



Respiratory
Effectiveness
Group

ADVANCES

in Real-life Respiratory Research

The Respiratory Effectiveness Group Newsletter
ISSUE March 2021



www.regresearchnetwork.org

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LOOK BEFORE
YOU LEAP!
Dermot Ryan





THE RESPIRATORY EFFECTIVENESS GROUP NEWSLETTER ISSUE MARCH 2021

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EDITORIAL

Sinthia Bosnic-Anticevich REG President

DEAR FRIENDS

I hope that this newsletter finds you well and that like me, you are looking forward to a much better 2021. I can't wait to once again connect face to face with colleagues, attend live presentations and meet with collaborators to discuss research, practice and policy. But while personally I would prefer not to look back over the last 12 months, they really have been quite extraordinary for our REG community.

Firstly, many of our colleagues have been drawn back into clinical practice, yet still the research has continued and flourished. Our REG network of collaborators has maintained a vibrant activity of research and continued to collaborate across the globe, despite the challenges. I do hope that you will join us for the 2021 REG Virtual Summit

(18-20th March 2021), which will showcase some of the key areas of research and practice which have engaged our REG collaborators and remain hot topics as we move forwards. This includes topics such as: the Environment and Lung Health, Treatment controversies in COPD, Current questions in Asthma Management, Paediatric Asthma, ILD and IPF, Digital Health, Threshold for referral, Severe asthma and of course, a session on COVID-19. Please to go www.regsummit2021.org to register, to find out more and the share the link with your colleagues.

Secondly, I think what the last 12 months have highlighted is the critical value of real-world evidence. In particular over the last few months as the rollout of a number of COVID-19 vaccines continues across the globe, following the initial testing which has enabled these vaccines to become available for use, it is the real-world data and evidence that is informing us on what we can really expect from these vaccines, how they should be used in practice and what we still need to do to overcome the current pandemic.

All of this makes me so very proud to be part of the REG community, for our Board of Directors who are a delight to work with and for our staff, under the leadership of our CEO, Michael Walker, who do such a wonderful job of keeping us connected, engaged and productive, even during the challenging times.

I hope you enjoy catching up on some of the latest happenings with REG and I look forward to joining with you at the 2021 REG Virtual Summit.

Wishing you all the very best, from Down Under,

Sinthia Bosnic-Anticevich

Professor

Woolcock Institute of Medical Research
University of Sydney, Sydney, Australia

REG TEAM UPDATE



Michael Walker
REG CEO

We finally saw the end of 2020 and now look back at what was a very challenging and disruptive year. The pandemic has forced many changes in plans and ways of how we do even the most routine things. As we announced in the September issue, the REG Summit is now planned for 18th to 20th March 2021 and will be held online. The scientific programme of the Summit will be stimulating

and provide participants with opportunities for Q and A and discussions about the many issues and controversies that challenge everyday care of patients. A broad range of topics will be featured in the programme – see later in this issue.

The second half of 2020 included a full schedule of online REG Working Group meetings as it was not possible to meet face to face as the ERS congress went virtual. Thank you to everyone who participated. Several important projects are gaining momentum as the foundations are put in place to execute in 2021.

Overall, 2020 was a busy year for many of the working groups with 7 new publications and another 4 manuscripts submitted and accepted for review. New

projects are in development and some are just starting, and these will be discussed in more detail during the working group calls in the March/April period.

I would like to acknowledge the support from our Sponsors. Without their ongoing support, a lot of the work of the REG would not be possible. I hope others are encouraged by the activities of REG and the Summit in March and will collaborate with us later this year or plan to in the future.

I look forward to seeing many of our many collaborators and supporters online at the REG Summit 2021 Virtual.





Respiratory
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**SAVE
THE
DATE**



**THE RESPIRATORY
EFFECTIVENESS GROUP**

REG

SUMMIT 2021

VIRTUAL

**Capitalising on real-life research
for best clinical guidance**

18 - 20
March
2021

**We hope you can join
the meeting online!**

www.regsummit2021.org

 Sociedad Española
de **Neumología**
y **Cirugía Torácica**
SEPAR

Reunión Científica con el Reconocimiento SEPAR
Scientific Meeting with the Recognition of SEPAR

REG

SUMMIT 2021



Capitalising on real-life research for best clinical guidance

REG is pleased to announce the Reg Summit 2021 Virtual from 18th – 20th March 2021. The Summit will be held online but will still bring together real-life research experts from around the world to discuss the latest findings and new areas for collaboration in their respective fields of respiratory research. The coronavirus pandemic has caused many to delay their research and plans and now this next REG Summit will be back better than ever, with new and exciting data and presentations.

