WORKING GROUP MEETING MINUTES: Environment, Epidemiology & Airways Working Group

19th March 2026
REG Summit Palma de Mallorca

Meeting details	
Meeting location	MM 4+5+6 Hall, Meliá Palma Marina hotel, Palma de Mallorca/ MS Teams
Meeting date	Thursday 19th March 2026
Meeting time	17:30 – 18:30 CET
Chair(s)	Helena Emery
Objectives	
1	New project ideas

Attendees
In-person: Helena Emery (HE), Graham Lough (GL), Lies Lehousse (LL), Athanasios Nenes (AN), Alan Altraja (AA), Nikos Papadopoulos (NP), Désirée Larenas-Linnemann (DLL), Nicholas Roche

Items	
New project ideas	HE – Introduced the idea of investigating the impact of pollution on Small Airways Disease using oscillometry or spirometry data and diagnosis/disease progression. NP – Why SAD? What kind of pollution? What about looking at pollution and biologics effectiveness? You could use historical pollution measurements. Currently running a study looking at pollution and viruses in the airways which uses spirometry Is there a synergistic impact of pollution and viruses on the airways? Healthy individuals will not respond, but the allergic ones will have a response following a normal range of pollution exposure. HE - I had thought SAD as it is currently a hot topic in general and in terms of pollution impact. But open to suggestions, or expanding it to be asthma, COPD etc. AN – We expect to show that pollution in severe asthma to be a factor. Looking over a time period and special resolution

	NP – You need to link the two aims and relate to SAD. Oscillometry would be better to use than spirometry to look at pollution exposure effects. How do you define SAD? And what parameters of pollution would you measure? What about climate change factors? Would you include this in how it impacts respiratory disease and worsening of the disease? HE – I had thought about it being pollution associated with urban areas such as Carbon dioxide, carbon monoxide and small particulates for example but open to suggestions. GL – You could use proxies for pollution, such as coastal, urban, rural, and industrial, to look at exposure? Funding for this could be tricky DLL – Funding could be more of a public health issue so source from there? GL – You would need to be picky of the disease you choose to be of interest HE introduced the project idea 'Use of oscillometry in the early detection and monitoring of Small Airways Disease' GL – Chiesi is interested in early SAD detection and oscillometry in the ATLANTIS project. NP – Could look at the cost of implementing oscillometry? The benefits of using oscillometry to detect SAD are that you can get a normal spirometry reading but an abnormal oscillometry. Oscillometry can be used to predict the risk of disease progression or exacerbation. NR - Could look at the cost of implementing first then look at if oscillometry is more sensitive and effective as early detection. What population are you identifying, and what are their disease outcomes? NP - Do we know why oscillometry isn't used as much?

	NR – No, its not just the cost. Spirometry is well established, to change that we need to demonstrate that its better than spirometry to then change the guidelines. NP – But for per person the cost is reasonable NR – yes but it is still expensive DLL – it is very expensive in Mexico, a lot more than spirometry NR – reimbursement is also an important problem to consider. We could do a discussion paper on using oscillometry and why it is not in use? DLL – Guidelines don't specify oscillometry. GL – time to detection in oscillometry could be an option. Get the cost of implementation, healthcare cost, and predict if using oscillometry is associated with improved detection and outcomes? AN – Can oscillometry be used to monitor disease? Is there enough data around to test if this is the case? NR – Could do a thought paper to generate a interpretation tool for general use with oscillometry? AN - Can you use it for climate change and take early measurements to predict health effects and target treatment for cost saving benefit DLL – we need more people to use oscillometry but expensive and not in guidelines AN – Pollution in Mexico City is very bad, if there is oscillometry data there it could be used to look at pollution and disease detection/monitoring DLL – I can check about the data in Mexico NP – Combining oscillometry data and environmental exposure and health data?

	AN – Acute exposure to pollutants in asthma? Some people are more sensitive, could look at identifying that population? NP – Oscillometry and spirometry data and exposure to viruses? AN – First look at how oscillometry data be interpreted. Second could look at synergies between asthma and SAD and exposure to pollutants' or climate change impact on exacerbation rate. Can you predict seasonal events to target treatment and prevent exacerbations? You could look at healthcare costs, historical health and pollution data and look for synergies