

ERS 2019

WORKING GROUP MEETING MINUTES: Cough Working Group

28th September 2019
Novotel Madrid, Campo de las Naciones

Meeting details													
Meeting location	Novotel Madrid, Campo de las Naciones												
Meeting date	Saturday 28 th September 2019												
Meeting time	12.00-13.00												
Chair(s)	Lorcan McGarvey												
Attendees	<table border="0"> <tr> <td>Lorcan McGarvey</td> <td>Ulla Seppala</td> </tr> <tr> <td>Michael Walker</td> <td>Diana Ulrichich</td> </tr> <tr> <td>Naomi Lauanders</td> <td>Ted Popov</td> </tr> <tr> <td>Sarah Lucas</td> <td>Ian Lintott</td> </tr> <tr> <td>Graham Lough</td> <td>Job Van Boven</td> </tr> <tr> <td>Glenn Crater</td> <td></td> </tr> </table>	Lorcan McGarvey	Ulla Seppala	Michael Walker	Diana Ulrichich	Naomi Lauanders	Ted Popov	Sarah Lucas	Ian Lintott	Graham Lough	Job Van Boven	Glenn Crater	
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Michael Walker	Diana Ulrichich												
Naomi Lauanders	Ted Popov												
Sarah Lucas	Ian Lintott												
Graham Lough	Job Van Boven												
Glenn Crater													
Objectives													
1	Provide an update on current projects												
2	Discuss planned projects and suggestions of areas to focus												

Items	
1.	<ul style="list-style-type: none"> The background and methodology of the study was outlined. The importance of the study was highlighted by the current industry interest in chronic cough. Three big pharmaceutical companies have a similar compound/drug to target cough. Merck currently have <i>gefapixant</i> (MK-7264) in phase 3 and expect to release next year. The preliminary results were discussed, and potential difficulties were outlined. A summary of the different demographic groups, statistical findings and results were provided. Difficulties were outlined of finding true cases of chronic cough. One particular difficulty was disentangling chronic cough from <i>asthma</i>. It was acknowledged that cough is a comorbidity in patients with severe asthma.



	<ul style="list-style-type: none">○ The Asthma Control Questionnaire (ACQ) has no measure of cough, so we don't know how many asthma patients have cough.○ In mild asthma, a patient will have cough; but if their asthma is under control, the patient's cough is rectified.○ Patients may be given appropriate treatment for their asthma. However, escalation in asthma therapy may contribute towards driving cough.○ Patients diagnosed with asthma may not subsequently be discussing cough in their next appointment. <p>It was recommended to address how many cases of comorbidity with asthma & cough. Another point made was to note where cough is located: Lower or upper airways or conjunctival point; as there are different sensitivities. The need to differentiate between the three locations matters due to comorbidities.</p> <p>It was recommended to look at eosinophilia in the patient records.</p>
2.	<ul style="list-style-type: none">● Phase 2 of the burden of cough project was briefly outlined <p>There was not enough time available to discuss phase 2. Instead, it was briefly mentioned that the analysis would focus on similarities and differences between a cough population and a non-cough population; e.g. identifying demographic characteristics that distinguish between patients with cough and those without.</p> <ul style="list-style-type: none">● Alternative ideas were discussed that could be implemented in phase 2 or considered for phase 3 <p>It was raised that industry is very interested in problems associated with IPF comorbidity, and that this would be discussed at the Neurocough meeting on Sunday (29/09/2019).</p> <p><i>Glenn Crater</i> suggested a potential phase 3 option: <u>Cost effectiveness</u>. Possibilities suggested included:</p> <ul style="list-style-type: none">● Health care utilization: one cough consultation vs. multiple cough consultations.● Different patterns of utilization: what do they have?<ul style="list-style-type: none">○ E.g. Asthma?○ High utilization/low. What are predictions of these things? Repeated visits. Use of resources & (in)appropriate use. Reimbursement agencies.○ e.g. financial burden – days off taken due to cough etc. <p><i>Ted Popov</i> suggested a potential phase 3 option: Way to <u>rank</u> those who have cough as primary complaint.</p> <ul style="list-style-type: none">○ Identify where there was a <u>hierarchy</u> during consultation. i.e. whether cough was addressed first or last.○ Identify whether cough was spearheading all their symptoms.