March 2025
WORKING GROUP MEETING AGENDA:
Child Health

Meeting details	
Location	Dorchester Library Room+ MS Teams
Meeting date	Thursday 20th March
Meeting time	3 PM
Chair	Clare Murray
Attendees	Joan S Soriano Steve Turner Baptista Coxam (Bristol Myers Squibb) Alan Kaplan Stanley Szefler Francine Duchenne Nikos Papadopoulos Valeria Perugini
Objectives	
1	Update on Active Projects
2	General Discussion and Key Insights
3	New Research Ideas
4	Future Actions

Items	
Update on Active Projects	SEVERE ASTHMA STUDY The meeting commenced with Steve Turner, who shared findings from the severe asthma study. The study aimed to determine the prevalence of severe asthma in children, using OPCRD data with sponsorship from Sanofi. The analysis included a population of over 2 million, identifying 127,000 children with asthma. Seven different definitions of severe asthma were examined, revealing substantial variability—up to a 20-fold difference in prevalence depending on the criteria used, particularly concerning ICS dosage. Secondary outcomes of the study included the annual incidence of new-onset severe asthma, high SABA use, and potential eligibility for biologic therapies. Key findings: • The prevalence of severe asthma varied significantly across definitions, largely driven by steroid dose thresholds. • Asthma prevalence showed minimal variation across different age groups.

	• The incidence of severe asthma varied also across definitions. • A substantial proportion of children exhibited high use of SABA, raising questions about asthma management practices. • Estimates suggested that between 1-3% of children might be eligible for biologics, though the actual number could be lower due to confounding factors such as adherence and psychological issues. PEARL STUDY Nikos provided an update on Pearl, confirming that a manuscript on biomarkers predicting persistence will soon be circulated to the Pearl group for review. He also informed the group about an international audit being developed in collaboration with the World Allergy Organisation's pediatric group. This audit would focus on asthma monitoring criteria and aim to assess adherence to these guidelines in different departments around the world. The plan was to audit a group of patients, with each department selecting 10-20 consecutive patients for the study. The aim was to understand the extent to which criteria were followed and identify any gaps in adherence. Nikos also shared developments on the upcoming pediatric asthma registry project, named "Premier." This initiative, based on the ISAR registry, aims to gather data on high-risk and severe asthma patients. The definition of "high-risk" asthma included patients with two or more exacerbations in the year prior to enrollment, with otherwise controlled symptoms, and those on Gina steps 3 or 4. Additionally, patients with moderate to severe asthma who were on medium-dose ICS would also be included. The registry's goal was to create a broader, more inclusive dataset, and Nikos invited all interested parties to participate.
General Discussion and Key Insights	1. Severe asthma study: Stan inquired whether the study examined race or ethnicity, mentioning its significance in the USA and questioning its relevance elsewhere. Steve responded that while deprivation data was unavailable, the study did include ethnicity data for children with asthma, and some differences were observed. Stan then shifted the discussion to adherence, specifically referencing medication possession ratios. Steve acknowledged that the study included this metric but noted its limitations. He explained that simply possessing a prescription does not guarantee medication use, highlighting a key challenge in large database studies reliant on routine prescription data. The discussion moved toward demographic data, particularly economic status and geographic location in relation to poverty. Steve reiterated that deprivation data was not available but confirmed that the study recorded data on age, sex, ethnicity, the number of exacerbations, and comorbidities. Francine thanked Steve for his presentation and raised concerns about defining asthma control. She proposed that assessing the percentage of children with poor asthma control might be a useful approach. She also inquired about data on exacerbations, OCS use, emergency department visits, and hospital admissions. Steve confirmed that some of this data was

	included in the study. Francine further suggested that defining appropriate medication cutoffs based on adherence levels could refine definitions of severe asthma and improve treatment guidelines. She referenced a previously developed pharmacoeconomic index of asthma control, incorporating SABA use, emergency visits, and OCS use, and questioned whether such an approach might help define severe asthma more accurately. Steve agreed that multiple definitions of severe asthma exist, with significant variations in prevalence estimates. He stressed the need for a standardised approach and noted that the study's findings could generate further research questions. However, he expressed a reluctance to define specific criteria himself. Francine sought clarification on the presentation of eosinophil data, asking whether the study referred to the presence of eosinophil data or the levels themselves. Steve confirmed that "yes" in the presentation indicated both the presence of data and elevated eosinophil levels in some cases. Clare then raised concerns about the GINA criteria, noting that under these guidelines, approximately one-third of children with asthma would be classified as having severe asthma. She questioned whether this threshold was too low. The group agreed with her. Clare also inquired about how exacerbations were classified in the study, specifically whether the data was derived from GP records and prescriptions of oral steroids. Steve confirmed that exacerbations were identified based on GP prescriptions, acknowledging that some data—such as out-of-hours prescriptions—might not have been captured. Nikos acknowledged the quality of the data, highlighting its potential for further analysis. He commented on Clare's point about the prevalence of severe asthma, suggesting that while it's often highlighted, the distribution of asthma types—including mild and moderate—should also be considered. He proposed that a distribution model could be designed, where 30% of children would fall into each category: mild, moderate, and severe. This approach would allow for the exploration of different asthma distribution patterns and their potential impact on health systems and children's wellbeing. Nikos mentioned that this could be incorporated into a manuscript, should the group decide to explore it further. Steve agreed with Nikos, mentioning that this approach could provide useful insights. He also referred to data collected over the past ten years, noting a significant drop in asthma prevalence during that period. Steve further described the dataset, stating that it tracks various indicators such as emergency department visits, hospital admissions, and outpatient appointments. However, some data points were often left blank, which raised questions about the accuracy of the records. The discussion then shifted to the need for greater data accuracy and the importance of being more diligent in recording information.
New Research Ideas	A new research idea was to examine the impact of switching inhalers from pMDIs to DPIs in children. There has been a strong push for this transition in primary care, and investigating its effects on treatment outcomes, adherence, and overall effectiveness could provide valuable insights. This led to further discussion about the challenges of evaluating adherence, particularly in relation to changes in

	prescription patterns and their outcomes. The group expressed concerns that GPs may not fully understand the difficulties young children face with these devices. Furthermore, it was highlighted that further research is needed to assess how GPs are prescribing medications in these circumstances and whether it could contribute to the overuse of inhaled steroids.
Future Actions	• Valeria will develop a proposal on the inhaler switch study.