



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

1 January 2022 to 31 December 2022

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## 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 of ADEPT Committee

At last life is returning to normal after 3 years of Covid however the Health Services in many countries remain under huge strain. Despite all of these issues, the submissions to the ADEPT Committee have continued and this demonstrates that we have all tried to continue with “business as usual” during these trying times.

We received 14 applications last year, and the time for completion of review improved compared to 2021. We remain encouraged that real life research remains as important to real-life researchers as it does to the ADEPT Chair and reviewers.

After 3 years at the helm, Ted Popov stepped 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 2023 being a year when we review more studies and contribute further to guideline development and service improvement.

We hope you enjoy reading the ADEPT 2022 Annual Report and look forward to discussing exciting new projects with you all in the future.



Daryl Freeman

**Daryl Freeman, MBChB FRCGP**  
ADEPT 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 2022 to 31 December 2022.

## 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.

### 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 2022 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.**

In January 2022, Dr Freeman, Associate Clinical Director Norfolk Community Health & Care, Clinical Respiratory Lead Norfolk & Waveney ICB, took up the position of Committee Chair again. The reviewers are Professor Jennifer Quint, Imperial College London, UK, Dr John Blakey, Sir Charles Gairdner Hospital Medical School, Curtin University, Perth, Australia and Dr Bernadino Alcazar Hospital Universitario Virgen de las Nieves, Granada, Spain.

## *2.3. Committee working*

During the 2022 reporting period, all protocols submitted for ADEPT review were processed virtually. Committee members received no remuneration 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 new 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.<sup>1</sup> The Secretariat forwards ADEPT applications for Chair and Committee review, communicates Committee decisions to applicants and invoices and processes application submissions, as appropriate.

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<sup>1</sup> 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](mailto:application@adeptcommittee.com)) or via an web-based submission form on the REG website (<https://www.regresearchnetwork.org/adept>).

From 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, 2022**

Applicant type		Fee
Commercial	Non REG supporter	£2500
	REG supporter	£1250
Academic		£550

## 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 releases the application to the ADEPT Chair and reviewers for onward processing.

## *2.8 Review of research protocols*

In 2022, the updated SOP which was approved by the ADEPT Committee came into force. The review procedure was updated as follows:

The ADEPT committee aim to provide timely, high-quality peer review of protocols; whilst recognising that the quality of the research ultimately remains the responsibility of the applicants. The committee have a period of up to 20 working days from receipt of a valid application to give their response to the applicant. The application is valid if the application form is complete, and all of the required supporting documentation is enclosed. The ADEPT secretariat will notify the applicant if the application is valid or not. The ADEPT secretariat can send a single request for further information to be supplied. At this point the clock on the 20-working daytime period is stopped until the supplementary information is supplied.

The application can be processed via two key streams either Chairman's or a panel approval which will usually be the chair plus 2 members of the Committee chosen as their areas of expertise align with the protocol content. If the application has already received an institutional ethics committee approval, the approval can be reviewed and approved/rejected by the chair. If the application has no institutional ethics committee approval, the application will be reviewed by the chair and 2 members of the committee.

## *2.9. Approval Opinion*

Submissions can be reviewed and adjudicated by the Chairman, in isolate, under Chairman's actions, or circulated to Committee Members for wider review depending on whether an institutional ethics committee review has approved the application. In addition, the scope of the proposed study will inform the Chairman's decision to adjudicate on the proposal under Chairman's actions or to involve the Committee in its review.

### 2.9.1 Chairperson's actions

Submissions eligible for Chairman's actions (or "fast-track review") must meet the following scope criteria, they must be:

- Already have institutional ethics committee approval

### 2.9.2 Committee's actions

Submissions that meet any of the following scope criteria must be reviewed by at least TWO members of the ADEPT Committee in addition to the Chairman:

- No institutional ethics committee approval
- Forward-looking / prospective studies involving an a priori defined follow-up (within the historical dataset) after a defined index date
- Or other studies which the Chair feels would require evaluation by the Committee

### 2.9.3 Committee / Chairman's Decision

The ADEPT committee can provide differing opinions of the application including:

- Full Approval
- Conditional Approval
- Resubmission with Amendments
- Rejection



If the application is not given a favourable ethical opinion and it is felt that the reasons given for this by the committee can be addressed, the research proposal should be revised accordingly and resubmitted to the ADEPT committee.

Following approval, if substantial changes to the protocol or changes to the study procedures that may affect the conduct of the study are to be made the amended protocol, with changes highlighted should be sent to the ADEPT secretariat along with the original ADEPT protocol approval number for review. The changes will be reviewed by the Chair within 15 working days.

## 2.10. ADEPT contributions to research

### 2.10.1 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>

### 2.10.2 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.

## 3. Activities and Outputs

During the 2022 reporting period, ADEPT reviewed 14 protocols, of which 14 were for new studies. The Committee approved all protocols submitted for review in 2022.

