Respiratory Effectiveness Group

Advances in real-life respiratory research

WORKING GROUP MEETING MINUTES: Cost Effectiveness Working Group

19th March 2026
REG Summit Palma de Mallorca

Meeting details	
Meeting location	Meliá Palma Marina hotel, Palma de Mallorca/ MS Teams
Meeting date	Thursday 19th March 2026
Meeting time	16:30 -17:30 CET
Chair(s)	Brett McQueen
Objectives	
1	Update of 'time to biologic initiation" project
2	Discussion of 'AIMORE-UK - Allergen Immunotherapy Missed Opportunities and Resource Expenditure in the UK'
3	New project ideas

Attendees
In-person: Helena Emery (HE), Graham Lough (GL), Job van Boven (JvB), Athanarios Nenes (AN), Piort Kuma (PK), Alan Altraja (AA), Jana Bosiers (JB), Therese Lapperre (TL), Nicolas Roche (NR), Aditi Desai (AD), Michael Walker (MW), Michael E. Wechsler (MEW)

Online: Brett McQueen (BMQ), Salman Aslam (SA), Paul Pfeffer (PP), Julia Slejko (JS), Wenjia Chen (WC), Mona Sulaiman Alahmad (MSA), Zijun Wang (ZW), Christos Moraitis (CM), Rohit Katial (RK)

Items	
Update of 'time to biologic initiation" project	BMQ: Manuscript written and circulated for comment, thank you all for providing comments. Any suggestions for a journal to submit to? JvB: Health economic journals might want more new methods so might be better to go for a respiratory focused journal instead, something like JACI in Practice but would need to be very clear of the methods section as not a health economic audience. BMQ: Thanks Job, I agree JACI in Practice could be a good journal to try for. MQ: I think a respiratory journal to aim for and then have a health economic journal in mind as a fall back option. The main message from this project is important to the respiratory field. We also don't want to be too ambitious,

	its better we aim for a solid journal where we can get the message out in good time than aim too high, get rejected and take a long time to get published. NR – JACI or ERJ would be my suggestions JvB – JACI in Practice also has access to JACI Global and it typical fast to respond and publish. Respiratory Medicine Journal is another option. MW – Thanks everyone for the hard work finishing this project.
Discussion of 'AIMORE-UK - Allergen Immunotherapy Missed Opportunities and Resource Expenditure in the UK'	HE gave short study overview: 1. Identify UK patients who would benefit from Allergen Immunotherapy (AIT) 2. Quantify missed opportunities for AIT in the UK 3. Simulate the impact of missed AIT on healthcare costs and clinical outcomes 4. Evaluate cost savings of addressing missed AIT opportunities HE - Main issue we are having is reducing the cost of the project so is now looking to use alternative data sources such as BSACI and published data. Do you think this would still be possible if relying on published data and would it still be interesting to funders? BMQ – Simulation models have lots of what and ifs. It is very do-able but is it feasible with the current literature to scope for data? GL – EACCI published some systematic reviews of data recently that could be useful. HE – Thank you, will look into it
New project ideas	BMQ – Gave an summary/background of the CRITKAL study: • My most cited paper, got a lot of traction but we never did a follow up • Looking at asthma inhaler error • Want to extend this work, what are the inhaler mistakes. BMQ – Any suggestions on this project? PP – The green initiative has put more recent interest in this area, AstraZeneca and Chiesi would possibly be interested in this kind of project to look at better inhaler usage

