

REG Summit 2019

WORKING GROUP MEETING MINUTES: ACO

Meeting details			
Meeting location	Divani Palace Acropolis, Athens, Greece.		
Meeting date	Thursday 28 th March		
Meeting time	18:30		
Chair(s)	Marc Miravittles		
Attendees	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Omar Usmani Joan Soriano Katia Verhamme Guilherme Safioti Alex Mushunje Ioanna Tsiligianni Alexander Mathioudakis Thomas Schuessler Sarah Lucas </td> <td style="width: 50%; border: none;"> Despo Ierodiakonou Ron Dandurand Esther Metting Karen Mezzi Chin Kook Rhee Amanda Bracey Janwillem Kocks Alan Kaplan </td> </tr> </table>	Omar Usmani Joan Soriano Katia Verhamme Guilherme Safioti Alex Mushunje Ioanna Tsiligianni Alexander Mathioudakis Thomas Schuessler Sarah Lucas	Despo Ierodiakonou Ron Dandurand Esther Metting Karen Mezzi Chin Kook Rhee Amanda Bracey Janwillem Kocks Alan Kaplan
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Objectives			
1	Update on and next steps for current projects		

Items	
Update and next steps for current project	<p>Update on progress with the ACO Proof of Concept phase I manuscript</p> <p>Submitted to ATS Annals, Jerry Krishnan is currently working on revisions and the revised manuscript should be circulated to the authors shortly.</p> <hr/> <p>ACO Proof of Concept Phase II</p> <p>Proposal has been circulated, commented on by the steering committee and updated and is with Nicolas Roche for final review.</p> <p>The steering committee decided they would like to change the ACO definition for the phase II study to require ACO patients to have a post-bronchodilator change in FEV1 of ≥ 400 ml. We are waiting for feasibility information from OPCRd as to whether there would be enough patients in the database who meet these new criteria.</p>



If OPCRd does not have enough patients who meet the ACO definition, we may need to look at an alternative data source.

The Dutch databases do record this information and may be a possibility. There is also Canadian data with post-BD responses (2000 patients well characterised), but a study has already been done in that population. Ioanna Tsiligianni mentioned her hospital has a database of referrals data which would include this information.

It was suggested it may be possible to still use OPCRd if reversibility was removed from the ACO definition, or if we looked at each patient's change in FEV1 or peak flow over time.