### 3.1 2022 ADEPT applications by research database

Half of all study protocols submitted for ADEPT review in 2022 (n= 7) involved use of the OPCR. Four protocols involved use of the ISAR database (29%) and one protocol used the OPC Australia database (7%) (**Table 2**). Compared with 2021, a similar proportion of 2022 protocols proposed use of the OPCR (50% versus 56%).

**Table 2. ADEPT applications in 2022 by research database of interest**

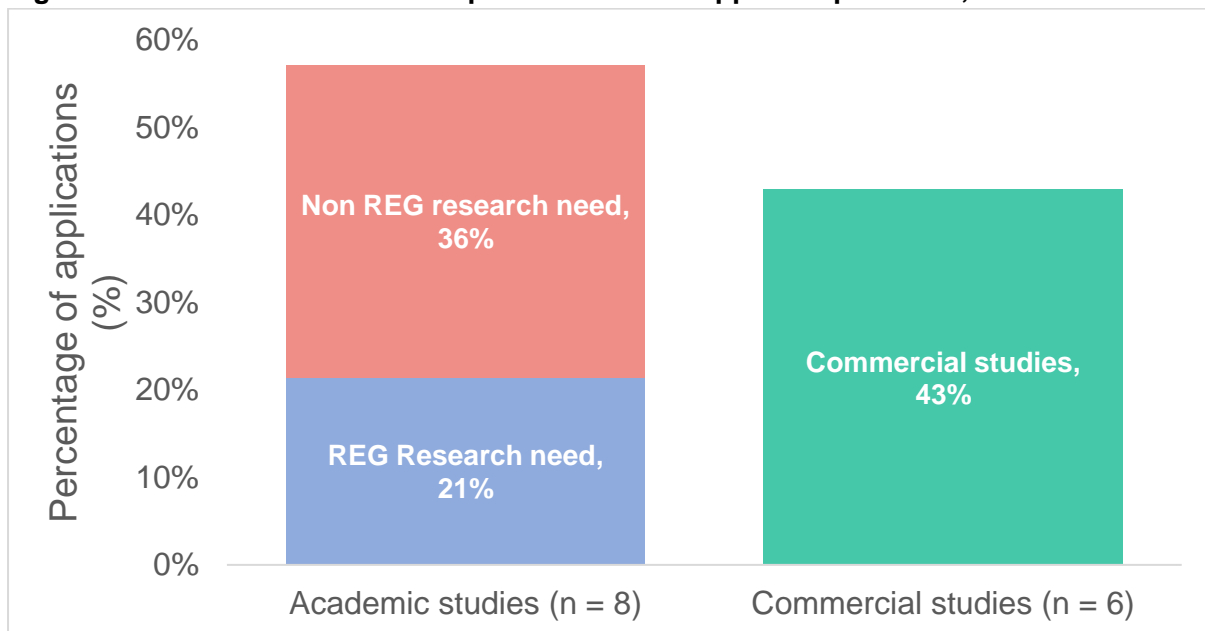
Database	Distribution of applications, N (%)	
	2022 (N = 14)	2021 (N = 23)

<b>OPCRD</b>	<b>7 (50)</b>	<b>13 (56)</b>
<b>ISAR</b>	<b>4 (29)</b>	<b>6 (26)</b>
<b>OPC DARTNet</b>	<b>0 (0)</b>	<b>0 (0)</b>
<b>OPC Australia</b>	<b>1 (7)</b>	<b>2 (9)</b>
<b>Other</b>	<b>2 (14)</b>	<b>2 (9)</b>

### 3.2 Research protocol funding

A breakdown of the commercial/academic profile of research protocols submitted for ADEPT approval in 2022 is presented in **Figure 1a** and a comparison of the commercial/academic profile of 2022 versus 2021 applications is detailed in **Figure 1b**.

