International Severe Asthma Registry: A Real-life Data Capture Model

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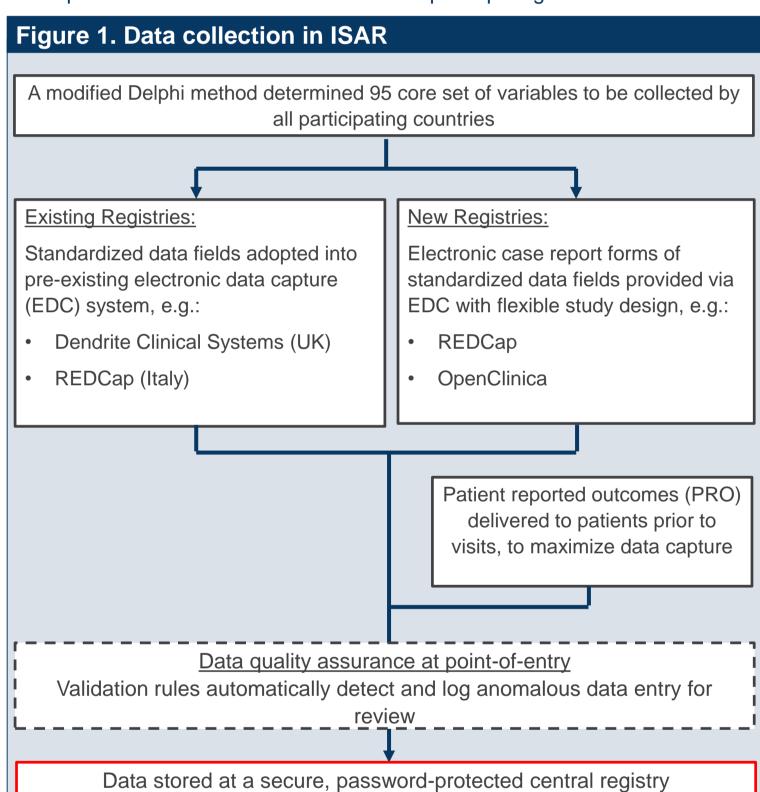
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Introduction

- Severe asthma:
- Defined by European Respiratory Society (ERS)/American Thoracic Society (ATS) Severe Asthma Guidelines as asthma requiring Global Initiative for Asthma (GINA) Step 4-5 treatment to control or that remains uncontrolled despite this treatment.¹
- Affects 5-10% of the asthma population² and carries a heavy health and socioeconomic burden.³
- Disease registries:
- Provide valuable resources to study the natural history of diseases, diagnostic accuracy and effectiveness of therapies.⁴
- Currently, severe asthma registries comprise of relatively small, locally administered databases with little interoperability and fundamental differences in data collection.
- A global registry for severe asthma with standardized data collection will aid the understanding and development of treatment for the disease.
- Aim: To describe the creation of a real-life data collection model for the International Severe Asthma Registry (ISAR), the first global severe asthma registry.

Methods

- ISAR Patient Inclusion Criteria:
 - Age 18 years or above.
 - Receiving treatment according to GINA Step 5 or uncontrolled at Step 4 as per ERS/ATS guidelines.¹
- Data Collection Method:
 - Modified Delphi method was used to obtain expert consensus on a list of variables to be captured in the ISAR.⁵
- Of initial 747 potential variables proposed, a panel of 27 severe asthma experts from 16 countries agreed on a core set 95 variables.
- Optional variables are recorded at each participating countries' discretion.

