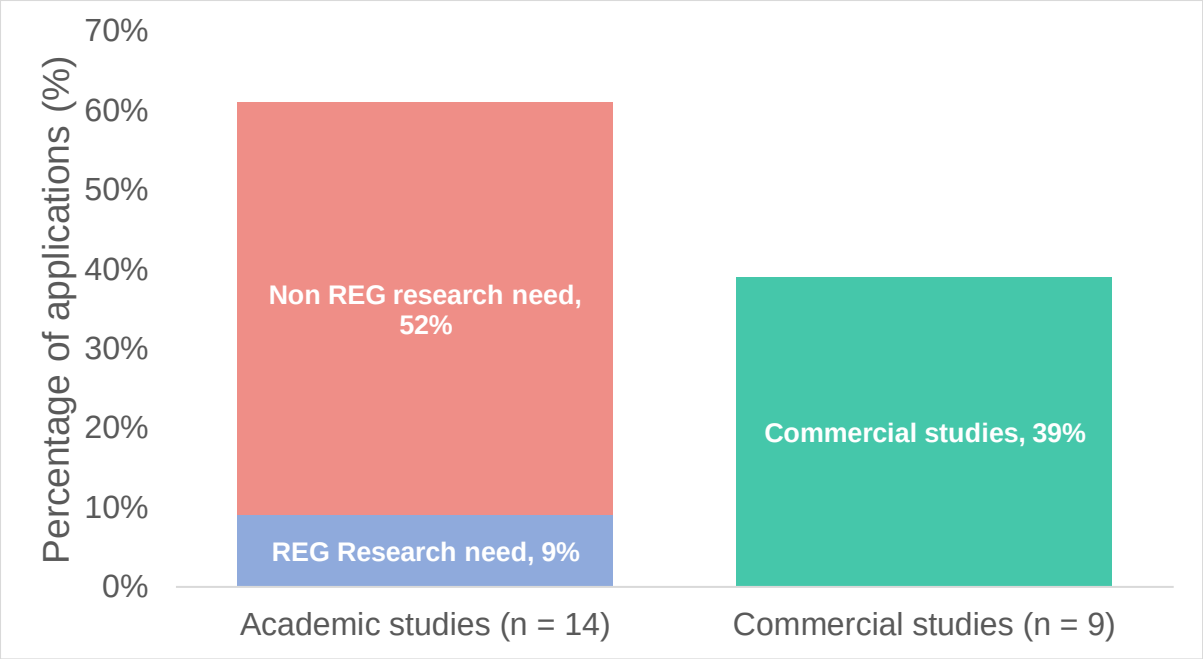
Table 2. ADEPT applications in 2021 by research database of interest

Database	Distribution of applications, N (%)	
	2021 (N = 23)	2020 (N = 20)
OPCRD	**13 (56)**	**10 (50)**
ISAR	**6 (26)**	**4 (20)**
OPC DARTNet	**0 (0)**	**4 (20)**
OPC Australia	**2 (9)**	**1 (10)**
Other	**2 (9)**	**1 (10)**

3.2 Research protocol funding

A breakdown of the commercial/academic profile of research protocols submitted for ADEPT approval in 2021 is presented in **Figure 1a** and a comparison of the commercial/academic profile of 2021 versus 2020 applications is detailed in **Figure 1b**.

Figure 1a. Commercial / academic profile of ADEPT-approved protocols, 2021

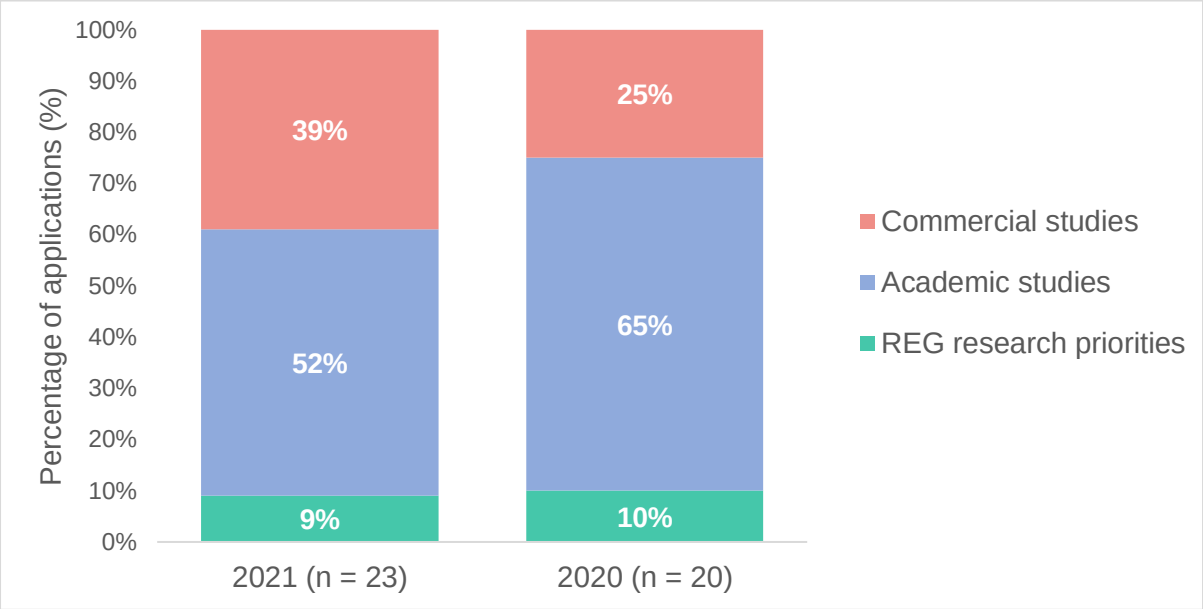


Just over half (52%, n = 12) of the research protocols approved by ADEPT in 2021 were for academic research, including 2 (9%) applications for studies responding to REG-identified research priorities.[2] The academic research protocols approved in 2021 were submitted by: the Respiratory Effectiveness Group (n = 1), the IPCRG (n = 1), the Asthma UK (n = 1) and OPC (n = 9). Over the same period, ADEPT approved protocols for commercial research funded by AstraZeneca, Pfizer, Mendelian, Alexion, Colgate Palmolive and Momentium Data

Compared with research protocols reviewed/approved by ADEPT in 2020, a similar proportion of 2021 protocols were for commercial studies (39% vs 25%) and a similar proportion were responses to REG-identified research needs (9% vs 10%) (**Figure 1b**).

[2] Protocols outlining research that is responding to an REG-identified research priority may be commercially or academically funded, but the research will be non-commercial. All REG research priorities relate to scientific evidence gaps or clinical needs identified by the expert respiratory collaborator group.

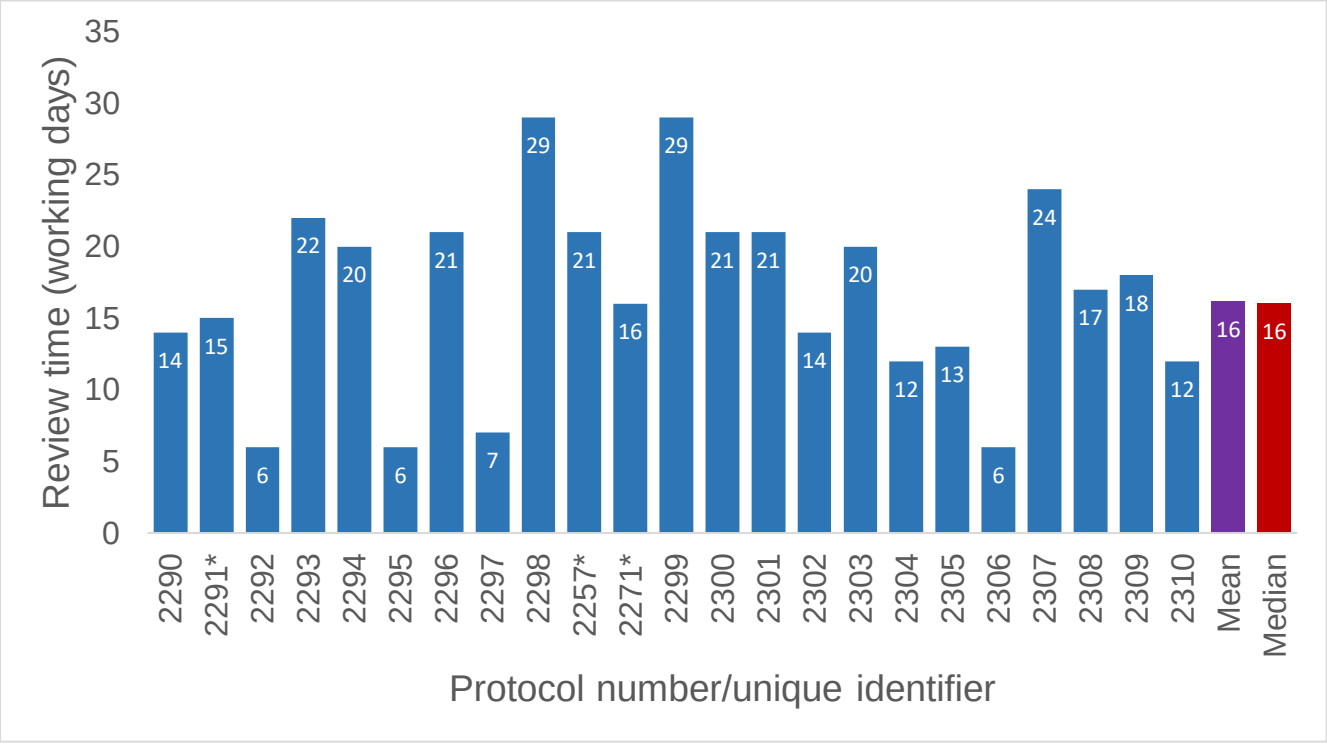
Figure 1b. ADEPT-approved protocols by commercial/academic profile, 2021 vs 2020