**Figure 1a. Commercial / academic profile of ADEPT-approved protocols, 2022**

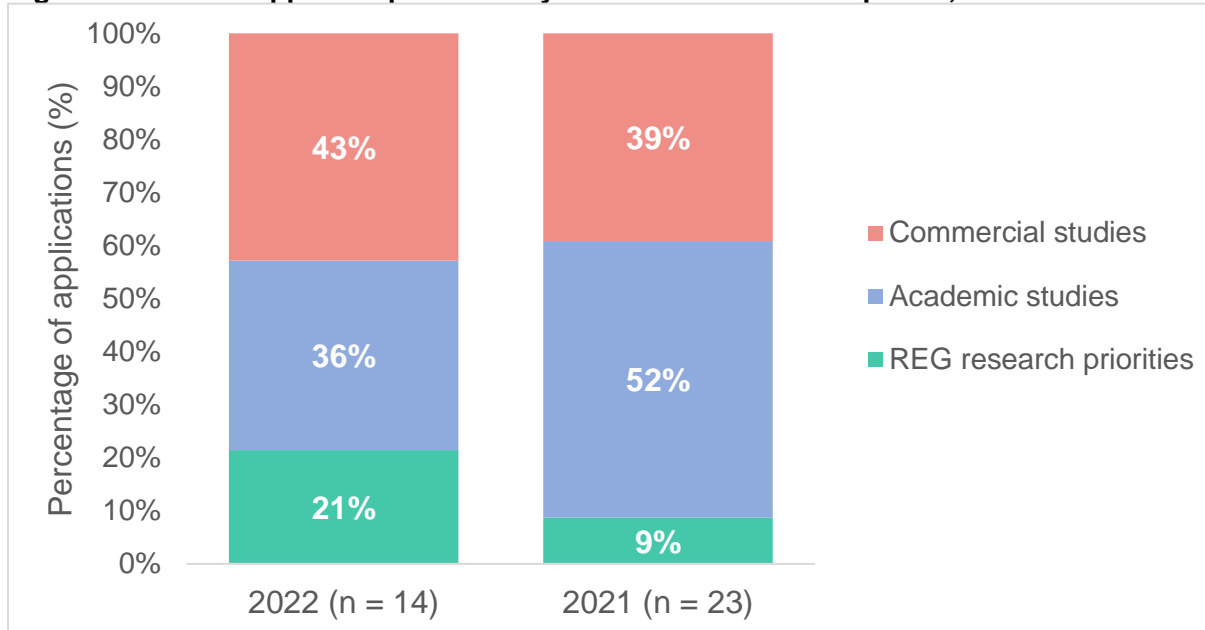


Just over half (57%, n = 8) of the research protocols approved by ADEPT in 2022 were for academic research, including 3 (21%) applications for studies responding to REG-identified research priorities.<sup>2</sup> The academic research protocols approved in 2022 were submitted by: the Respiratory Effectiveness Group (n = 2) and OPC (n = 6). Over the same period, ADEPT approved protocols for commercial research funded by Syri Ltd, Grunenthal Ltd, Aveta Life, Chiesi, Innovate UK & Mendelian and OPEN Health.

<sup>2</sup> 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.

Compared with research protocols reviewed/approved by ADEPT in 2021, a similar proportion of 2022 protocols were for commercial studies (43% vs 39%) and a similar proportion were responses to REG-identified research needs (21% vs 9%) (**Figure 1b**).

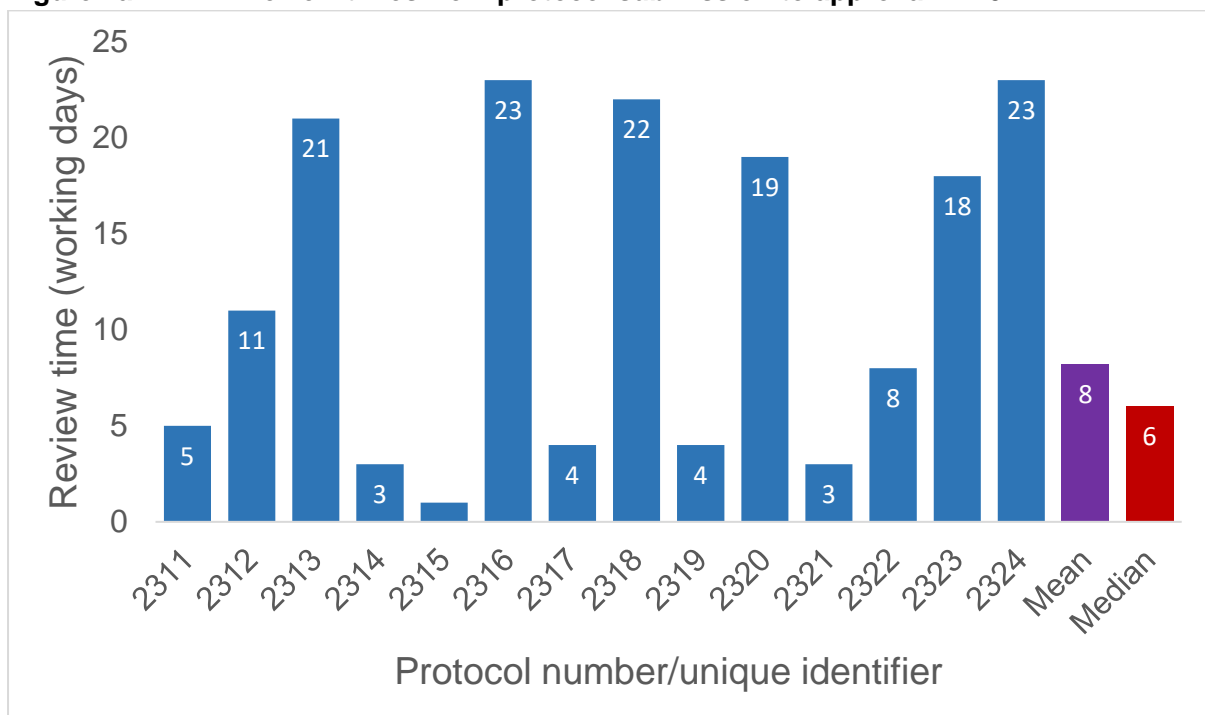
**Figure 1b. ADEPT-approved protocols by commercial/academic profile, 2022 vs 2021**



### 3.3 Protocol turnaround time: submission to approval

The average duration of ADEPT review in 2022 was in keeping with the Committee’s 15 working day target: mean duration of 8 working days; median (range) duration of 6 (4–17) working days (**Figure 2a**).

