March 2026
WORKING GROUP MEETING AGENDA: Adherence

Meeting details	
Location	Melia Palma Marina Hotel + MS Teams
Meeting date	19.03.2026
Meeting time	13:00
Chair(s)	Amy Chan
Attendees	Reshed Abohalaka Laura Fin Janne Estill Zoran Arsovski Zijnn Wang Therese Lapperre Joan S Soriano Guilherme Safioti (TEVA) Alan Kaplan Job van Boven Valeria Perugini
Objectives	
1	Welcome and Introduction
2	Update on Project Ideas
3	General Discussion and OAB
5	Final Remarks

Items	
Welcome and Introduction	The session was chaired by Amy Chan, who welcomed attendees and introduced the agenda, focusing on potential research directions within the Adherence Working Group.
Update on Project Ideas	1. Adherence to Biologic Therapies in Severe Asthma Amy introduced a research idea focusing on adherence to biologic therapies in patients with severe asthma. While biologics are widely regarded as effective treatments, emerging evidence suggests that adherence may decline over time, and

the underlying reasons remain poorly understood. Building on previous discussions within the Working Group (WG) and recent findings presented at international meetings, the proposed study aims to explore factors influencing ongoing adherence.

The study would adopt a multi-country, survey-based design, leveraging REG networks to collect patient-reported data on barriers to sustained adherence. Potential recruitment routes discussed included clinical settings, patient networks, and registries, depending on feasibility across participating countries. The ultimate goal would be to better understand the scale of non-adherence and identify modifiable factors that could support long-term treatment persistence.

The proposed study generated active discussion, with overall agreement that a survey-based approach would be feasible and relatively low-cost, particularly if implemented across multiple countries to achieve larger sample sizes. However, it was acknowledged that the initial proposal of a patient-level, multi-country survey may present operational challenges, particularly in relation to site engagement, patient recruitment, and ethics approvals. As a result, the WG considered a potential refinement of the study scope to explore barriers across the biologic treatment pathway in severe asthma, encompassing both access to biologics and long-term persistence with treatment.

An alternative, more feasible approach discussed was the use of a multi-stakeholder survey involving healthcare professionals and patient organisations, which could provide valuable insights into key barriers and facilitators, including treatment burden (e.g. frequency of injections), logistical challenges, reimbursement, and perceived treatment benefit.

From a methodological perspective, the importance of aligning the survey with established frameworks, such as the WHO adherence framework, was emphasised to ensure comprehensive and structured data collection. Concerns around selection bias were also raised, particularly when considering recruitment through registries, which may not fully represent the broader patient population.

The discussion also explored additional dimensions that could strengthen the study. These included the potential inclusion of paediatric populations, as well as considerations of cross-country differences in healthcare systems and reimbursement, and the need to address language and cultural adaptation of the survey. Furthermore, members suggested expanding the scope to capture broader medication behaviours, including adherence to inhalers and other concomitant treatments.

Finally, it was proposed that the study should not only focus on barriers but also explore facilitators of adherence, which could provide valuable insights for the development of future interventions.

NEXT STEPS and ACTIONS
Further refinement of the study scope will be undertaken; WG members are invited to express interest in contributing to the development and shaping of the study concept.

2. Mapping Pre-Biologic Treatment Pathways in Asthma

Amy introduced a second research idea focusing on mapping treatment pathways in patients with moderate-to-severe asthma prior to initiation of biologic therapies. The study aims to better understand how patients transition across inhaler therapies over time, from monotherapy to dual and triple therapy, and how these transitions relate to clinical outcomes and healthcare utilisation.

The proposed study would adopt an observational, retrospective cohort design using real-world databases. The intention is to characterise treatment trajectories, including the type of inhaler devices used (e.g. MDIs, DPIs, SMIs), switching patterns between therapies, and the duration of time patients remain on each treatment before escalation. The study would also explore how these pathways are associated with outcomes such as exacerbations and healthcare costs.

The proposal was well received, with WG recognising the importance and novelty of understanding real-world treatment pathways prior to biologic initiation. It was noted that while some evidence exists on the impact of inhaler device types and treatment switching on outcomes, there remains a gap in comprehensively mapping these pathways and their consequences.

Several methodological considerations were discussed. WG emphasised the importance of capturing not only treatment sequences but also the timing of transitions, including how long patients remain on specific therapies before escalation, and whether earlier progression to more intensive treatments is associated with improved outcomes. Particular attention was given to how switching patterns may reflect adherence behaviours, with more stable treatment pathways (i.e. fewer switches) potentially associated with better adherence and improved clinical outcomes.

The discussion also highlighted additional variables that could influence treatment pathways and outcomes, including the use of spacers, vaccination status, and the role of adjunct therapies such as azithromycin. However, it was acknowledged that the availability of these variables would depend on the characteristics of the selected databases, particularly whether such data are captured in claims or linked datasets.

WG referenced previous work conducted in COPD, including studies using OPCRD data, which could serve as a methodological foundation for this project. The potential to leverage existing protocols and expertise within REG was seen as a strength.

A key point of discussion centred on the complexity of the study design, particularly in relation to data harmonisation across countries. Variability in healthcare systems, treatment availability, reimbursement policies, and timing of biologic introduction

	were identified as important challenges that could impact cross-country comparisons. As a result, it was suggested that a phased approach may be more feasible, starting with a single, well-characterised database (e.g. OPCRD) before expanding to a multinational analysis. It was also noted that while descriptive analyses of treatment pathways may be feasible across multiple datasets, more complex analyses linking pathways to outcomes and costs may be better suited to a single-country dataset initially, due to differences in data structure and healthcare contexts. NEXT STEPS and ACTIONS Follow up with OPCRD to assess feasibility and explore use of existing data and methodology as a starting point for the study.
General Discussion and AOB	As part of the broader discussion, Amy revisited ongoing considerations from previous meetings regarding the growth and sustainability of the Adherence WG. The discussion focused on how to expand engagement, strengthen collaborations, and increase participation, particularly among early career researchers. WG members highlighted the importance of building stronger links with external societies and networks, including organisations focused on adherence research. In particular, collaboration with ESPACOMP was noted as a key opportunity to enhance the group's visibility and connect with a wider international community. The upcoming European Respiratory Society (ERS) Congress in Barcelona was identified as a strategic opportunity to support these efforts. It was suggested that REG could organise a in-person Adherence WG meeting during ERS, potentially by invitation, to engage researchers and clinicians already attending the conference. This approach could help attract new members and re-energise participation within the group. The importance of fostering early career researcher involvement was also emphasised, with discussion around how individual research groups could support and encourage participation in WG activities. Maintaining engagement over time and creating opportunities for meaningful contribution were seen as key to sustaining the group. NEXT STEPS and ACTIONS Explore organising an in-person Adherence WG meeting at the ERS (Barcelona) to support engagement and collaboration.
Final Remarks	The discussion reinforced the importance of maintaining a broad and collaborative vision for the Adherence WG, with a focus on strengthening partnerships, supporting early career researchers, and aligning with external initiatives. The potential to engage with international networks and leverage upcoming events such as ERS was highlighted as an important opportunity to further develop the group and its activities, as well as to enhance collaboration across REG WGs, strengthening the exchange of skills and knowledge within REG.

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