3.3 Protocol turnaround time: submission to approval

The average duration of ADEPT review in 2021 was broadly in keeping with the Committee's 15 working day target: mean duration of 16 working days; median (range) duration of 16 (6–29) working days (**Figure 2a**).

Figure 2a. ADEPT review times from protocol submission to approval in 2021

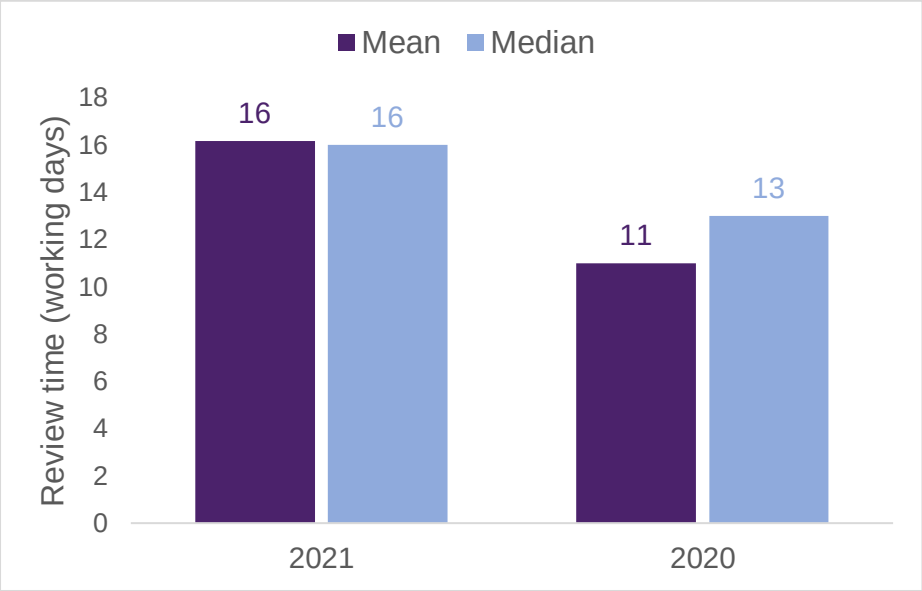


*Submitted for Protocol Amendment Review with Chair.

Overall, average ADEPT review duration in 2021 was slightly longer than in 2020: mean

(median) review duration of 16 (16) working days compared with 11 (13) working days in 2020 (**Figure 2b**).

Figure 2b. Average review times for protocols approved by ADEPT in 2021 versus 2020



3.4 Areas of research interest

Of the 23 protocols approved by ADEPT in 2021, the majority 64% (n = 14) were for respiratory studies. The remaining 36% of approved protocols covered a wide range of topics, including cardiovascular (1), oncology (1), gastroenterology (1) neurology (1), and genetic/rare diseases (4) (**Figure 3a**).

The majority representation of respiratory research in protocols submitted for ADEPT review in 2021 again showed the predominance of respiratory research protocols approved by ADEPT in 2019 (61% in 2021 vs 80% in 2020) although the proportion has decreased in 2021. (**Figure 3b**).