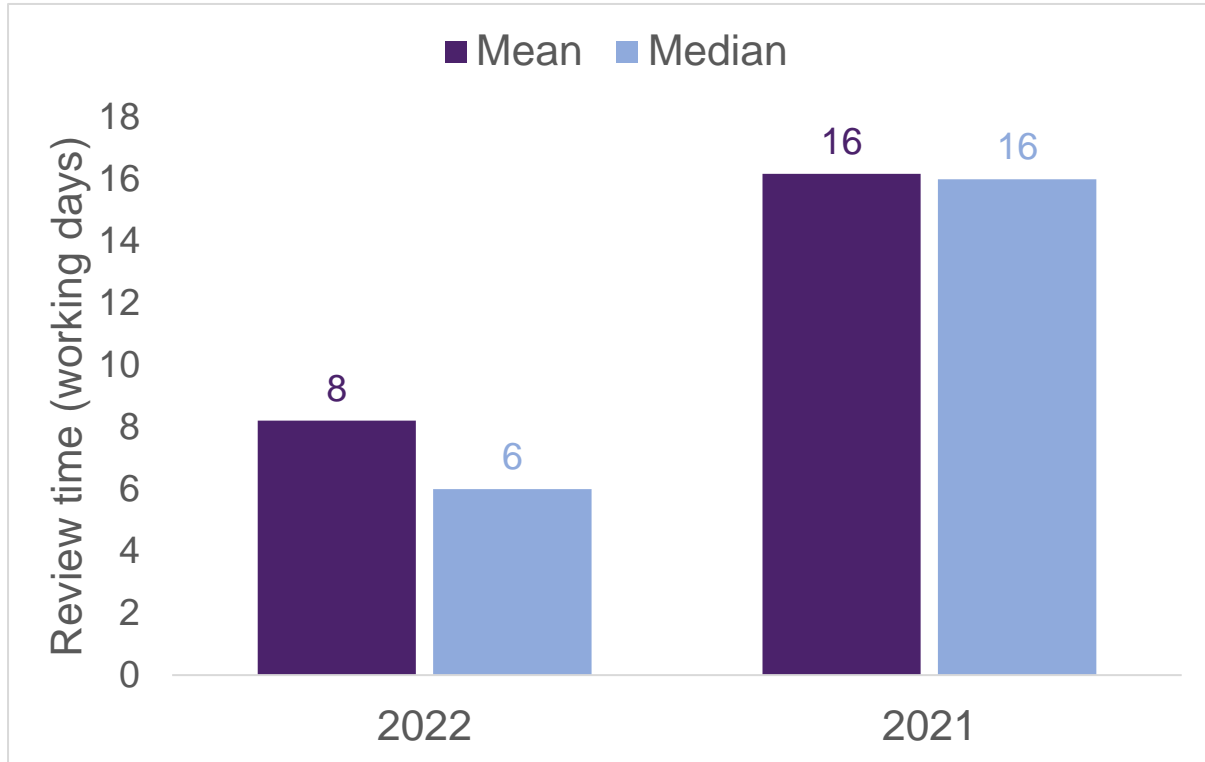
**Figure 2a. ADEPT review times from protocol submission to approval in 2021**



\*Submitted for Protocol Amendment Review with Chair.

Overall, average ADEPT review duration in 2022 was shorter than in 2021: mean (median) review duration of 8 (6) working days compared with 16 (16) working days in 2021 (**Figure 2b**).

