

ASTRO-LAB

AN FP7-SUPPORTED PROJECT TO
INVESTIGATE THE **SAFETY** OF
THERAPY IN **ASTHMA**,
WITH A FOCUS ON **ADHERENCE**

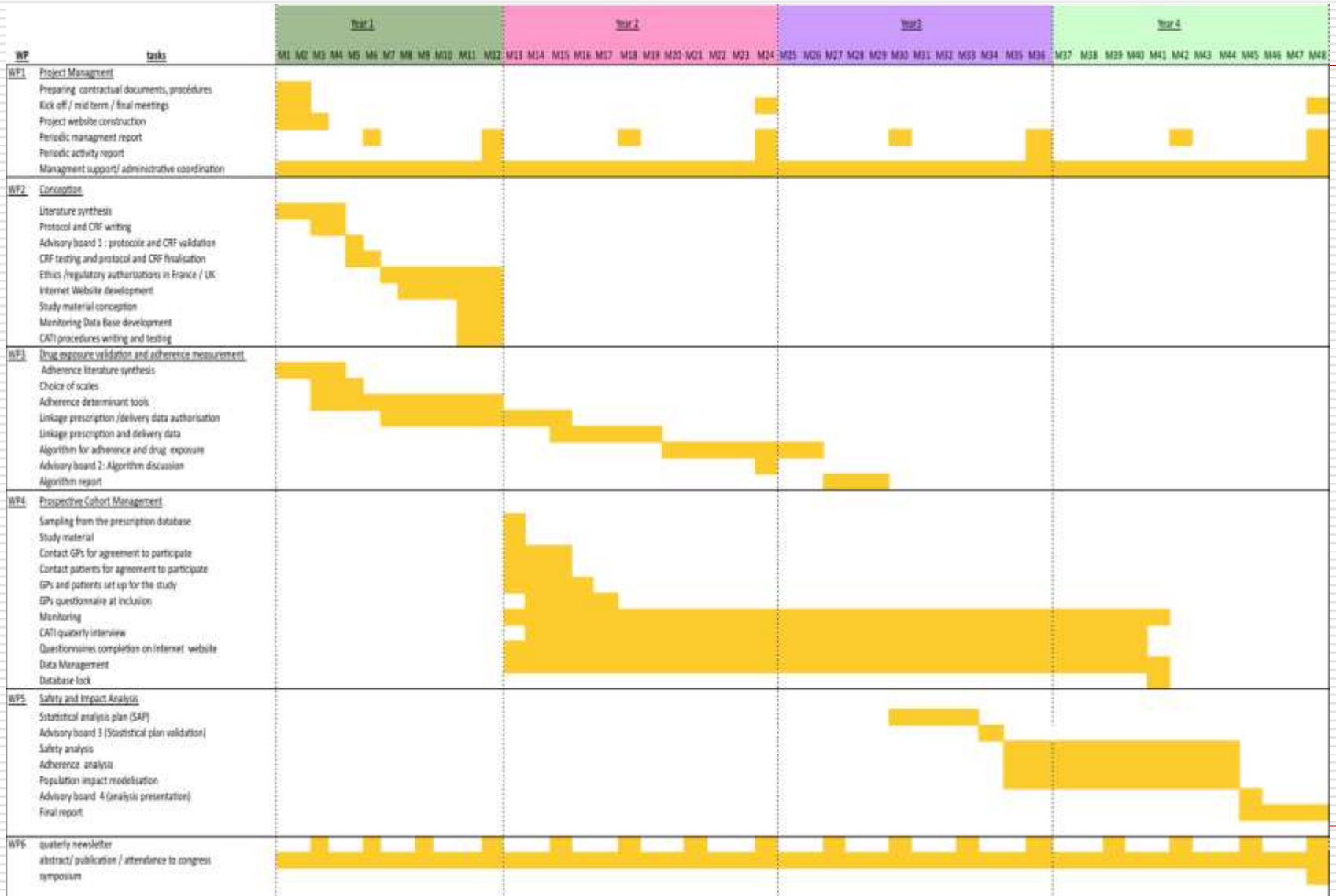
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**“ASSESSMENT OF THE SAFETY OF LABAs
(Long Acting Bronchodilators) IN
ASTHMA IN ROUTINE CARE BY
COMBINING HEALTH-CARE DATABASES
AND DIRECT PATIENT FOLLOW-UP:
ASTRO-LAB”**

Participants

Part. No.	Scientific responsibility	Participant legal name	Country	Organisation type
1 (Coord)	Eric VAN GANSE	Université Claude Bernard Lyon 1 (UCBL)	FR	University
2	Richard HUBBARD	Nottingham University (UON)	UK	University
3	Stephane SCHÜCK	KAPPA Santé (KS)	FR	SME
4	Hassy DATTANI	Epic Database Research Company Ltd (CSD MR UK)	UK	Private Company
5	Marijn DE BRUIN	Wageningen University (WU)	NL	University
6	Montserrat FERRER FORES	ConSORCI Mar Parc de Salut (PSMAR)	ES	Public research centre
7	Javier OLAIZ	Lyon Ingénierie Projets (LIP)	FR	SME

Calendar: 2012-2015



Political context (1/3)

1. PEL: expertise in asthma therapy
2. PEL: expertise in Pharmacoepidemiology (fenoterol & McGill, PHARMO)
3. 2008: EnCEPP at EMA
4. June 2010 : collaboration EMA & DG Research for the 5th call FP7
5. July 2010 : EMA organises a meeting in the context of the 5th call, emphasising the need for and the role of SMEs
6. August 2010: informal contacts with EMA/EnCEPP: any chance?