Figure 3a. Protocols approved by ADEPT in 2021 by therapy area

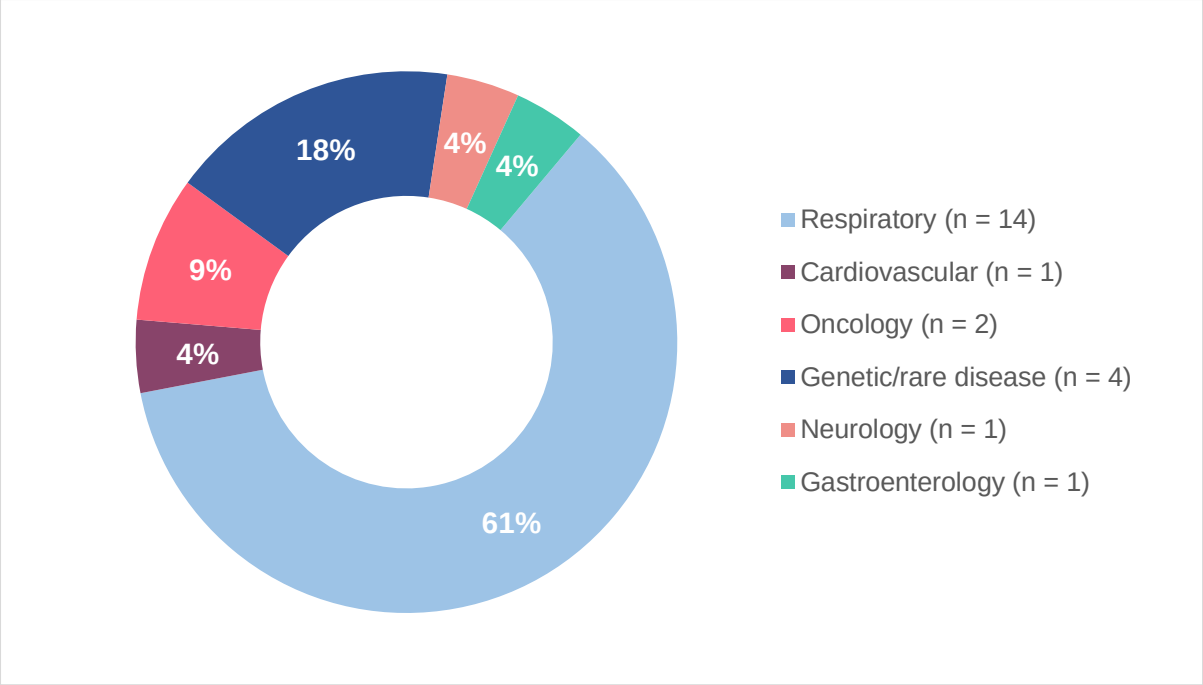