**Figure 2b. Average review times for protocols approved by ADEPT in 2022 versus 2021**

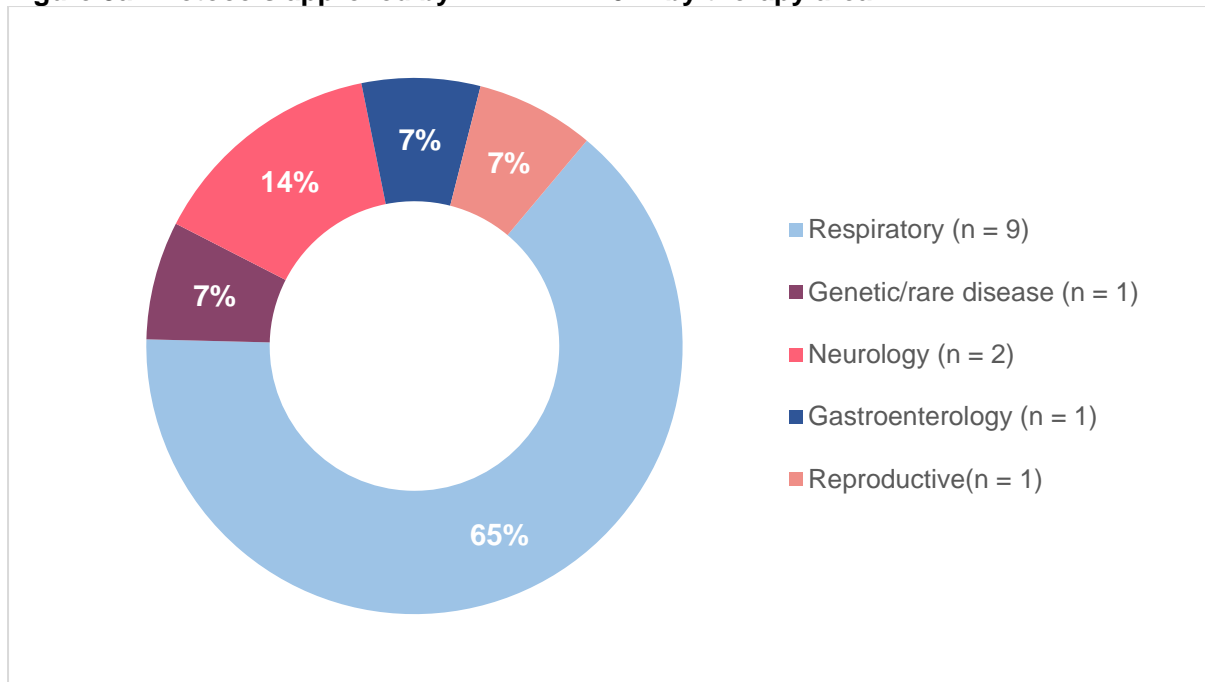


### 3.4 Areas of research interest

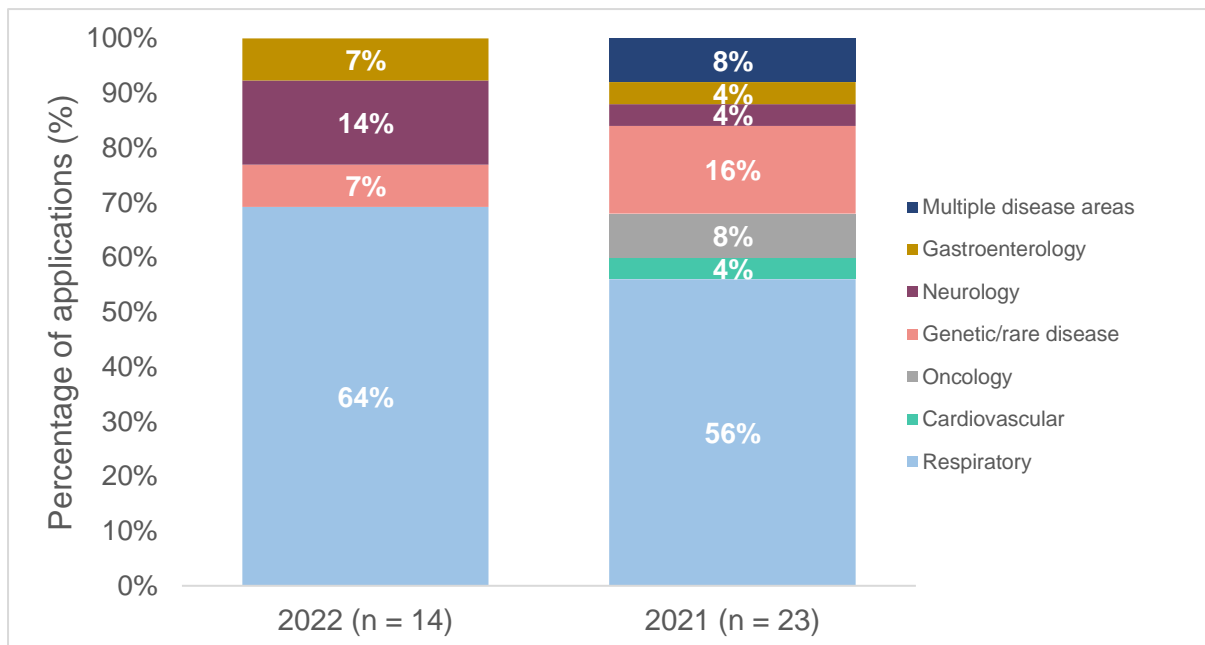
Of the 23 protocols approved by ADEPT in 2022, the majority 65% (n = 9) were for respiratory studies. The remaining 35% of approved protocols covered a wide range of topics, including , neurology (2), gastroenterology (1) and genetic/rare diseases (1) and reproductive (1) (**Figure 3a**).

The majority representation of respiratory research in protocols submitted for ADEPT review in 2022 again showed the predominance of respiratory research protocols approved by ADEPT in 2021 (64% in 2022 vs 61% in 2021). (**Figure 3b**).

**Figure 3a. Protocols approved by ADEPT in 2022 by therapy area**



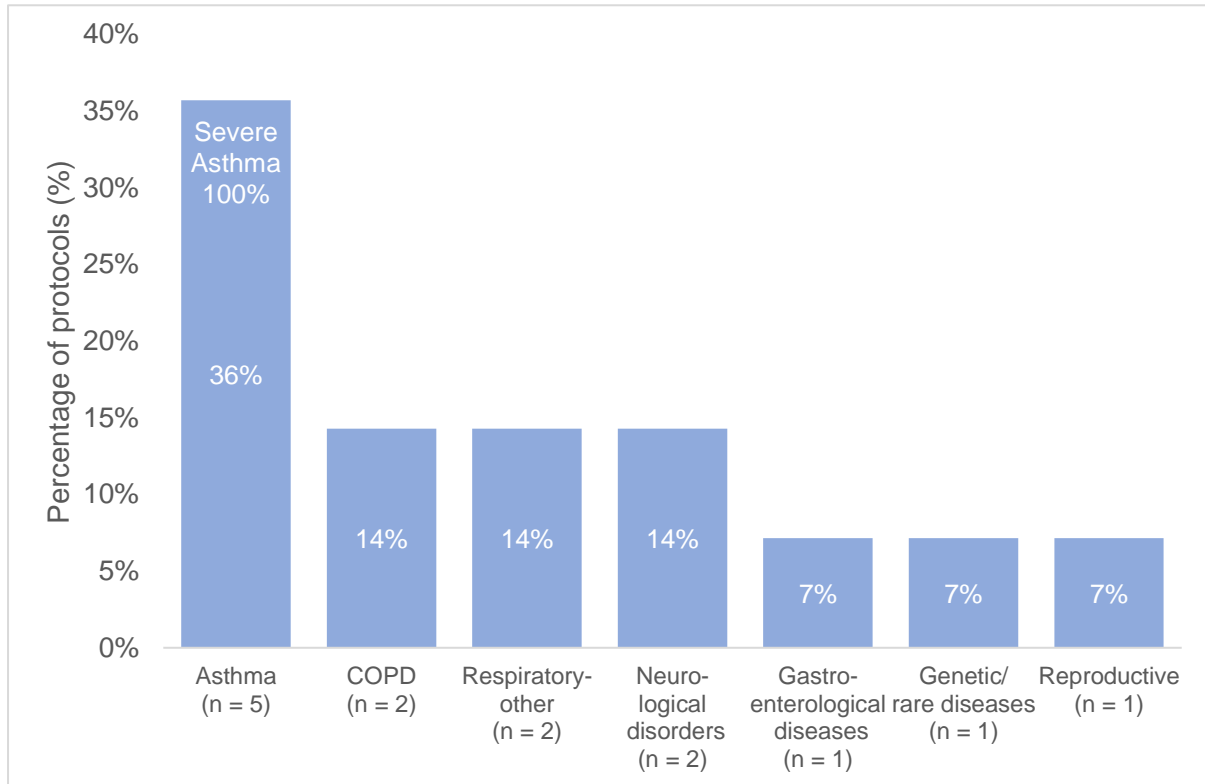
**Figure 3b. Protocols approved by ADEPT in 2022 by therapy area, 2022 vs 2021**



When considered at a disease-specific level, asthma featured in 56% (5) of respiratory protocols and 36% of total protocols. Chronic Obstructive Pulmonary Disease was the focus of 22% (n = 2) of respiratory protocols and 14% of total protocols. Research involving other

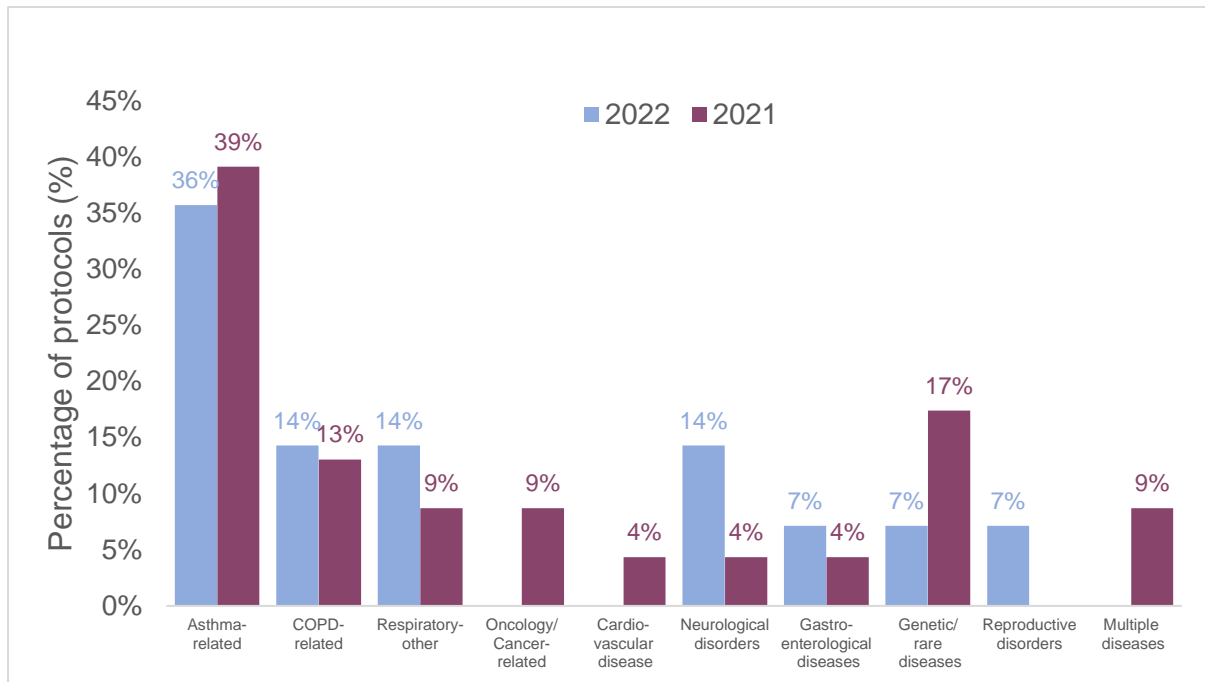
conditions accounted for another 50% of protocols, as singular disease protocols (**Figures 3c**).

**Figure 3c. ADEPT-approved protocols by disease, 2022**



The distribution of approved protocols by focus disease differed in 2022 from 2021 with asthma-related studies being most common followed by COPD studies, with exception of an increase of other respiratory disease and neurological diseases, which each made up 14% of applications (**Figure 3d**).

**Figure 3d. ADEPT-approved protocols by disease, 2022 vs 2021**



COPD, chronic obstructive pulmonary disease; COVID, coronavirus disease

The protocols approved by ADEPT in 2022 covered a range of different research topics and study designs, from epidemiology and disease characterisation to comparative effectiveness, surveys, predictive modelling and prescribing patterns (**Figures 3e**).

The nature of the studies and research topics covered by protocols approved by ADEPT in 2022 was moderately dissimilar to that of protocols approved by the committee in 2021. Most notably, there was an increase in effectiveness and predictive modelling: both up to 29% of all protocols in 2022 from 9% and 4% in 2021, respectively (**Figure 3f**).

Figure 3e. ADEPT-approved protocols by research topic, 2022

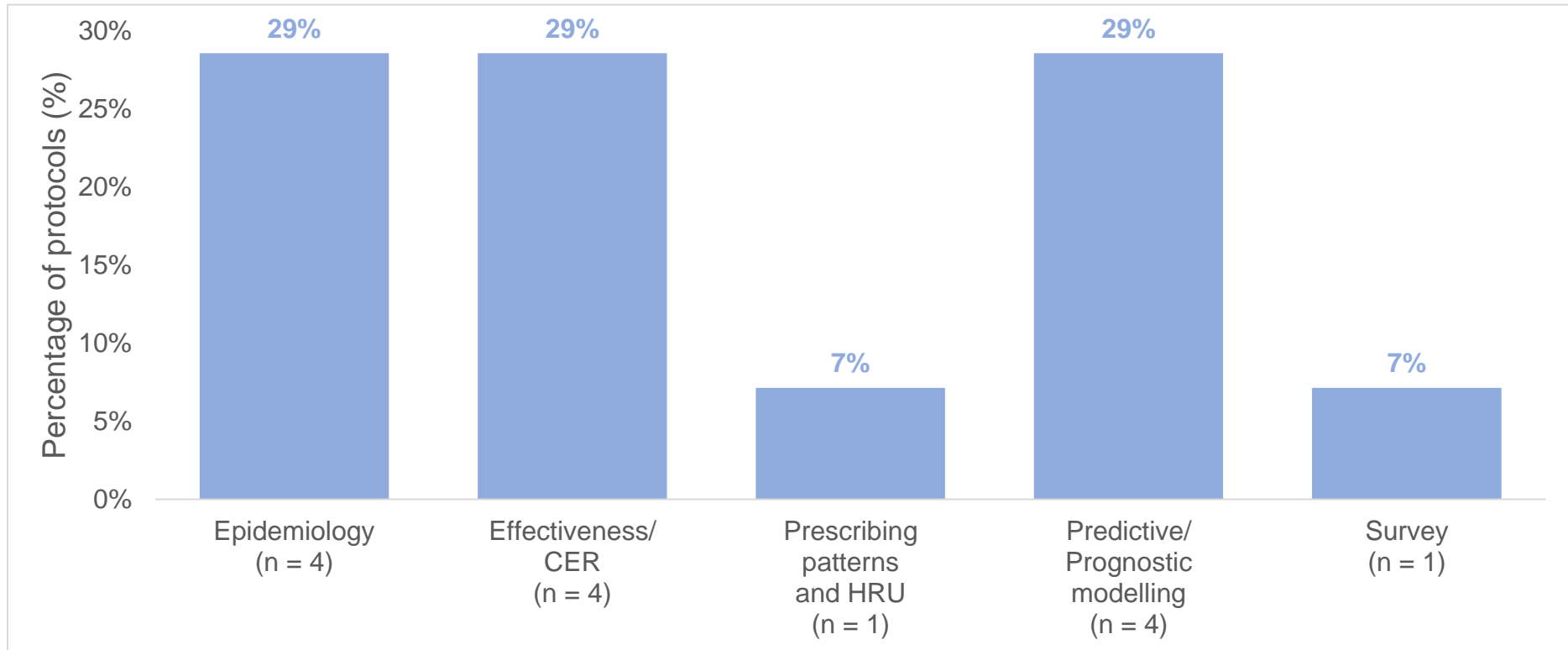
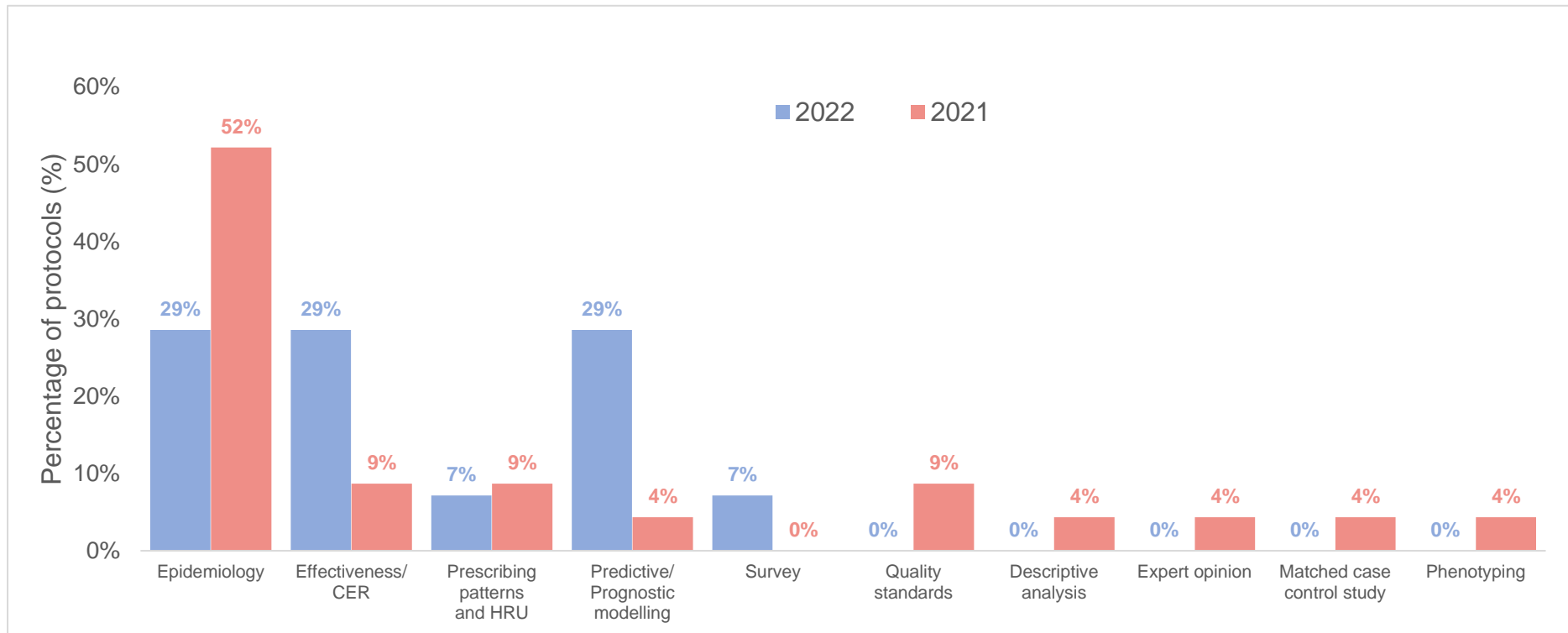


Figure 3f. ADEPT-approved protocols by research topic, 2022 vs 2021





### 3.5 Overview

This is the third annual report of the ADEPT Committee. It summarises the work of the Committee in 2022 and the scope of that work in comparison to activities in 2021.

During the 2022 reporting period, the Committee received and approved 14 research protocols, of which all were new submissions.

The mean (median) duration of protocol review in 2022 was 8 (6) working days, is a decrease compared with the mean (median) times of 16 (16) working days for 23 protocols in 2021. The average review times in 2022 were lower than in 2021 and is just within the Committee’s 15-working-day target.

Just over half of the protocols approved by ADEPT in 2022 were for academic studies (57%). Respiratory medicine was the therapy area of greatest research interest in both 2022 and 2021 (focus of 64% and 61% of protocols, respectively). Asthma continued to be the most commonly researched condition in 2022, featured in almost 36% of protocols in 2022 and 40% in 2021. In 2022, non-respiratory study protocols featured studies of neurology, gastroenterology, reproductive and genetic/rare disease conditions.

Protocols submitted in 2022 covered a diverse range of research topics and study designs, as was the case in 2021. In both years, submissions featured epidemiology, effectiveness, prescribing patterns, and prognostic/predictive modelling, but 1 protocol approved by ADEPT in 2022 were for studies relating to surveys. In 2021, additional study types were quality standards, descriptive analysis, expert opinion and matched case control study.

## **Appendix 1. ADEPT Committee Members, 2022**

### *ADEPT 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.

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

### *ADEPT Reviewers*

**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

**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

### *Members*

**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

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

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

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

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

**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 Netherlands

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