



March 2021 WORKING GROUP MEETING MINUTES: Child Health

Meeting details	
Meeting location	Teleconference
Meeting date	Fri 26 th March
Meeting time	16:00-17:00 GMT
Chair(s)	Steve Turner
Attendees	Alexandros Mathioudakis Stan Szefler Alan Kaplan Clare Murray Sarah Lucas
Objectives	
1	Update on current active projects
2	Future projects
3	Potential opportunities

Items	
Update on current projects	<p>Evaluation the comparative effectiveness of adding antibiotics to usual care (oral steroids) for the management of asthma exacerbations</p> <p>Manuscript published- Murray CS, Lucas SJ, Blakey J, Kaplan A, Papi A, Paton J, Phipatanakul W, Price D, Teoh OH, Thomas M, Turner S, Papadopoulos NG. A real-life comparative effectiveness study into the addition of antibiotics to the management of asthma exacerbations in primary care. Eur Respir J. 2021 Jan 8:2003599.</p>
	<p>Paediatric Asthma in Real Life (PeARL) 3 papers which have now been published.</p> <p>This includes 2 COVID-19 papers, one on asthma services during the pandemic published in JACI In Practice last yr, and a second on the COVID-19 cohort recently published in Allergy-</p>
	<p>Papadopoulos, N.G., Mathioudakis, A.G., Custovic, A., Deschildre, A., Phipatanakul, W., Wong, G., Xepapadaki, P., Abou-Taam, R., Agache, I., Castro-Rodriguez, J.A., Chen, Z., Cros, P., Dubus, J.-C., El-Sayed, Z.A., El-Owaidy, R.,</p>



	<p>Feleszko, W., Fierro, V., Fiocchi, A., Garcia-Marcos, L., Goh, A., Hossny, E.M., Huerta Villalobos, Y.R., Jartti, T., Le Roux, P., Levina, J., López García, A.I., Ramos, Á.M., Morais-Almeida, M., Murray, C., Nagaraju, K., Nagaraju, M.K., Navarrete Rodriguez, E.M., Namazova-Baranova, L., Nieto Garcia, A., Pozo Beltrán, C.F., Ratchataswan, T., Rivero Yeverino, D., Rodríguez Zagal, E., Schweitzer, C.E., Tulkki, M., Wasilczuk, K., Xu, D. and (2021), Childhood asthma outcomes during the COVID-19 pandemic: Findings from the PeARL multinational cohort. <i>Allergy</i>. https://doi.org/10.1111/all.14787</p> <p>3 systemic reviews are currently in progress. One on stable asthma management is currently in the writing phase. One on treatment for acute asthma exacerbations is still being researched.</p>
<p>Future projects</p>	<p>ICS Step Down</p> <p>Proposal has been developed but have had no interest in terms of funding.</p> <p>Clare suggested Research for Patient Benefit (RfPB) might be a possibility for funding, as there is a lack of evidence for ICS reduction/cessation and this is an important clinical need.</p> <p>Thinking of extending the age range to include adults up to 40 yrs along with children, so might want to get some more people involved with experience in adult asthma.</p> <p>Alan mentioned a survey of family physicians which showed many didn't know what to do regarding ICS reduction.</p> <p>Stan's ACE study looked at the use of FeNO to help guide asthma management. Carolyn Kerckmar has published an algorithm to facilitate standardized asthma assessment and treatment.</p> <p>Steve has data from a study he is working on from 500 patients, which combined with the ACE dataset could potentially be used to validate the findings of this study.</p> <p>Often step down is initiated by the patient, and they may stop ICS entirely, perhaps because they are not given a clear plan of how to reduce ICS. It might be difficult to determine those who initiate ICS reduction themselves vs doctor initiated. OPCRd has data on dose, PRN or regular dosing, inhaler type so it should be possible to look for changes in prescribing that might indicate a doctor initiated change.</p> <p>ACTION POINT: Sarah to send the proposal and budget to Clare who will look into an RfPB application.</p>



<p>Potential opportunities</p>	<p>Respiri- Wheezo.</p> <p>REG have had some discussions with Respiri who have developed a device, Wheezo, that analyses patients wheeze, and they are interested in potential future collaborations. Thought we would flag it in the Child Health group in case it is of interest to anyone as they are targeting their initial launch at 2–16-year-olds with moderate-severe asthma.</p> <p>Severe Asthma and Biomarkers</p> <p>The Severe Asthma and Biomarkers working group are looking at developing a project. There is an interest in looking at combinations of biomarkers (FeNO, blood eos, IgE) and comorbidities and seeing how these change with biologic treatment and whether combinations of comorbidities and biomarkers are predictive for treatment response. Seems there may be interest in funding for severe asthma/biomarker projects, so there might be opportunities for severe asthma research in children.</p> <p>Steve questioned whether severe asthma is really separate from difficult to treat asthma. Clare has a number of patients who are taking biologics for severe asthma.</p> <p>Alan suggested looking for severe asthma in children and whether you could identify patients in primary care that appear to have severe asthma by looking in a database for things such as frequent steroid use.</p> <p>Could look at how many are taking high dose ICS/LABA. In the US frequent OCS are a red flag to look at other potential treatments. Could also look at those with frequent emergency dept visits/hospitalisations.</p> <p>See how many children fit the criteria to be eligible for biologics (according to the product licences/NICE guidelines).</p> <p>May be able to see which children are having referrals for their asthma and which appear to be remaining in primary care.</p> <p>Quite a few will likely have blood eos recorded at some point (~3700 5-12 yr olds with asthma have eos count) and could look at PEF.</p> <p>May be possible to link the Hospital Episode Statistics to see more accurately how many children are referred and how many are given biologic treatment.</p> <p>There was a previous study in OPCR looking at high dose ICS, but this was well over 10 yrs ago so it is probably time to revisit this.</p>
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Stan mentioned that in the US some patients do end up on some strange combinations with high doses of ICS e.g. combination inhaler plus a mono ICS.

Could also look at comorbidities (e.g. nasal polyps) and treatment for comorbidities such as nasal steroids and topical steroids for atopic dermatitis.

So could do a database study on incidence and prevalence of severe asthma in primary care and look at the characteristics of these patients.

Novartis were interested in the lost group of patients who may benefit from biologic treatment but are not being referred onto secondary care. So, alongside Sanofi we could approach Novartis about this.

ACTION POINTS: Sarah to put these ideas into a draft proposal (focus on incidence/prevalence of <16 year olds who are potentially eligible for biological treatment) and circulate to the group for comments.