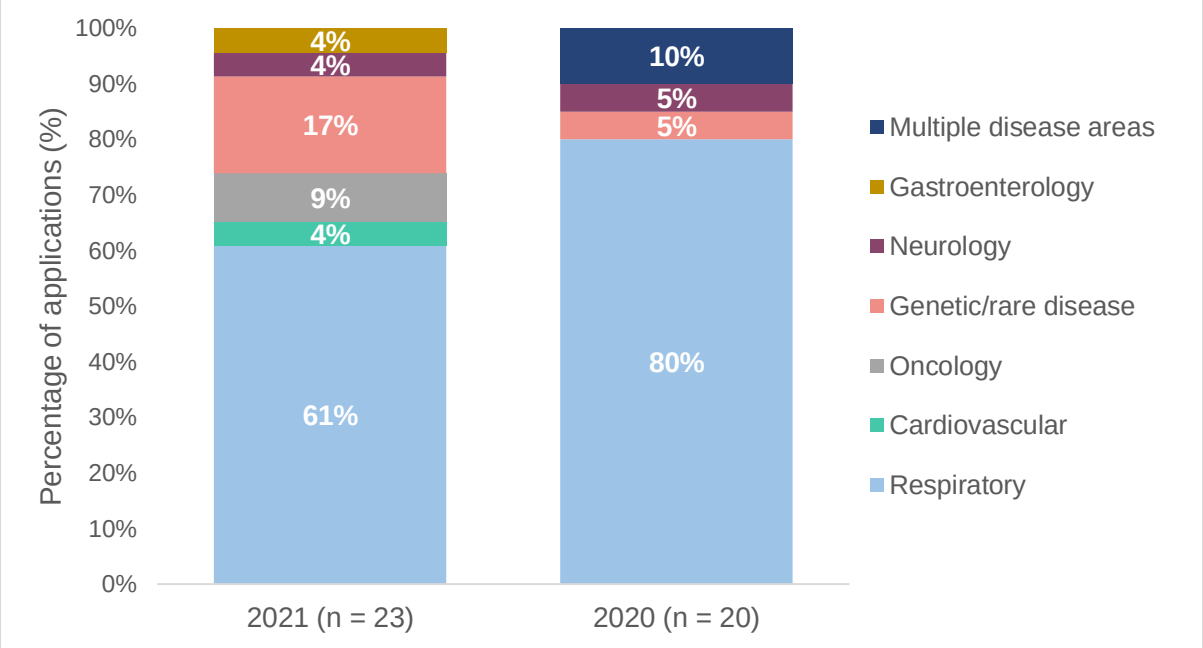
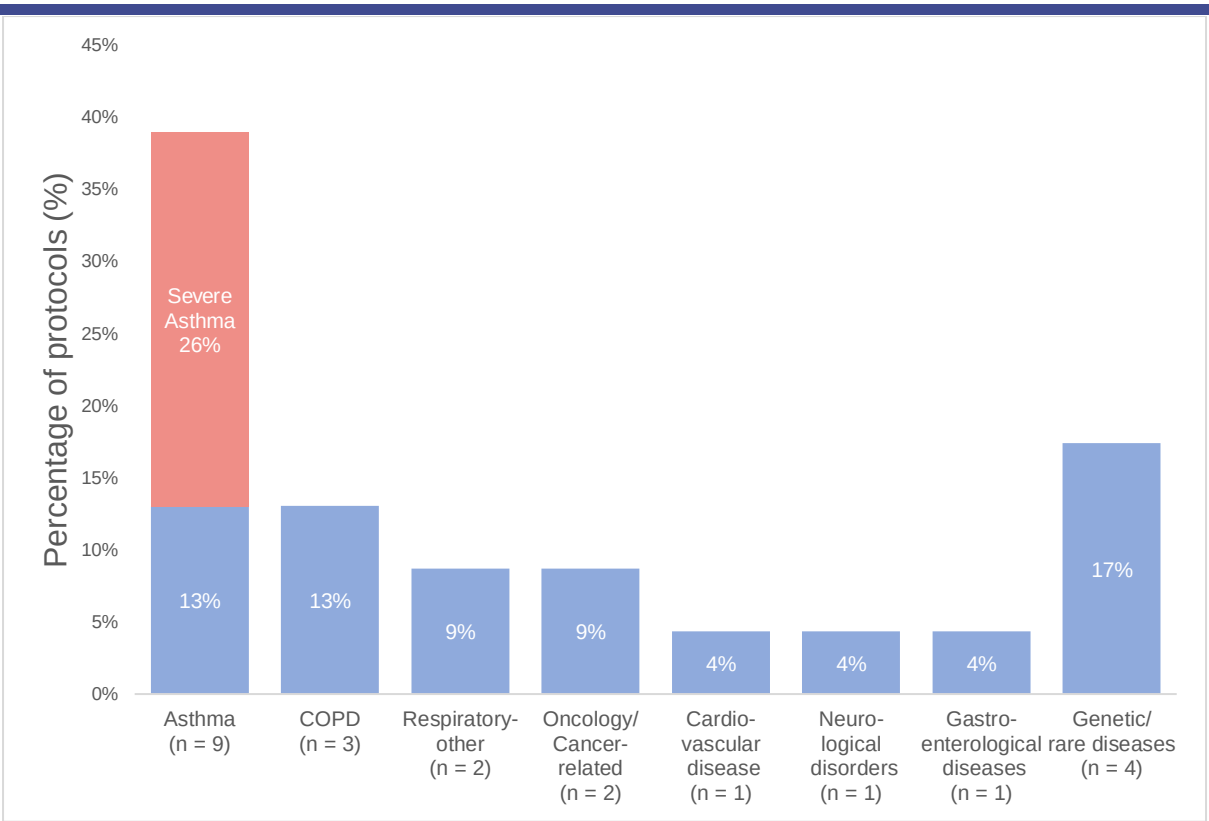


