Minutes – ACO working group

Meeting location	Park Plaza Hotel, Amsterdam Airport
Meeting date	22nd March 2018
Meeting time	14:00 to 15:00
Chair	Nicolas Roche & David Price
Objective	• Provide an update on current project- ACO proof of concept study. • Develop a plan to move forward with future projects. Specifically repetition of the analyses in other national databases to evaluate the ACO definitions.

	Update on current projects • **ACO proof of concept study** Ongoing pilot study with the aim to assess the effects of diagnosis of ACO vs COPD alone on health outcomes, including prevalence, incidence and costs of ACO Database: OPCRD is used to match COPD and asthma diagnosis in time, as well as smoking behaviour

	Develop plan for future projects
	
	• **Implications of a mixed asthma-COPD phenotype vs COPD alone on patient outcomes.**
	   o Initial study would use individuals from the proof of concept study.
	   o Protocol to be developed and project will begin following publication of the proof of concept manuscript.
	
	• **Phase 1 Repetition of the analyses in other national databases to evaluate the ACO definitions.**
	   o OPCRD used for initial study. 9 databases were proposed and compared in terms of time and costs to conduct the study. Five databases in Europe seem most appropriate. (Dutch ASTHMA / COPD Service, Adelphi Respiratory Disease Specific Programme, SIDIAP, MAJORICA).
	
	   o Funding for the study could come from pharma industry of inhaled steroids. This study can be used to determine market size for ACO and model prospective cost-effectiveness.
	   o Analytic support will come from REG.
	
	Challenges
	- Need to manually code fee text from patient records with regard to diagnoses and smoking quantity
	- Sample size and period of study is not yet defined
	- Funding from pharmaceutical industry may be difficult; global consensus is needed first on the importance of ACO. Funders may think this study will not provide new insights into diagnostic and therapeutic opportunities above what is already available for COPD patients

	Suggestions
	- Include assessment of cardiovascular outcomes and treatments
	- Include assessment of autopsy reports if available (this may need a separate study)
	- For database selection, only select those that have lung function recorded
	- Efforts to include databases from non-EU/US countries to broaden scope:
	o Taiwanese database may not be appropriate, as no smoking data available
	o Korean database may be suitable, although it only has pre-bronchodilator spirometry results
	o Worthwhile to explore databases from Australia, France, Sweden/Norway
	- Funding could come from ERS (CRC) or charities