Cross-Country Comparison of Demographic and Clinical Characteristics of Patients Managed in Severe Asthma Services across UK, USA, Australia, South Korea, and Italy

Background

<u>Rationale</u>

- Severe asthma carries a high morbidity and socio-economic burden.^{1,2}
- Regional and national severe asthma registries have been actively collecting locallyrelevant demographic and clinical data. However, there is a lack of inter-registry interoperability due to diverse severe asthma definitions used and different variables collected.
- Inter-country characteristics of severe asthma patients have not previously been described.
- The International Severe Asthma Registry (ISAR; http://isaregistries.org/) is the first global adult severe asthma registry; a multicountry, multicenter, observational real-life initiative
- ISAR combines data from the regional and national severe asthma registries into a single large database, and standardizes the variables collected.

<u>Objective</u>

 To describe and compare the clinical and demographic characteristics of adult severe asthma patients across the initial five registries collaborating with ISAR.

Methods

Data Capture

- Data for this study were collected from secondary and tertiary severe asthma centers for the time period December 2014 to December 2017
- Patients included in ISAR are:
- $\circ \geq 18$ years old,
- Receiving treatment at Global Initiative for Asthma (GINA) Step 5 or had uncontrolled asthma (i.e. severe symptoms or frequent exacerbations) at GINA Step 4.
- Baseline patient-level data were collected from 4 registries and shared with ISAR as summarized statistics via pre-specified tables (Figure 1):
- The Severe Asthma Web-Database (SAWD, comprising data from Australia, Singapore and New Zealand),
- The UK Severe Asthma Registry,
- The Severe Asthma Network in Italy (SANI)
- The Korean Academy of Asthma Allergy & Clinical Immunology (KAAACI) registry
- Baseline patient-level data were collected and shared from 1 database:
- National Jewish Health Electronic Medical Record Severe Asthma Cohort in Colorado, USA



Figure 1: The initial five registries collaborating with ISAR

<u>Analysis</u>

Descriptive statistics for demographic and clinical characteristics are summarized.

Results

A total of 4,990 patients are included in the study.

Demographic and Clinical Characteristics

Table 1: Demographic and Clinical characteristics for all patients and according to country/registry						
	Age (mean [SD])	Female (%)	Ever Smoked* (%)	Overweight/Obese (BMI≥25) (%)	Age of Asthma Onset (mean [SD])	Post-bronchodilator % Predicted FEV ₁ (Mean [SD])
All (n=4,990)	55.0 (15.9)	59.3	39.5	70.4	30.7 (17.7)	75.8 (17.1)
USA (n=3,286)	55.5 (16.7)	59.7	43.0	74.2	Not captured	75.7 (14.4)
UK (n=696)	48.3 (14.1)	62.6	27.9	78.2	25.4 (18.7)	72.5 (22.2)
South Korea (n=439)	62.4 (14.1)	54.2	46.0	35.1	41.0 (17.1)	73.4 (21.2)
Italy (n=310)	54.5 (13.8)	56.1	23.2	54.6	34.4 (17.1)	83.2 (20.5)
SAWD (n=259)	55.1 (15.3)	58.3	32.8	80.6	22.7 (17.1)	Not available
*includes current and ex-smokers. SD: standard deviation; BMI: body mass index; SAWD: Severe Asthma Web-based Database; FEV ₁ : forced expiratory volume in 1sec						

- Patients were predominantly female.

- Most patients in each of the registries were overweight/obese, except in South Korea (35.1%).
- The mean age at onset was 30.7 (SD:17.7 years).

- Korea had the lowest proportion of GINA Step 5 patients (Figure 2A).
- SAWD registry (Figure 2B)





E. Wang,¹ J. Busby,² L. G. Heaney,² P. Pfeffer,³ D. J. Jackson,⁴ A. Menzies-Gow,⁵ C. Sirena,⁶ G. W. Canonica,^{6,7} E. Heffler,^{6,7} E. Heffler,^{6,7} E. Hervey,^{8,9} P. G. Gibson,^{8,9} M. Hew,¹⁰ M. Peters,¹¹ H. Powell,⁹ C. K. Rhee,¹² Y. S. Cho,¹³ T. N. Tran,¹⁴ L. Bulathsinhala,¹⁵ I. Chaudhry,¹⁵ N. Eleangovan,¹⁵ N. Hosseini,¹⁵ D. Price^{15,16,17} gy, National Jewish Health, Denver, CO, USA and Division of Allergy and Immunology, University of Colorado, Aurora, CO, USA; ²UK Severe Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma, Allergy & Lung Biology, King's College London, UK; ⁵UK Severe Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma, Allergy & Lung Biology, King's College London, UK; ⁵UK Severe Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma, Allergy & Lung Biology, King's College London, UK; ⁵UK Severe Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma, Allergy & Lung Biology, King's College London, UK; ⁵UK Severe Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma, Allergy & Lung Biology, King's College London, UK; ⁵UK Severe Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma, Allergy & Lung Biology, King's College London, UK; ⁴UK Severe Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma Network and National Registry, Guy's and St Thomas' NHS Trust and Division of Asthma Network and National Registry, Guy's and St

The mean (SD) age was 55 (15.9) years; the oldest patients were in South Korea and the youngest in the UK.