Figure 3b. Protocols approved by ADEPT in 2020 by therapy area, 2021 vs 2020



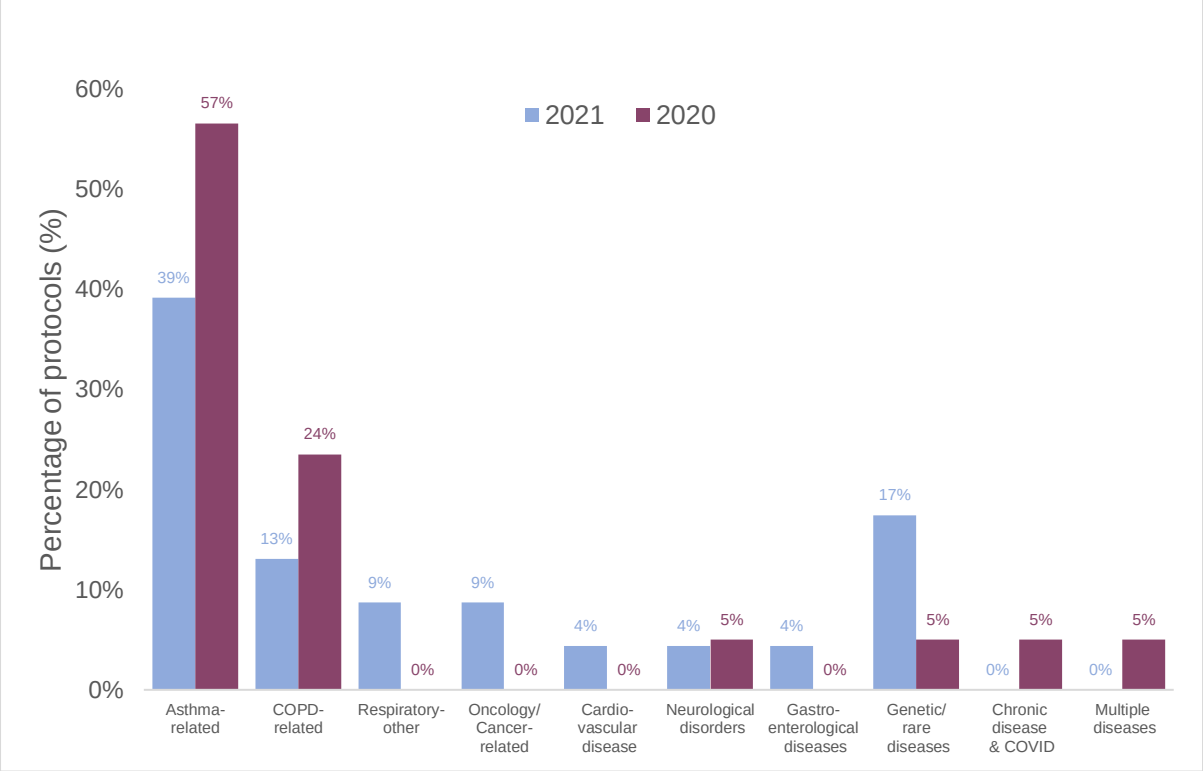
When considered at a disease-specific level, asthma featured in 64% (9) of respiratory protocols and 39% of total protocols. Chronic Obstructive Pulmonary Disease was the focus of 21% (n = 3) of respiratory protocols and 13% of total protocols. Research involving other conditions accounted for another 38% of protocols, as singular disease protocols (**Figures 3c**).

Figure 3c. ADEPT-approved protocols by disease, 2021



The distribution of approved protocols by focus disease was broadly similar in 2021 and 2020 with asthma-related studies being most common followed by COPD studies, with exception of an increase of genetic/rare diseases, which made up 17% of applications (**Figure 3d**).

Figure 3d. ADEPT-approved protocols by disease, 2021 vs 2020



COPD, chronic obstructive pulmonary disease; COVID, coronavirus disease

The protocols approved by ADEPT in 2021 covered a range of different research topics and study designs, from epidemiology and disease characterisation to comparative effectiveness, descriptive analyses, expert opinion, matched case control studies, phenotyping, predictive modelling and prescribing patterns (**Figures 3e**).

The nature of the studies and research topics covered by protocols approved by ADEPT in 2021 was moderately dissimilar to that of protocols approved by the committee in 2020. Most notably, there was a substantial increase in epidemiological studies: up to 52% of all protocols in 2021 from 15% in 2020 (**Figure 3f**).

