



ERS 2019 WORKING GROUP MEETING MINUTES: Child Health

28th September 2019

Novotel Madrid Campo De Las Naciones, Madrid, Spain

Meeting details	
Meeting date	Saturday 28 th September
Meeting time	18:00-19:00
Chair(s)	Nikos Papadopoulos
Attendees	James Paton Francine Ducharme Michael Walker Sarah Lucas Clare Murray Graham Lough Naomi Lauanders
Objectives	
1	Update and next steps for current projects
2	Prioritisation of future ideas

Items	
Update on current projects	<p>Addition of antibiotics to usual care in asthma exacerbations- Update on results and plan for publication</p> <ul style="list-style-type: none">• Large proportion with ABX. As this is real-life some might have other infections (e.g. ear infections alongside an exacerbation) or some might have some infection (although most likely viral), but also be showing asthma-like symptoms, suggestive of exacerbation. Limitation of the study is we don't have infections/ comorbidities at IPD included in the dataset, so high ABX use may in part due to prescribing for comorbidities.• Main finding from our study is we are not recommending ABX use in asthma, as while there is a significant effect overall on consults in the first 2 weeks, it is not significant. The course for ABX will likely be 7 days, rather than 3 days for OCS, so patients on ABX with continued symptoms will likely take longer to return, as they are unlikely to come back until they have finished the antibiotic course.



	<ul style="list-style-type: none"> • Penicillins appear to be having more effect than macrolides, although numbers of macrolides are small. • There are some benefits of a mixed real-life rather than clean dataset. • In discussion quote % of viral infections in literature for asthma exacerbations. • Patients with the addition of ABX are less likely to come back as their expectations have been met. <p>ACTION POINT: Sarah to drafting manuscript including some of the above points in the discussion. Will then circulate to PI's and steering committee.</p>
	<p>Paediatric Asthma in Real Life (PeARL) The overall aim is to be able to make management recommendation</p> <ul style="list-style-type: none"> • Survey was sent for publication- highlights the different priorities between the different stakeholders. • Working on 4 systematic reviews- <ul style="list-style-type: none"> ○ Biomarkers ○ Phenotypes and long-term outcomes ○ Drug treatment ○ New treatments for exacerbation. Plan to publish the protocols for the systematic reviews. • Looking at Delphi based system (1000minds). • Aiming to have secured funding and to set up a meeting at REG summit (include philosophy of treatment and control) <p>Some parallel activities in paediatric asthma</p> <ul style="list-style-type: none"> • GA2LEN/ ERS paediatric group work on guidelines. • Nikos and OPC discussing a biologics (precision medicine) paediatric registry.
<p>Future projects</p>	<p>Prioritisation and feasibility of future project ideas</p> <ul style="list-style-type: none"> • Broncholitis and asthma risk Large broncholitis project underway so is interest in it. One group initially found treating broncholitis reduced asthma risk, but in a later study the same group did not. Difficult topic and difficult to finding funding. • ICS step down Funding is a challenge



	<p>Some discussion around data sources and funding opportunities Consider large French (may be ways to get French data for free)/Danish databases. NIHR Patient benefit grants from NIHR funding, but difficulty with the main granting agencies of passing money through to REG rather than PI employing PhD/postdoc at their institution. May be EU funds Chan Zuckerberg initiative or other trust/foundation science/healthcare funding.</p>
--	--