Political context (2/3)

7. Sept –Oct 2010: writing of a project by David (épidemiologist, KS), Marijn (adherence, WU), and Eric, with support < LIP & Kappa Santé
8. November 2010: submission of the ASTRO-LAB project
9. December 2010: networking (EMA)
10. Feb 2011: project « might be » accepted
11. May 2012: nego with Brussels (DOW)

'Political context' (3/3)

12. June 2012: « final approval » to start in December 2012

13. Some « problems »:

- Money : late arrival (Jan)... consequences...
- Contract : idem... consequences...
- Kappa Sante : distinct roads < Fall (EGB)
- Partners: 'illness' of a boss

14. KOM in Feb 2012

15. Start of activities in March, and discovery of « reality »....

Therapeutic context (1/2)

- Asthma = inflammatory disorder (acute exacerbations of chronic inflammation)
 - Exacerbations « favoured » by irregular/low exposure to « the » anti-inflammatory therapy, inhaled steroids (ICS)
 - ICS often 'poorly' used < patients (corticophobia, lack of immediate effects, lack of training, ...), which may lead to SAEs (oral steroids, hospital contacts, deaths)
 - Other controllers devoid of AI actions, LABAs, are much appreciated as a result of their bronchodilatory effects (QOL)
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Therapeutic Context (2/2)

- Studies & M-A looking at the safety profile of LABAs have resulted in contradictory findings, particularly when LABAs are used together with ICS, in « FDC », or as two distinct canisters
 - However, « signals » suggest a potential risk of SAEs with LABAs, with the methodological issue that such SAEs are similar after 'under-exposure to ICS' after an acute exacerbation induced by an external 'trigger' (typically : infection)
 - EU and US Regulators have identified the safety of LABAs as a priority in PH research
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Main Objective

To compare in real-life settings the rates of SAEs in kids and in adults treated with LABAs (alone, or in association to ICS) to the rates observed in persons treated with ICS alone, after adjusting for severity

Main Deliverable= Cohort of Asthma Patients

- i. To conduct a prospective cohort study linking general practice databases, national claims databases, and primary data collection with a study design which addresses the methodological gaps identified in the literature review.

Tested Hypothesis

Is the use of LABAs by asthma patients (cave COPD!) associated, in real life settings, to the occurrence of SAEs (oral steroids, hospital contacts, deaths)?

Adherence to ICS= confounder

- LABAs are in most instances (>95%) used with ICS, the only therapy able to prevent exacerbations
 - But, irregular use of ICS may lead to SAEs
 - **In the analyses of SAEs, we must distinguish what might be due to LABAs (tox?), from what might be due to irregular use of ICS**
 - Indeed, adherence to ICS = major confounder
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Use of LABAS and ICS

Four groups will be identified

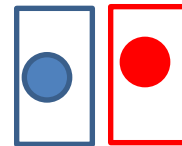
- Patients with LABAs only



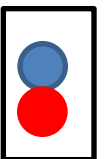
- Patients with ICS only



- Patients with LABAs and ICS (distinct canisters)



- Patients with LABAs and ICS (1 canister, FDC)



Methods & population

- Cohort study, with 24 months FU
- Patients (6-40 yrs) will be preselected in France (bases CNGE*) and in the UK (THIN) from their asthma therapy
- 1 500 kids (6-13 yrs) & 1 500 adults (14-40 yrs) will be selected

* Collège National des Généralistes enseignants

Data Collection

- Prospective collection using 3 sources:
 - Prescribing data (CNGE in France, THIN in the UK, EMRs)
 - Claims data (SNIIRAM in France)
 - Patients Reported Outcomes (adherence, SAEs) in the 2 countries, using CATIs

 - Linkage will be performed by a TTP
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Analyses planned

Three complementary approaches:

1- Preliminary analyses according to 'initial' group
(« ITT »)

2- Analyses with time-dependent variables (cf switches)

3- Case-cross over study

MESSAGES

□ Before the Application

- Identify the right **persons** (science)
- Identify the right « **mix** » (public/private)
- Identify the right « **writers** » of the project
- Identify the right « **reasoning** »: innovative, 'risk-taking' (reasonable!), improving our knowledge basis, tackling the 'key remaining issue' (look at adherence, idiot!)
- **Verify** acceptability/political and scientific correctness/
- **Nertwork!** (the project & you must be known!)

MESSAGES

□ After the Application

- Expect the unexpected!
- Do not take risks! (some bureaucracy)
- Prioritise! (first CA, other admin documents)
- Disentangle the big project in a large N of small projects (minimal size)
- Play the orchestra leader (or the « Maitresse », with her kids)
- In one word, « Alice »

