March 2026
WORKING GROUP MEETING AGENDA:
Child Health

Meeting details	
Location	Melia Palma Marina Hotel + MS Teams
Meeting date	19.03.2026
Meeting time	15:00
Chair	Clare Murray
Attendees	Joan Soriano Alan Kaplan Stanley Szefler James Estill Sijnn Wang Nikos Papadopoulos Désirée Larenas-Linnemann Valeria Perugini
Objectives	
1	Welcome and Introduction
2	Update on Active Projects
3	New Research Ideas
4	Future Actions

Items	
Welcome and Introduction	Clare welcomed attendees and introduced the agenda, focusing on ongoing activities and potential research directions within the group.
Update on Active Projects	SEVERE ASTHMA STUDY An update was provided on the severe asthma manuscript led by Steve Turner, currently under review at JACI: In Practice. The manuscript has undergone multiple rounds of peer review and revision and is currently being refined in response to reviewer feedback. A key point raised during the discussion was the reviewers' request to further streamline the manuscript, particularly by reducing the number of severe asthma definitions included in the main analysis. The original manuscript included a broader

set of definitions, which has progressively been reduced, with the current proposal to retain three (e.g. GINA, WHO, BTS) in the main text, while moving additional definitions to the supplementary material.
The group discussed the implications of this request, noting that the comparison across multiple definitions was a central and valuable aspect of the study. Concerns were raised that further reducing the number of definitions may limit the scientific contribution and dilute the originality of the work. As an alternative, the possibility of developing a separate manuscript to explore the additional definitions in more detail was considered.
Further insight into the review process suggested that the reviewer's focus may be less on comparing definitions per se, and more on strengthening the overall narrative and clinical relevance of the findings. In particular, there was an emphasis on highlighting key messages emerging from the dataset, such as identifying clinical "red flags", patterns of treatment (e.g. steroid use), and implications for patient management, rather than focusing primarily on critique of existing guidelines.
It was acknowledged that the manuscript remains under active revision, and that a further round of internal review among co-authors will take place before resubmission. The group agreed to review the next version once available and provide feedback, particularly regarding the balance between maintaining scientific depth and addressing reviewer expectations.

PEARL STUDY

Nikos provided an update on the PEARL initiative, noting that the core activities originally planned have largely been completed. Current efforts are focused on further utilising existing data and extending the impact of the project.

Ongoing analyses are being conducted using data from the original PEARL survey, with preliminary findings suggesting variability in monitoring practices across centres. Different patterns of care were identified, ranging from minimal use of lung function and FeNO assessments—more commonly associated with primary care settings—to more comprehensive monitoring approaches in specialised centres. These analyses are ongoing, and a draft is expected to be shared within the coming months. It was also highlighted that the PEARL dataset is available as an open REG resource, free of charge, for further research initiatives.

In parallel, an international audit has been launched in collaboration with the World Allergy Organization Paediatric Asthma Group. This audit aims to evaluate how paediatric asthma is monitored in real-world clinical practice, using PEARL recommendations as a benchmark. To date, over 100 centres worldwide have agreed to participate, with approximately 1,000 cases already collected and a target of 2,000–3,000 cases by the end of the data collection period (expected by late summer). The audit is case-based, with participating centres reviewing patient records and reporting on clinical practice. It was noted that, as a quality improvement initiative, ethical approval requirements may vary across countries, although in many settings formal approval is not required. Participation remains open, and additional centres are encouraged to join.

	The discussion highlighted the value of the PEARL audit in providing real-world insights into paediatric asthma monitoring practices and identifying variability across healthcare settings. Questions were raised regarding the standards used for auditing, with clarification that PEARL recommendations form the basis for comparison. The group also prompted discussion around potential future research directions. In particular, the concept of steroid stewardship was introduced, with interest in understanding how systemic corticosteroid use is monitored in clinical practice. It was noted that there is currently limited visibility on the number and cumulative burden of steroid courses in paediatric patients, particularly given fragmentation of care across different healthcare settings (e.g. primary care, emergency departments, urgent care). Participants highlighted several challenges, including incomplete data capture, variability in prescribing practices, and the difficulty of defining thresholds for "excessive" steroid exposure and associated long-term risks. It was acknowledged that existing data may underestimate true exposure, and that patient recall may be unreliable. There was agreement that this represents an important and underexplored area, and that a survey-based approach could be a feasible first step to better understand current practices, including whether and how clinicians monitor steroid use. The potential to develop this into a future WG project was discussed, with interest expressed in further exploring how to structure such a study.
New Research Ideas	Clare introduced a new research idea focusing on changes in prescribing patterns of maintenance and reliever therapy (MART) in children, particularly following recent updates to UK national guidelines. The November 2024 NICE guidance introduced MART as first-line therapy for patients aged ≥12 years and as a preferred option for children aged 5–11 years with uncontrolled asthma on low-dose ICS and SABA. Clare highlighted that these changes have created considerable uncertainty in clinical practice, particularly in younger children. Challenges include limited availability of licensed products for this age group, difficulties with device suitability (e.g. use of dry powder inhalers in younger children), and variability in how MART is prescribed and implemented. Anecdotal clinical experience suggests inconsistent prescribing practices, including continued use of SABA alongside MART, off-label prescribing, and frequent switching between inhalers. The idea was recognised as highly relevant and timely, reflecting real-world challenges in implementing guideline changes. However, several methodological and conceptual considerations were raised. A key challenge relates to defining and identifying MART use within databases, as prescribing records may not clearly distinguish between maintenance-only use and MART regimens. For example, some patients may be prescribed ICS-formoterol alongside SABA, while others may use ICS-formoterol alone but with unclear

	instructions in the medical record. This limits the ability to accurately capture treatment patterns and adherence to guideline recommendations. The discussion also highlighted broader issues around variability in prescribing practices, including off-label use, differences in device availability across countries, and inconsistent interpretation of guidelines. While the initial idea was largely UK-focused, it was noted that similar challenges may exist in other settings, although differences in healthcare systems and available therapies may limit comparability. Participants emphasised the importance of clearly defining the research question. Potential directions included: -assessing whether guideline changes have influenced prescribing behaviour -evaluating whether these changes have translated into improved or worsened clinical outcomes -exploring unintended consequences, such as increased exacerbations or inappropriate prescribing It was also suggested that the study could extend beyond prescribing patterns to examine whether guideline changes lead to measurable improvements in patient outcomes, or whether implementation challenges limit their impact in real-world practice. Feasibility considerations were discussed, including access to appropriate datasets (e.g. CPRD), funding requirements, and the complexity of analysing prescribing data. It was noted that engagement with database experts would be essential to determine what variables are available and how reliably MART use can be identified. As a next step, it was proposed to engage with members from Databases and Coding WG who have expertise in primary care databases (e.g. CPRD) to better understand the feasibility of capturing prescribing patterns and identifying appropriate outcome measures. In addition to database approaches, the potential value of a survey-based study was discussed, particularly to capture clinician perspectives on how MART is being implemented in practice and to better understand areas of confusion or variation.