	GL – For context, the NHS encourages the swap to greener inhalers which has increased the risk of inhaler error as patients have been swapped over to different ones. So could look at various parameters. Could look at the date of the switch encouraged and errors after or look at published literature to use their data to keep costs down. Could focus on inhaler and errors in a generic look or compared DPI and PMDI MW – The Critikal data is now old and outdated BMQ – Might need a new dataset to investigate this MW – The Inhaler landscape has changed a lot to try and reduce mistakes with inhaler use, this need to be taken into account such as the use with smart inhalers GL – Step 1 to look at the parameters in the CRITKAL study and see if they have changed and what has stayed the same. JvB – Is there literature on this? Linking inhaler resources and costs? This could be a good starting point? SA – I have been working on something with a similar interest, have been creating a model to predict control and a strong predictor of exacerbation was inhaler error WC – What type of inhaler did CRITIKAL focus on? BMQ – We want to update the CRITIKAL study as what we did is now outdated so didn't look at the current technologies used. It is more that we want to look at what CRITIKAL did and update it or expand on it. JvB – Biologics and Biosimilars in the difference settings and products could be interesting? Differences in classes, do we expect to see differences clinically and health economically? Or maybe not cost effective to switch? New inhalers with green propellants, avoiding the switch by using green propellants. Does this have an health and cost effectiveness impact better or worse than switching inhalers?

	BMQ – Biosimilars have interest in America, don't know about Europe? JvB – Same in Europe, maybe worth mapping out TL – Job (JvB), how can you know what inhaler was used? JvB – Different codes are used in pharmacy and costing so you can infer from that and the date. NR – How can you demonstrate that? JvB -Build onto OPRIs data about switching devices and can give an economic comparison to not switching but having green propellants VS those that did switch NR – Do you need additional data or can you used the data you already have? JvB – We have the clinical data. If we have sufficient data, should be feasible to do all the cost effects **Other Project Ideas:** GL – Look at findings of opioids in COPD, something here could be quick to do. **Oscillomtry Vs Spriometry** MW – Oscillometry vs spirometry, is there an angle of one technology over the other? Do different health cares have different methods of costing? NR – We don't have enough data on oscilometry and spirometry. TL – We need to show a clinical benefit of using one over the other. NR – We could model the cost of implementation. Can be measured but at the end of implementation? JvB – It would be very hypothetical and need to loo at case studies and make assumptions about treatment. We don't have outcomes so would be very hypothetical

MW – If we do spirometry in an older person with poor technique, is the result compromised? Vs is the result in oscillometry better to use, is it more valid?
NR – In this you could see that oscillometry is better for diagnosis, if you did this you could possible prevent over diagnosing or over treating.

TL – In severe asthma we certainly do spirometry, but then get a treatment and exceeding treatment

NR – Could have cost-effectiveness there, then.

Biologic treatment regime

MW – Biologic treatment over every 6 months in severe asthma. Is this a better treatment regime than more regular intervals?

MEW – Myself and Brett (BMQ) have submitted a grant to look at treatment regime and will hear back in a couple of months.
Most patients show up for the visit within 6 months, particularly in severe asthma. What we do in the office setting, like a dentist appointment, is that they schedule their next visit whilst at their appointment. Some are late or missed but most are good and appreciate this regime.

BMQ – We are particularly looking at the difference in payment contract agreements for dosing. In the USA insurance is important to look at too, not just the clinical side.

MW – Who is this project with?

BMQ – GSK. They have published health economic data on it

MW – Their data for license as well?

MEW – SWIFT 1 and 2 trials and they have now done SWIFT 3.
1 and 2 were using placebo and compared depemokimab. Saw a 54% reduction in exacerbations but not in all symptoms and lung function.

MW – Surely a placebo vs depemokimab is a poor study?

	MEW – Depending on the location some will just look at cheapest and not impact on life. MW – Payers will still reject 2 year regime if it is more expensive and as effective PP – Adherence better then it become cost effective. I don't think we know yet or if a 4 weekly regime will be better. Will be very difficult to do yet. MW – Yes, the real world studies will be important to look at this. **Environmental factors and treatment** AN – How much are the environmental factors taken into consideration in clinical decisions in COPD and Asthma? BMQ – Some work is going on in this area but not much. We could summarise these ideas and connect with funders to see if any like the ideas.

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Meeting ID: 316 219 594 824 77
Passcode: P7g7iT9J