Figure 3e. ADEPT-approved protocols by research topic, 2021

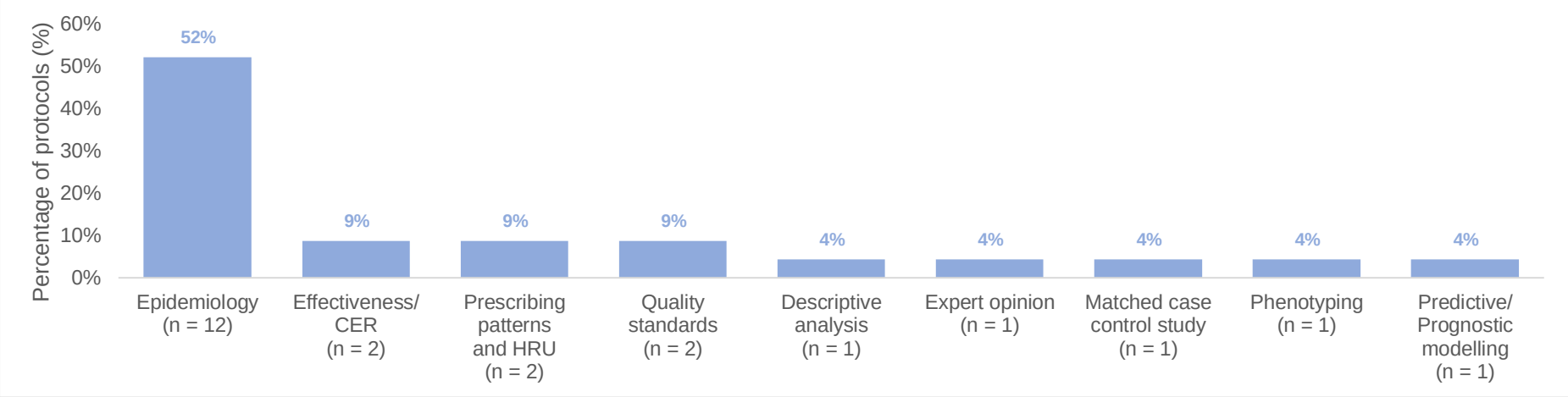
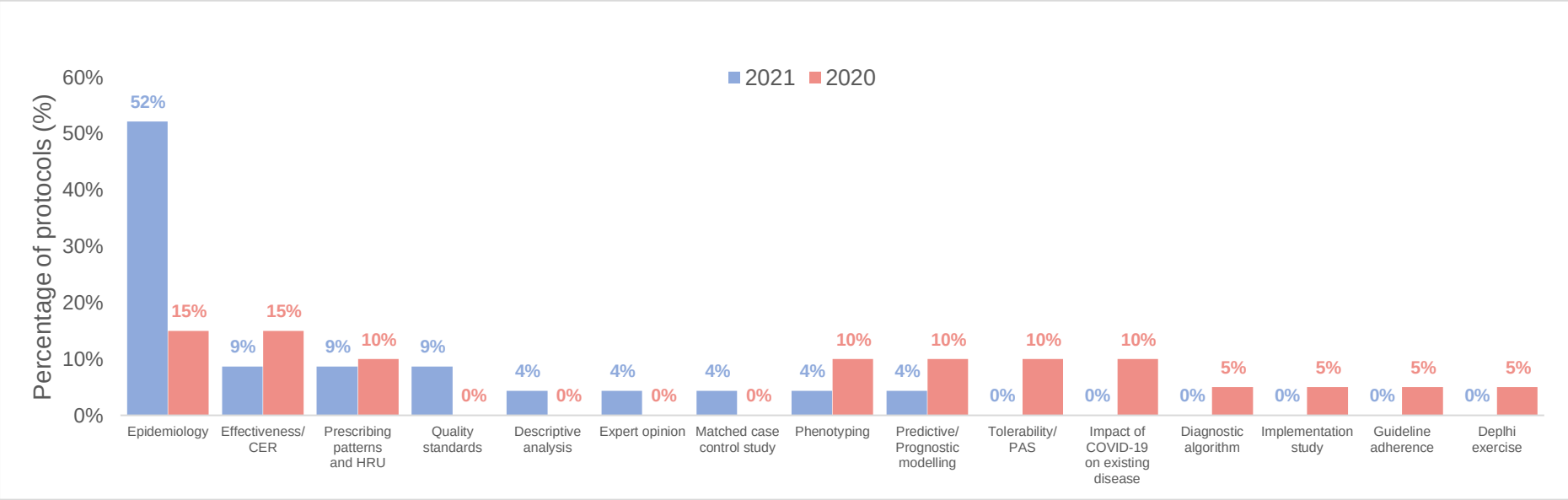


Figure 3f. ADEPT-approved protocols by research topic, 2021 vs 2020



3.5 Overview

This is the third annual report of the ADEPT Committee. It summarises the work of the Committee in 2021 and the scope of that work in comparison to activities in 2020.

During the 2021 reporting period, the Committee received and approved 23 research protocols, 20 new submissions and 3 protocol resubmissions/amendments.

The mean (median) duration of protocol review in 2021 was 16 (16) working days, is an increase compared with the mean (median) times of 11 (13) working days for 20 protocols in 2020. The average review times in 2021 were slightly longer than in 2020 and is just outside the Committee's 15-working-day target.

Just over half of the protocols approved by ADEPT in 2021 were for academic studies (52%). Respiratory medicine was the therapy area of greatest research interest in both 2021 and 2020 (focus of 61% and 80% of protocols, respectively). Asthma continued to be the most commonly researched condition in 2021, featured in almost 40% of protocols in 2021 and 57% in 2020. In 2021 non-respiratory study protocols featured studies of genetic, cardiovascular, gastroenterology, and genetic/rare disease conditions.

Protocols submitted in 2021 covered a diverse range of research topics and study designs, as was the case in 2020. In both years, submissions featured epidemiology, effectiveness, prescribing patterns, phenotyping, and prognostic/predictive modelling, but 2 protocols approved by ADEPT in 2020 were for studies relating to tolerability, the impact of COVID-19 on pre-existing chronic conditions, diagnostic algorithms, implementation studies, guideline adherence and Delphi exercises. In 2021, additional study types were quality standards, descriptive analysis, expert opinion and matched case control study.