The REG Summit is a well-known meeting of global respiratory key opinion leaders who actively conduct real-life research using and creating Real World Evidence. REG collaborators (researchers, clinicians, general practitioners and allied health professionals) have conducted numerous database projects as well as prospective pragmatic trials and continue to seek answers to the many complex issues faced by respiratory patients.

The scientific programme will include robust and informative discussions and debate on the latest thinking on treatment strategies and what are the needs to move the field forward to have a better understanding of how to improve patient outcomes. Participants will debate the hottest topics in the field, in a variety of interactive and informative sessions. And as many participants have had first-hand experience in the care and management of Covid-19 patients, this meeting will also be an important moment to share what has been learnt and ways to improve patient outcomes.

The programme will welcome an impressive list of experts who will speak on the challenges and impact of the environment on lung health, COPD exacerbations and their management, steroid avoidance in asthma, discussion on different issues in asthma management and a joint session looking at thresholds of referral across a range of conditions.

The meeting also provides an excellent opportunity for virtual networking with some of the world's leading experts in the respiratory field.

The REG Summit 2021 Virtual will be the years' most important meeting in the field of real-life research and everyone is encouraged to participate and get involved with the REG and its projects.

Stay up to date by visiting www.regsummit2021.org for more information.

We look forward to seeing you online!

PRELIMINARY SCIENTIFIC PROGRAMME

	CET/Time	Track 1	Track 2
THURSDAY 18 TH MARCH	13:00-13:10	Welcome Prof. Sinthia Bosnic-Anticevich (Australia)	
	13:10-14:40	COVID-19 SESSION Chair: Prof. Antonio Anzueto (United States) - COVID & Chronic Respiratory Disease: Risks and management Prof. David Halpin (United Kingdom) - COVID-19 and the future (what we need to do, with and without a vaccine) Prof. Tobias Welte (Germany)	
	14:40-15:00	BREAK	
	15:00-16:30	ENVIRONMENT AND LUNG HEALTH Chair: Prof. Joan B. Soriano (Spain) - Impact of Global warming and Climate Change • Prof. Josep M. Anto (Spain) - Inhalers and F-gas • Prof. Omar Usmani (United Kingdom) Pro/Con E-cigarette: is this a valuable aid to smoking cessation? Pro: Dr. Alan Kaplan (Canada) Con: Prof. Antonio Anzueto (United States)	CURRENT QUESTIONS IN ASTHMA MANAGEMENT Chair: Prof. Alberto Papi (Italy) & Prof. Giorgio Walter Canonica (Italy) - New biologics in severe asthma - how to choose? Dr. Nick Hanania (United States) Pro/Con Should SABAs be replaced as the reliever of choice? Pro: Prof. Helen Reddel (Australia) Con: Dr Dermot Ryan (United Kingdom)
FRIDAY 19 TH MARCH	13:00-14:30	COPD: TREATMENT CONTROVERSIES Chair: Dr. Marc Miravittles (Spain) Pro/Con LABA/LAMA, should we start earlier? Pro: Dr. Bartolome Celli (United States) Con: Prof. Antonio Anzueto (United States) Pro/Con Triple therapy, does it reduce mortality? Pro: Dr. MeiLan Han (United States) Con: Dr. Anthony D'urzo (Canada)	CHILD HEALTH – PEDIATRIC ASTHMA Chair: Prof. Steve Turner (UK) & Prof. Nikos Papadopoulos (Greece) - Pediatric asthma management during COVID – what changes? Prof. Adnan Custovic (UK) - Asthma biomarkers in children Prof. Sejal Saglani (UK) - Adults versus children: Differences between asthma guidelines and advice Dr. James Paton (UK)
	14:30-14:45	BREAK	
	14:45-16:15	ISAR SESSION: SEVERE ASTHMA IN REAL-LIFE - LEARNINGS FROM ISAR AND BEYOND - ISAR updates • Dr. Anne-Frieda Taurel (Singapore) - Overview of ISAR recent publications • Prof. Giorgio Walter Canonica (Italy) - Ongoing research on Biologics from ISAR • Prof. David Price (UK) - The role of exacerbations on lung function trajectory and early intervention with Biologics • Prof. Rupert Jones (UK) - Differences in asthma disease severity by socioeconomic status and ethnicity • Dr. John Busby (UK) - Approaches to identify hidden severe asthma within the COPD population - Panel discussion Host: Prof. Chin Kook Rhee (South Korea) Panelists: Prof. Arnaud Bourdin (France), Prof. Leif Bjermer (Sweden) - The future of registry: embedding data collection in routine care - Panel discussion Host: Prof. David Price (UK) Panelists: Prof. Celeste Porsbjerg (Denmark), Prof. John Blakey (Australia) & Prof. Leif Bjermer (Sweden)	ILD/IPF SESSION Chair: Dr. Mark Jones (UK) - Early identification of IPF - what new tools can help? Dr. Pilar Rivera Ortega (UK) - Post-COVID fibrosis Prof. Fernando Martinez (United States)
	13:00-14:30	DIGITAL HEALTH Chair: Prof. Henry Chrystyn (United Kingdom) - The evidence for digital inhalers • Prof. John Blakey (Australia) - HE aspects of digital technologies • Assoc. Prof. Job van Boven (Netherlands)	
SATURDAY 20 TH MARCH	14:30-14:45	BREAK	
	14:45-15:45	THRESHOLDS FOR REFERRAL Chair: Prof. Mike Thomas (United Kingdom) - Wheeze/Asthm • Dr. Alan Kaplan (Canada) - Allergy • Prof. Ted Popov (Bulgaria) - COPD • Prof. Chin Kook Rhee (South Korea)	
	15:45-16:00	CLOSING REMARKS Prof. Sinthia Bosnic-Anticevich (Australia)	