Overall, 39.5% patients had a history of smoking, with the highest proportion of current or previous smokers in South Korea and USA.

77.5% of patients developed asthma after the age of 12 years, and 34.4% developed asthma after the age of 40 years.

Patients from the UK and SAWD developed asthma slightly earlier than overall average, while South Korea and Italy slightly later.

Severe asthma patients from Italy had the highest mean (SD) post-bronchodilator percent predicted FEV₁.

• 35% of the patients were on GINA Step-5; a large majority of patients from the UK (81.8%), followed by Italy. In contrast, the USA and South

The majority of patients had poorly-controlled asthma globally (57.2%). Poor asthma control was reported in majority of UK patients and in the

• The mean (SD) number of exacerbations within the last 12 months for the total population was 1.7 (2.7)

• The mean number of exacerbations was lowest in the USA and the highest in the UK (Figure 2C).

■ Total (n=4823) ■ USA (n=3286) ■ UK (n=668) ■ SK (n=383) ■ IT (n=270) ■ SAWD (n=216)

IS/**R**



Results



■ <25 ppb ■ 25-50 ppb ■ >50 ppb



Serum IgE

FeNO



Conclusions

References

- 2018; 144: 42-49.

Funding

OPC

ISAR is conducted by Optimum Patient Care Global Limited, and co-funded by OPC Global and AstraZeneca.



Medicine, Concord Hospital, Sydney, Australia; ¹²Division of Pulmonary, Allergy and Clinical Centre, University of Aberdeen, Aberdeen, Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, University of Aberdeen, Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, University of Aberdeen, Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, University of Aberdeen, Aberdeen, Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, University of Aberdeen, Aberdeen, Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, University of Aberdeen, Aberdeen, Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, University of Aberdeen, Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, University of Aberdeen, Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, University of Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, University of Aberdeen, UK; ¹⁶Observational and Pragmatic Research Institute, Singapore; ¹⁷Academic Primary Care, ¹⁷Academic Primary Care, ¹⁴AstraZeneca, ¹⁴

Figure 3: Blood eosinophil count according to county/registry In the overall population, 51.4% of patients had a BEC ≤ 0.3 (x 10⁹ cells/L).

- The majority of patients in USA (56.0%), South Korea (58.8%), and the SAWD registries (52.4%) had BEC \leq 0.3.
- The majority of patients from the UK (64.2%) and Italy (58.7%) had BE ≥0.3
- A significant proportion of severe asthma patients in Italy (38.3%) and the UK (37.6%) had BEC >0.45.
- Around one-third of the patients in South Korea (35.7%), USA (33.4%) and the SAWD (31.0%) had BEC level ≤0.15.

Figure 4: FeNO measurement according to county/registry

- Overall, 43.1% of severe asthma patients had FeNO concentrations <25 ppb and 56.9% had a concentration ≥25 ppb.
- In USA, a similar proportion of patients had FeNO concentration <25 ppb (49.1%) and ≥25 ppb (50.9%).
- Most patients from the UK (73.6%), South Korea (74.0%) and Italy (59.1%) had FeNO concentrations ≥25 ppb. However, most SAWD patients (60.5%) had FeNO concentrations <25 ppb.

Figure 5: Serum IgE measurement according to country/registry

- Serum IgE distribution across countries were similar.
- Most severe asthma patients had IgE concentration of <150IU/mL for all countries, except Italy.

Figure 6: Medication usage across countries

- Overall, 28.6% patients were prescribed maintenance oral corticosteroid with the highest prescriptions in the UK.
- Prescription of monoclonal antibodies (Anti-IgE and Anti-IL5) was predominantly high in Italy and the UK and the lowest in South Korea

• Using a common dataset and definitions, this study is the first to describe severe asthma characteristics of a large cohort of patients included in national severe asthma registries We observed a substantial variation in demographic and clinical characteristics of severe asthma patients across countries.

• This may reflect the differences in the organization of severe asthma referral centers, associated referral patterns and requirements for reimbursement of new asthma therapies. • The difference in biomarker profiles across regions and countries may indicate the heterogeneity of asthma phenotypes across regions or countries and impact of treatment. • Future studies will contextualize the results within country-specific health systems and use the prospectively collected patient-level data.

1. Nordon C, Grimaldi-Bensouda L, Pribil C, Nachbaur G, Amzal B, Thabut G, Marthan R, Aubier M, Group CS. Clinical and economic burden of severe asthma: A French cohort study. Respir Med

2. Sadatsafavi M, Lynd L, Marra C, Carleton B, Tan WC, Sullivan S, Fitzgerald JM. Direct healthcare costs associated with asthma in British Columbia. Can Respir J 2010; 17: 74-80.

Conflict of interest statement: