



Autumn 2020 WORKING GROUP MEETING MINUTES: Biomarkers and Severe Asthma

Meeting details		
Meeting location	Teleconference	
Meeting date	Mon 5 th Oct	
Meeting time	16:00-17:00 CEST	
Chair(s)	Leif Bjermer	
Attendees	Kjell Alving Pachalis Steiropoulos Joaquin Sastre	Niko Papadopoulos Andrei Malinovski Sarah Lucas
Objectives		
1	New project ideas	

Items	
New project ideas	<p>Discussed previously published data on the effect of biologics on biomarkers- Omalizumab Anti-IgE Mepolizumab Anti-IL5 lowers blood eos, but can increase or decrease FeNO. ?IgE Dupixent Anti-IL4/IL13 can increase or decrease blood eos. Decrease or no effect on FeNO. ?IgE</p> <p>Idea to look at changes in biomarkers (blood eos/FeNO/IgE) in response to biologic treatment and how these relate to each other and with treatment response.</p> <p>Also relate biomarkers changes with comorbidities. E.g. Anti-IL5 changes in rhinitis etc. may reflect changes in biomarkers. Need to consider smoking, obesity which will influence different biomarkers differently, and also high dose steroids which would bias FeNO measurements.</p> <p>Following biologic prescription there may be behaviour changes that change ICS use, and that could be a factor in the changes seen in FeNO.</p> <p>AZ and GSK have not included FeNO as a biomarker in Anti-IL5 treatment follow up. Sanofi have used FeNO in all trials.</p>



Need at least 4 months of data to look for a trend in FeNO/blood eosinophils, with serial measurements before and after anti-IL5 treatment. Can changes in FeNO predict long term disease outcome? How do these biomarkers relate with comorbidities especially rhinitis and nasal polyps?

Greek data (Paschalis)- around 120 patients. No serial measurements of IgE, but there are FeNO and blood eosinophils, ACT, exacerbations and hospitalisation data.

Spanish data (Joaquin)- around 560 patients. Baseline and outcome measurements of biomarkers, spirometry, exacerbations, ACQ, comorbidities including chronic rhinosinusitis.

Andrei- may also have some data.

ACTION POINT: Sarah will contact Victoria about what data could be available in ISAR.

Possibility if we can get permissions is to pool data from members of the group to conduct this analysis.

ACTION POINT: Leif to start drafting a proposal to be circulated to the rest of the working group for input.

Nikos still interested in mapping the patient journey to biologics.

Differences between countries and between private and public health systems. e.g. In Greece those with severe asthma go direct to a specialist and can be prescribed biologics, hence greater prescribing.

In UK there is less prescribing as it is more difficult with patients going from asthma nurse, to GP, to hospital consultant to a specialist consultant. Tend to get oral steroids before biologics.

Collect data on

- who is prescribing
- cost
- level of specialists/generalists
- Treatments/ treatment changes

Descriptive to outline the access to treatment.

Would also involve characterising the patient profile prior to treatment.