WHAT REG MEANS TO ME



Chin Kook Rhee • Professor, Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, Korea

I have been involved in REG since 2015. My first attendance of REG was led by Dr. David Price. He introduced me to REG and gave me a once in my lifetime chance to work with fantastic members of REG. It was a great honor to join REG. First, I participated in the prospective validation of COPD control study. I really enjoyed the study and did my best to enroll as many patients as possible. The study was very successful and four manuscripts were published. Since I was interested in the comparison between Western and Asian COPD patients, I suggested the subgroup analysis. Fortunately, the result was also published. I do appreciate my friends and colleagues for giving me this opportunity. Second, I was also involved in the ACO working group. It was a great privilege to be a co-authors of REG ACO paper. During the ACO study, I had very valuable chances to participate in discussions and debates regarding the definition of ACO. Many experts (frankly speaking, almost all in the world) in airway disease made valuable comments and I really loved the hot discussion. Third, now I have been involved in the peak inspiratory flow (PIF) study. I just have started to enroll patients. This PIF study is also very exciting!

It has been a huge opportunity for me to meet world renown experts in REG. I really enjoyed and learned a lot from my precious friends and colleagues. Also, I do appreciate REG members to be friendly with me. Not only academic activity but also social activity in REG is wonderful. I really had wonderful dinners with REG members every year.

I am one of a few Asian members in REG. I hope REG can be a more world-wide society that includes many colleagues in the world. As a Head Elect of COPD Assembly in APSR, I can be a liaison between REG and APSR. It will be really great if REG and APSR can collaborate in the future.

To me, REG is the best respiratory society in the world!



REG Summit 2019 with my friends

When Michael Walker asked me to share my thoughts and views on REG and its activities, and what REG can do by providing a short paragraph on this topic I said to myself: "Really? Am I back to my school years? What a classical example of an essay theme in Grammar school! Then I gave it another thought and realized it was much more than that. I went back to my memories in 2014 when I listened to David Price's presentation on REG, RWD and their implementation in respiratory medicine. I was busy at that time with promoting EBM and GRADE approach in Bulgaria and setting up a HTA department in Medical University-Sofia. So small wonder I was immediately attracted by that project. After the meeting, I asked David how to apply for membership. Several weeks later as a new REG member I was involved in its activities which helped me enormously in

my work. In work groups I was able to discuss important topics in the field of EBM and RWE, to exchange ideas with colleagues

and scientists from different countries, working in different health systems. I still remember how inspiring it was.

There was, however, even more. Allergists and pulmonologists treat similar patients, but their point of view is different. If one compares their therapeutic approach, it is sometimes difficult to believe that they are meant for the same patient. The reason for that, in my opinion, is that allergists and pulmonologists do not often see the differences and similarities in their viewpoints. Within REG I, as an allergist, learned to understand the way a pulmonologist think, the way they treat respiratory allergy. I became aware of what they do or do not know or accept about allergic patients. The result was filling up the invisible gap between two specialties which paved the way for better and fruitful collaboration.

So when I come to think of it, it turns out that REG means really a lot to me. It is necessary to remember it even by answering such, at first look, Grammar school questions.



George Christoff, Professor, MD, PhD, MPH

Medical University - Sofia, Faculty of Public Health, 1527 Sofia, 8 "Bialo more" str.

I "discovered" REG more than a decade ago during a meeting of the Group, and immediately I felt at home. Why? I felt like I was there since a long time; I didn't need time to become acquainted; I immediately discussed science with a different perspective. I grew with the dogma of EBM - Evidence Based Medicine and I jumped on GRADE in 2008 (with Shunemann, Bousquet, Bonini & Guido Rasi - former EMA Director till 2020) working on application of this new methodological procedure to ARIA (2010 edition). I was then suddenly recruited and projected in the Real World Evidence by David Price, leader of the project, whose personality was able to recruit a lot of scientists to pay attention to real practice evidences. Since then, although involved in several other societies, I always found time to dedicate to REG, whose message was and still is of crucial importance in Medicine. I'm

proud REG was instrumental in disseminating this "New" approach, not intended to substitute EBM or GRADE, but to integrate the traditional evidences with the Real Life Perspective and promoting also the culture of PROs-Patient Reported Outcomes. The REG added values are: the multiplicity of members, from all over the world, from basic/clinical scientists to primary care physicians; the direct / simple / effective interaction among the members. Based on these premises REG has a bright future, being the leading organization in Real World Medicine, whose topic is attracting growing interest in Respiratory Medicine and other disciplines. The multidisciplinary approach is becoming more and more popular and I envisage a possible expansion of REG activities in this sense.



Giorgio Walter Canonica, Professor Respiratory Medicine

Humanitas University, Head Personalized Medicine Asthma & Allergy Clinic, Humanitas Research Hospital, Milano Italy

WORKING GROUP UPDATE

COPD WORKING GROUP



The Real-Life WISDOM project found that in a primary care population of patients with COPD, composed mostly of infrequent exacerbators, cessation of ICS in those on triple therapy was not associated with an increased risk of exacerbation. However, the subgroup of patients who have more frequent courses of oral corticosteroids and high blood eosinophil counts should not be withdrawn from ICS. A manuscript has been accepted in Respiratory Research.

Study set up is underway for a prospective, observational multicentre study to assess the prevalence of suboptimal peak inspiratory flow in patients with COPD and assess the predictive value of peak inspiratory flow for COPD exacerbations and symptom burden. This study funded by Boehringer Ingelheim and lead by Omar Usmani is being run at 17 centres across 11 countries. COVID-19 has caused delays at many centres, however patient recruitment has now begun at 3 centres. If a centre is interested to participate in this study, please contact Sarah Lucas who is the researcher leading this project (sarah@regresearchnetwork.org)

The Working Group has also begun discussing a potential new project to develop a risk prediction model that could be used at COPD diagnosis to predict the 5 yr risk of having a severe exacerbation.

SEVERE ASTHMA AND BIOMARKERS WORKING GROUP



The Working Group held a teleconference in October to discuss future project ideas. Following this discussion an idea is being developed to look at changes in a range of biomarkers (blood eosinophils, FeNO and IgE) in response to biologic treatment and how these relate to each other, comorbidities and whether they can predict treatment response.

The group is also considering a project to map the patient journey to biologics; this study would consider the differences between countries in the healthcare systems and factors that impact the accessibility of biologic treatment.



