

ALLERGY WORKING GROUP MEETING

REG Summit 2018

Minutes

Meeting location	Park Plaza Hotel, Amsterdam Airport
Meeting date	22 nd March 2018
Meeting time	13.00-14.00
Chair	Sven Seys
Objective	<ul style="list-style-type: none"> • Get Working Group feedback on potential new projects and determine the best way to fund and conduct these studies

Minutes:

	<p>Working group progress update</p> <ol style="list-style-type: none"> 1. Assess the incidence of acute and chronic rhinosinusitis <ul style="list-style-type: none"> ○ It would be useful to have this published as it supports a newly proposed study. REG have offered to support the write up of this. 2. Australian survey of allergic rhinitis sufferers <ul style="list-style-type: none"> ○ This interesting study was presented at EAACI and should be a priority to publish. There could be four papers associated with the study. The lists of aggravating factors in patients' rhinitis were particularly interesting as they were non allergic, non-specific items such as perfume, dust, sulfites.
	<p>Proposals for potential projects</p> <ol style="list-style-type: none"> 1. Presentation and treatment of chronic rhinosinusitis in the UK <ul style="list-style-type: none"> ○ This was a well-received project, and should focus on diagnostic pathways, healthcare utilization and natural history; with an objective to build clinical decision algorithm to expedite referral. ○ Consider using Prof Fokkens definitions to "diagnose" a case of CRS in the database. The results of her incidence study may inform how we select cases. ○ Include referral to a specialist (possibly referral to CT as well), and also investigate time between diagnosis and referral. It may be of interest to explore recording of blood eosinophils in the database. Also look at symptoms at first diagnosis. ○ REG/EUFOREA to consider the feasibility of doing a complimentary study on steps before seeing GP, and pharmacy pathways/prescription records. It is recognised, however, that it might be difficult to distinguish medication collected for CRS from other upper airway disease. ○ As well as a sub-analysis of asthma, consider a COPD sub analysis. Is the nose affecting COPD? Also explore sleep disorders. 2. Cumulative steroid exposure

	<ul style="list-style-type: none"> ○ This project has some overlap with an existing asthma study. It might fit as a sub analysis of this study, or complement it. ○ Need to consider the different modes of nasal steroid delivery – drops vs. spray. Drops may only be prescribed at hospital therefore not on the system. ○ Outcomes: There was a clear signal on BMI change in asthma study in those taking OCS. Need to consider outcomes such as osteoporosis and pneumonia. <p>3. The effect of sinus surgery on asthma</p> <ul style="list-style-type: none"> ○ Need a matched cohort design ○ Need to check in the database to ascertain how many patients have paired data after 3 and 5 years post-surgery <p>4. Urticaria</p> <ul style="list-style-type: none"> ○ Prevalence varies by country. Look at patterns of urticaria management (in the UK to begin with). What is the true prevalence, prescribing patterns, management, natural history? ○ Investigate how long a patient is recorded as having “acute urticarial” until they are labelled as “chronic” – does it match the official definition. Would also need to account for intermittent acute urticaria. ○ Look at prescriptions. Many physicians won’t prescribe outside licensed dose of antihistamines, though effective does is 4x the licensed dose. ○ Include depression and anxiety diagnosis as secondary outcome. <p>Pushing projects forwards</p> <p>OPCRD in the first instance – need to look in other countries.</p> <p>Finance – look at those pharmaceutical companies with biologics on the market or coming to market. Look at GSK, Novartis, Sanofi and Astra Zeneca.</p> <p>Prioritise projects based on funding. Projects one and three go together well.</p>
<p>Actions from WG meeting</p>	<p>REG to prioritise the publishing of Australian survey project.</p> <p>Naomi to send “missed opportunities” studies to Sven.</p> <p>REG/EUFOREA to amend proposals based on feedback.</p> <p>REG/EUFOREA to consider feasibility of pharmacy study.</p> <p>Naomi to contact OPRI regarding the steroid comorbidity project</p>
<p>Actions from meeting between Naomi and Sven</p>	<p>Sven to follow up Prof. Fokkens re progress of the CRS incidence study</p> <p>Naomi to investigate time line of seeking funding</p> <p>Naomi to send Sven an example of study costs</p> <p>Compile list of potential sponsors</p> <p>Sven to add his thoughts to proposals</p> <p>Sven and Naomi to collaborate on pitch slide set once proposals are finalised</p>