Appendix 1. ADEPT Committee Members, 2021

ADEPT Chair

Todor (Ted) Popov, Professor at the University Hospital Sv. Ivan Rilski in Sofia, Bulgaria

Prof. Popov has pursued a career in the field of Allergy & Asthma at the Medical University in Sofia, Bulgaria for approximately 30 years. His main research interests include allergology, pulmonology and clinical immunology, and have led to his authorship of nearly 200 articles. In addition to his role as ADEPT Chair, he is a board member of a number of medical journals and societies; he is former President of the Union of the Bulgarian Medical Societies; Former President of INTERASMA, and Former Vice President of the European Academy of Allergology and Clinical Immunology.

Prof. Popov has been a member of the REG since it was founded in 2013.

ADEPT Vice Chair

Daryl Freeman, (MD) Associate Clinical Director Norfolk & Waveney UK

Dr Freeman is an Associate Clinical Director for Norfolk Community Health & Care, which involves a clinical role (working across community hospitals in Norfolk) and working with the Integrated Care System across Norfolk & Waveney to improve hospital care. She also serves as the Chair of the Norfolk & Waveney Right Care Respiratory Working Group which aims to standardise & prioritise respiratory care across all providers in Norfolk. She is current Chair of the Service Development Committee for the Primary Care Respiratory Society, and former Clinical Director for NHS England Respiratory Strategic Clinical Network.

Her non-respiratory interests include equestrian trauma – which combines her love of horses (she owns 3) with a desire to keep her acute medical skills up to date.

Dr Freeman has been a member of the REG since it was founded in 2013.

Members

Bernardino Alcazar, Pneumologist at the Hospital de Alta Resolución de Loja, and Assistant Professor in the Department of Medicine at the University of Granada, Granada, Spain

John Blakey, Adjunct Associate Professor Curtin University and Senior Medical Practitioner in Respiratory Medicine, Sir Charles Gairdner Hospital, Perth, Australia

George Christoff, Professor, Faculty of Public Health, Department of Health Technology Assessment, Medical University, Sofia, Bulgaria

Alexandra Dima, Senior Research Fellow, Health Services and Performance Research (HESPER) Claude Bernard University Lyon 1, Lyon, France

Mark FitzGerald, Professor and Director, Centre for Heart and Lung Health, The Lung Centre, Vancouver, BC, Canada

Elizabeth Kern, Professor of Medicine, Division of Medical, Behavioral & Community Health National Jewish Health, Denver, CO, USA

Fabrizio Luppi, Associate Professor, Respiratory Disease Department, Universita degli Studi di Milano-Bicocca, Milan, Italy

Andrew McIvor, Professor, Division of Respirology, Department of Medicine, Firestone Institute of Respiratory Health, St. Joseph's Healthcare, MacMaster University, Hamilton, Ontario, Canada

Jenni Quint, Reader in Respiratory Epidemiology in Respiratory Epidemiology, Occupational Medicine and Public Health at the National Heart and Lung Institute and Honorary Consultant Physician in Respiratory Medicine at Royal Brompton Hospital, London

Nicolas Roche, Professor of Respiratory Medicine, University Paris Descartes, Respiratory and Intensive Care Medicine department, Hôtel-Dieu Hospital, Paris, Franc

Miguel Roman-Rodríguez, Research Director, Instituto de Investigación de Palma de Mallorca, Mallorca, Spain

Richard Russell, (MD) Department of Respiratory Medicine, University of Oxford, Oxford, UK

Patrick Souverein, Assistant Professor of Pharmacoepidemiology, Division of Pharmacopathology and Pharmacotherapy, Utrecht University, Utrecht, The Netherlands

Jens Søndergaard, Head of Department, Research Unit for General Practice, University of Southern Denmark, Odense, Denmark

Mihaela Stefan, Associate Director of the Institute for Healthcare Delivery and Population Science and Associate Professor of Medicine at University of Massachusetts Medical School-Baystate, Baystate Medical Center, Springfield, MA, USA

Omar Usmani, Reader in Respiratory Medicine and Consultant Physician at the National Heart and Lung Institute (NHLI), Imperial College London & Royal Brompton Hospital (RBH), London, UK

Job van Boven, Assistant Professor, Universitair Medisch Centrum, Groningen, Groningen, The Netherland

Andrew Wilson, Clinical Professor, Norwich Medical School, University of East Anglia, Norfolk, England, UK