WORKING GROUP UPDATE



CHILD HEALTH WORKING GROUP

The results of the 'Comparative effectiveness of the addition of antibiotics versus usual care in asthma exacerbations' study have been published in the European Respiratory Journal. The study found high levels of antibiotic prescribing, however, there was no significant benefit found of a single course of antibiotics alongside oral corticosteroids for the treatment of acute asthma exacerbations.

The PaEdiatric Asthma in Real Life (PeARL) project, led by Nikos Papadopoulos, which aims to produce evidence-based recommendations regarding controversial aspects of paediatric asthma is progressing. The first manuscript of the survey results has been published in JACI In Practice, along with a survey assessing the impact of COVID-19 on paediatric asthma services and disease burden. A further manuscript is in preparation that investigates childhood asthma outcomes during the COVID-19 pandemic. Working is also continuing on the three planned systematic reviews.

The Working Group have also been working on developing a proposal for a database project to investigate ICS step-down and cessation in children with asthma.



ADHERENCE WORKING GROUP

Members of the Working Group have written an article discussing the opportunities and challenges for primary care of the change in GINA guidelines, to now recommending as-required or daily ICS rather than SABA alone. This article has been accepted in JACI In Practice.

The Working Group have secured funding from TEVA to conduct 2 scoping reviews: one assessing how the monitoring and management of adherence can be addressed with personalised medicine, including strategies that have been adopted to encourage adherence and a second that will assess how adherence is included within current respiratory guidelines. Working is now beginning on the first of these reviews.

At the autumn Working Group meeting the group discussed potentially conducting a database project to investigate whether adherence to asthma medication is protective for severe COVID-19.



DATABASES AND CODING WORKING GROUP

The 'Towards Optimum Reporting of Pulmonary Effectiveness Databases and Outcomes (TORPEDO)' project which used a 3-phase modified Delphi to determine lists of minimally required variables for retrospective and prospective asthma and COPD studies has now been completed.

The next phase of this work will involve developing a resource that lists available data sources and which of the minimally required variables for asthma and COPD studies they contain, along with a tool to aid the selection of variables for future prospective studies. The working group are currently looking at options for conducting this work, which could form part of a PhD student project.

There are also plans to write an opinion piece on how respiratory variables are being mapped to the Common Data Model, which would include the current challenges/issues and recommendations of best practices for the mapping of respiratory variables.

WORKING GROUP UPDATE



INTERSTITIAL LUNG DISEASE/IDIOPATHIC PULMONARY FIBROSIS WORKING GROUP

The group is discussing a study characterising ILD diagnosis through distanced electronic multidisciplinary in the post-COVID era.



TECHNOLOGY WORKING GROUP

The group is in the advanced stages of developing a new project which seeks to identify uncontrolled asthma patient acceptability and usability of a package containing a triple formulation digital inhaler, sensor and app and its impact on patient outcomes and adherence. The details of the methodology are being finalised. The opinion piece on the utility of oscillometry project has been discarded due to a similar publication.



COUGH WORKING GROUP

The group are deciding the outline of the next phase of the project assessing the burden of chronic cough on adults in primary care in the UK.



COST EFFECTIVENESS WORKING GROUP

Jon Campbell recently stepped down as the lead of the working group. REG thanks him for his time and work. Job van Boven has agreed to chair the group and will be helping to develop potential new projects in the coming months. The group had a productive meeting in December to discuss funding opportunities and exciting new research ideas.



ALLERGY WORKING GROUP

The global registry of patients receiving allergy immunotherapy (GRAAIL) project has received feedback from the steering committee and a revised proposal is in development. The group is discussing plans to move the project forwards.



ENVIRONMENT, EPIDEMIOLOGY AND AIRWAYS WORKING GROUP

This group, formerly known as "Small Airways", has a new project which will provide expert opinion on the impact of inhaler choice on the environment and patient care, and identify priorities of health care professionals when considering changing inhaler. Additionally, surveys to collect patient and HCP perspectives on the topic are being finalised and data collection is expected to begin soon. Collaborative funding has been secured from Chiesi, Kindeva, AstraZeneca and Boehringer Ingelheim.

REG RECENT PUBLICATIONS



Face masks, respiratory patients and COVID-19

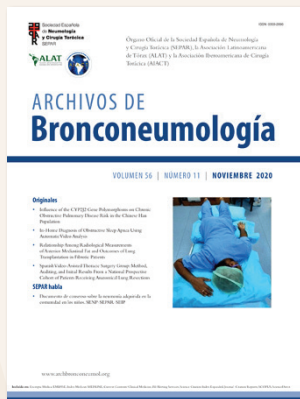
Soriano JB, Anzueto A, Bosnic Anticevich S, et al. Face masks, respiratory patients and COVID-19.

Eur Respir J 2020; in press

ONLINE LINK

<https://erj.ersjournals.com/content/early/2020/09/09/13993003.03325-2020>

2020



Changes in Control Status of COPD Over Time and Their Consequences: A Prospective International Study

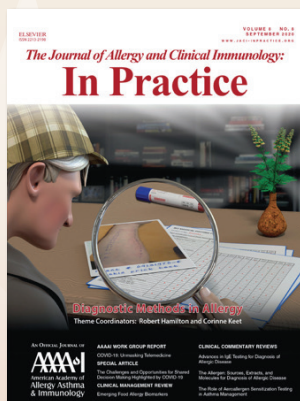
Miravittles M, Sliwinski P, Rhee CK, Costello, RW, Carter V, Tang JHY, Lapperre TS, Alcazar B, Gouder C, Esquinas C, García-Rivero JL, Kempainen A, Tee A, Roman-Rodríguez M, Soler-Cataluña JJ and Price DB on behalf of the Respiratory Effectiveness Group (REG).

Archives of Bronchopneumology. 21 July (2020).

ONLINE LINK:

<https://doi.org/10.1016/j.arbres.2020.06.003>

2020



Impact of COVID-19 on pediatric asthma: practice adjustments and disease burden

J Allergy Clin Immunol Pract . 2020 Sep;8(8):2592-2599.e3.

doi: 10.1016/j.jaip.2020.06.001.

Epub 2020 Jun 17

ONLINE LINK:

<https://pubmed.ncbi.nlm.nih.gov/32561497/>

2020

LOOK BEFORE YOU LEAP!



The Committee of the Global Initiative for Asthma are to be applauded for their continuing work in guiding health care professionals globally to improve asthma care. They have rightly identified overuse of rapid acting short acting beta agonists (SABAs) as major concern given it's association with poor asthma control, increased morbidity and mortality. The committee have chosen to address this by suggesting that patients with mild to moderate asthma are no longer prescribed SABAs but use instead a combination of a rapid onset long acting beta agonist (LABA) in combination with an inhaled steroid, (ICS) satisfying the need for symptom relief coupled with an (extra) dose of anti-inflammatory medication to suppress the inflammation responsible for causing the symptoms. There is an easy logic to this approach which is backed up by data from well executed prospective randomized controlled trials in patients who have a confirmed diagnosis of asthma.

The world of RCTs is far removed from the messy reality of primary care where most of the population with mild to moderate asthma receive their care.

The reality is that successive studies have demonstrated that on average one third of those with a physician recorded diagnosis of asthma, on further analysis (i.e. a structured diagnostic approach) do not have asthma and are thus receiving treatment, including SABAs, for a disease which they do not have while not receiving treatment for whatever the underlying condition is, an undesirable state of affairs.

Many patients never receive training on how to use their inhaler, not surprising given that most clinicians caring





for patients themselves know neither how to teach nor check inhaler technique, resulting in non-response to treatment in turn leading to dose escalation and device multiplication. It appears that only very small amounts of SABA are needed to exert some effect, thus patients use this as their default medication.

These problems are further compounded by lack of patient education, agreeing self-management plans and structured monitoring. The fear is that in the wide world of primary care many clinicians will take the easy path and prescribe as needed combination inhalers for all without adequate diagnosis or assessment, seduced by the appealing simplicity of the new solution offered. I am certain that this is far removed from the intentions of the GINA committee but recognize that many of them do not practice in primary care.

A further concern of this recommendation is the potential for inadequate doses of inhaled corticosteroids. It is of note that intervention groups receiving as needed combination treatment suffered a 40ml loss of lung function in one year in other words airways remodeling continued unchecked. The early studies of Olof Selroos *inter alia* demonstrate that failure to give ICS early in the disease process leads to loss of lung function which is irreversible in turn causing increased morbidity which runs counter to GINA's principle of preservation of lung function.

My fear is that inadvertently, GINA will replace the current maladaptive solution with a different maladaptive solution neither of which addresses the real need of making a confirmed diagnosis followed by structured care.



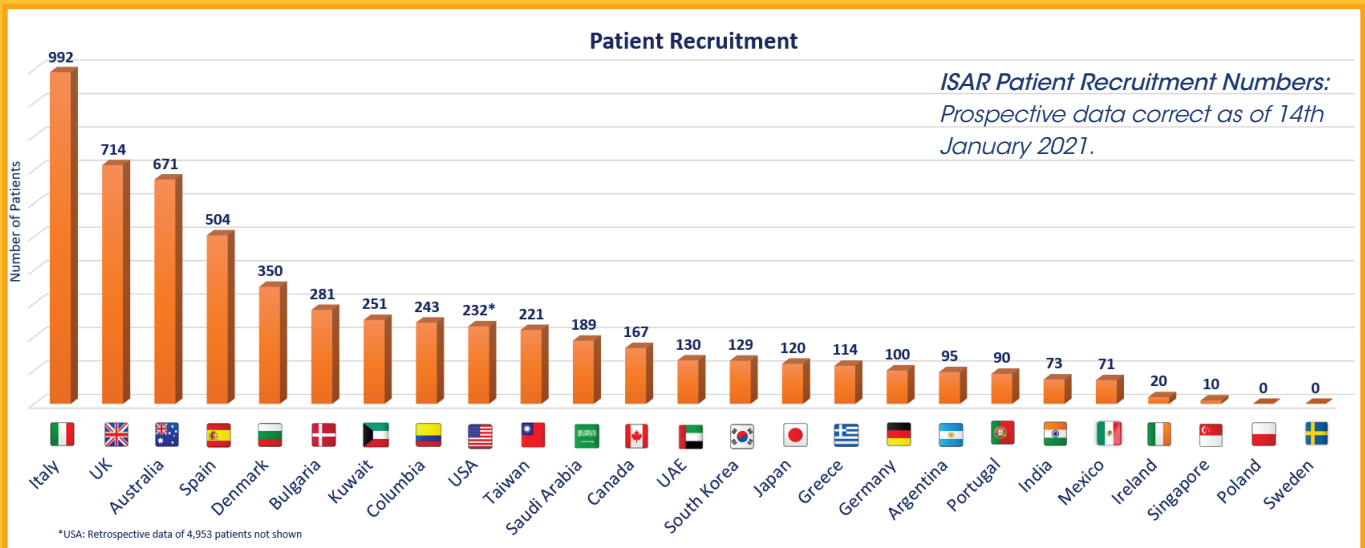
Dermot Ryan

General Practitioner,
Honorary Clinical
Research Fellow,
University of Edinburgh
and VP REG

INTERNATIONAL SEVERE ISAR ASTHMA REGISTRY

ISAR So Far

The International Severe Asthma Registry (ISAR) ended its 3rd year in activity with data from 10,720 severe asthma patients (including 5,767 patients with prospective data) from 23 countries. We are delighted to have welcomed 2 new countries to our ISAR family: firstly, our home-base country, Singapore, and Sweden! We are also thrilled to receive the first dataset from Australia. In 2021, ISAR plans to expand further with 3 additional countries: France, Poland, and Brazil.



ISAR Publications in 2020

With 2 studies accepted and published in 2020 (cf. table below for more details) and 6 more submissions planned for 2021, ISAR continues to generate research findings informing evidence gaps to improve the care of patients with severe asthma worldwide.

Fitzerald, J.M, et al.
"ISAR: protocol for a global registry."
BMC Med Res Methodol, 2020

Description of the development and content of the protocol for the multi-disciplinary ISAR initiative. ISAR aims to offer a rich source of real-life data for scientific research to improve the understanding of disease burden, treatment patterns and outcomes in patients with severe asthma. Click [here](#) to read the full article, and click [here](#) for the publication slide deck.

Ryan, D. et al.
"Potential severe asthma hidden in UK primary care."
J Allergy Clin Immunol Pract, 2020

Quantification of asthma patients in the UK primary care with potential severe asthma (PSA) that may be eligible for referral to specialist care. Findings of the study shows a large number of patients (8%) with under-recognized PSA. Click [here](#) to read the full article, and click [here](#) for the slide deck.

ISAR Virtual Collaborators Meeting: 15th September 2020



A This meeting was a major success, with 88 international collaborators representing 35 countries in attendance.

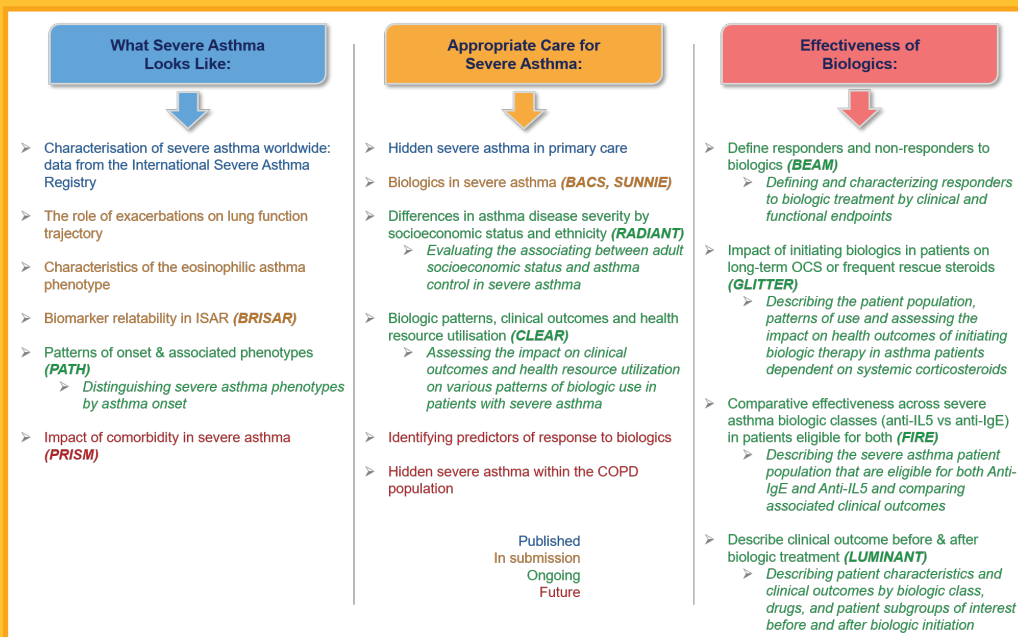
B We provided our collaborators with updates on ISAR's patient recruitment progress, research and publications overview for 2020, and the sustainability of ISAR in terms of integration into clinical practice.

C This includes quality improvement reports, an ISAR patient questionnaire, and data maximisation solutions.

REG 2021 ISAR Session

Severe asthma in real-life - learnings from ISAR and beyond (90-minute session) - Friday, 19th March 2021. Please click [here](#) for the agenda.

ISAR Research Programmes



2021 Research Proposals

If you wish to submit a research question utilising ISAR data, you may do so via the ["submit a proposal or research request"](#) tab on ISAR website. This year, two fully-funded new research projects will be selected from a list of proposals by the ISAR Steering Committee during a closed-session. We will announce the selected studies on the [ISAR website](#) when selected!



ISAR website

The ISAR website has had a facelift. It now contains a new "Dissemination" tab for the latest news on ISAR abstracts and publications, and a "FAQ" tab which provides answers to frequently asked questions about ISAR.

www.isaregistries.org

ACKNOWLEDGEMENTS

The work of REG would not be possible without the contributions from our invaluable supporters to fund innovative research projects developed by our expert Collaborators.

REG is looking to launch a number of ambitious research initiatives which offer the opportunity to impact clinical management guidelines and patient care.

We welcome any suggestions from Supporters and would be happy to discuss your ideas in more detail.

You can always get in contact with the REG team by email at enquiries@regresearchnetwork.org,

or write to Michael Walker, REG CEO at michael@regresearchnetwork.org



GOLD SUPPORTERS



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We would also acknowledge the support of the following companies:



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