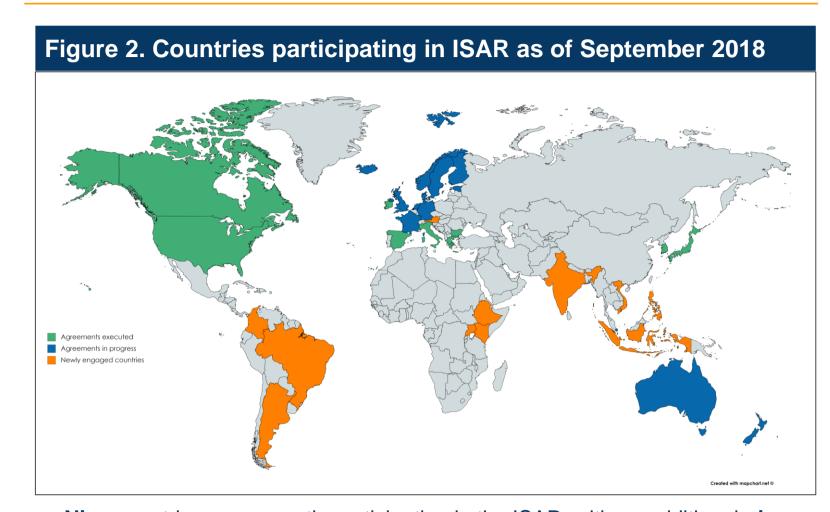


Result – Modified Delphi Method

Table 1. List of variables captured in ISAR

	variables captured in IOAN		
Variable category	Description		
Demographics	Observation date, age, gender, ethnicity, body mass index, occupation		
Medical History	 Current smoking status of patient, and number of pack years for smokers Age of onset of asthma Number and date of exacerbations requiring rescue steroids Number of episodes of invasive ventilation ever Number of emergency room attendances for asthma Number of hospital admissions for asthma 		
Comorbidities	 Eczema Allergic Rhinitis Chronic Rhinosinusitis Nasal Polyps Pneumonia Osteoporosis Circulatory System Disease Cataract or Glaucoma Type-II Diabetes Sleep Apnoea Renal Failure Depression Anxiety Peptic Ulcer 		
Biologic Safety	Severe Infection Malignancy Anaphylactic Reaction		
Blood/Sputum	Blood eosinophil count measurements and dates Highest sputum eosinophil count and date Immunoglobulin E (IgE) count and date		
Diagnostics	Chest CT scan and dateBone densitometry (DEXA) and date		
Lung Function	Pre- and Post-Bronchodilator spirometry PC20 methacholine/histamine test date and result Fractional Exhaled Nitric Oxide (FeNO) test date and result		
Allergen Testing	 Serum allergy test: positive to allergen type, result and date Skin prick test: Positive to allergen type, result and date 		
Asthma Control	GINA assessment of asthma control		
Asthma Medication	 Asthma medication Medication start and end date Maintenance Oral Corticosteroids (OCS) Biologics Macrolide antibiotic treatment Other steroid sparing agents Bronchial thermoplasty 		
Adherence	Subjective and objective evidence of poor adherence		
Medication Switch	Reason for biologics switch		
Management Plan	Other factors contributing to severe asthma symptomsCurrent Clinical Management Plan		

Result – Current Progress of ISAR



 Nine countries are currently participating in the ISAR, with an additional nine countries planned for participation

Table 2. Data Provided for ISAR Research as of September 2018

Country	Data provided by	Number of patients
Australia*	Severe Asthma Web-based Database (SAWD)	259
Italy	Severe Asthma Network Italy (SANI)	310
South Korea	Severe Asthma Registry by the Korean Academy of Asthma, Allergy and Clinical Immunology (KAAACI)	445
United Kingdom	UK Severe Asthma Registry	696
United States	National Jewish Health EMR Severe Asthma Cohort (NJH)	3,378
Ireland	Inhaler Adherence in Severe Unstable Asthma Cohort (INCA-SUN)	55
Greece	Attikon University Hospital, Athens, Greece	10
Total		5,153

*The SAWD also includes Singapore (n=16) and New Zealand (n=18).

Table 3. Active Research Projects

Demographic and Clinical Characteristics of Severe Asthma Patients Worldwide
Characterization and Comparison of Eosinophilic and Non-Eosinophilic Asthma
Phenotypes
Outcomes of switching biologics

Hidden Severe Asthma Patients in

Hidden Severe Asthma Patients in Primary Care vs. ISAR Cohort

The Impact of Exacerbation Burden on Lung Function Trajectory in a Broad Asthma Population and Severe Asthma Population

Assess the Overlap (relatability) of Collected Biomarkers

Identify Predictors (e.g. biomarkers) of Response to Biologics

Hidden Chronic Asthma within the COPD/ACOS Population

Onset of Asthma in Severe Asthma patients

Relationship between Socioeconomic Status and Asthma Outcomes

Governance:

 All ISAR research must be approved by the ISAR steering committee and Anonymised Data Ethics & Protocol Transparency (ADEPT) committee of the Respiratory Effectiveness Group (REG).

Conclusions

- The ISAR captures a large volume of standardized data on severe asthma from multiple countries across the globe.
- The ISAR aims to compile data from 20 participating countries with over 10,500 patients to be reviewed annually.
- The ISAR is a platform that provides a basis to answer important research questions in severe asthma.

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Conflict of Interest:







