



Abstract S2 Figure 1

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### S3 THE UK'S LARGEST SEVERE ASTHMA MULTIDISCIPLINARY TEAM MEETING; EXPERIENCE FROM THE FIRST 18 MONTHS

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**Background** Severe asthma comprises 5% of all asthma, but over 50% of the asthma healthcare burden. With multi-disciplinary team (MDT) working there is potential to improve patient outcomes and reduce healthcare costs. In 2013 NHS England produced service specifications for severe asthma aiming to develop a limited number of high volume specialist centres. In the North West we have developed a networked approach to specialised severe asthma services; the first Operation Delivery Network for a chronic disease. Representatives from 11 NHS Trusts and a central hub undertake a monthly virtual MDT meeting, with physicians, nurses, physiotherapists, clinical psychologists, speech and language therapists, allergists, pathologists and radiologists represented. All patients being considered for specialised treatments undergo MDT discussion for consensus approval of treatment.

**Aim** To summarise the experience and case-mix encountered during the first 18 months of operation of our regional virtual severe asthma MDT

**Methods** We reviewed all cases discussed at the MDT between January 2015 and June 2016. Cases were submitted online via nhs.net accounts, and data entered into a central database managed by two MDT coordinators for MDT discussion.

**Results** During this period 17 meetings were held, with 208 case-submissions representing 185 patients, mean (SD) 12 (7) discussions per meeting. Indications for case submission included proposals for use of omalizumab, bronchial thermoplasty (BT), and steroid-sparing therapies, and for the discussion of patients with complex clinical issues, often managed across multiple sites. Omalizumab was approved in 81% of cases submitted, and BT in

39%, with more of the latter requiring multiple discussions (30% versus 2%) The most common reasons for non-approval of omalizumab were insufficient steroid requirement, poor adherence, and lack of allergy to a perennial allergen. Thermoplasty was not approved or listed for re-discussion for a variety of reasons, including 10 (43%) that required further investigation.

**Conclusion** We describe our early experience of a multi-site virtual severe asthma MDT meeting facilitating expert care across a wide geographical area. This ensures governance in the use of novel and expensive severe asthma therapies, strengthens regional collaborations and ultimately aims to provide better patient care.

### S4 IMPLICATIONS OF GUIDANCE IN SCOTLAND ON ELIGIBILITY FOR TREATMENT WITH MEPOLIZUMAB AND OMALIZUMAB – AN IDEAL STUDY ANALYSIS

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**Rationale** Severe asthma is a heterogeneous disease in which patients have diverse clinical characteristics and biomarkers, like eosinophils and IgE. It is important to understand their relationship in a severe asthma population. The IDEAL (Identification and Description of Severe Asthma Patients in a Cross-Sectional Study) study aimed to identify the proportion of patients with severe asthma who could be eligible for an anti IL-5 (mepolizumab) or anti-IgE (omalizumab) directed treatment, and those who may be eligible for either therapy.

**Methods** IDEAL, an observational study included subjects aged  $\geq 12$  years with severe asthma defined according to ATS/ERS guidelines by treatment with high-dose ICS plus additional controller(s) for  $\geq 12$  months. Assessments included spirometry, a blood sample, and symptom/burden of illness questionnaires. Eligibility to mepolizumab and omalizumab were defined according to SMC advice (2016) and NICE MTA guidance (2013), which has been adopted in Scotland, respectively. Mepolizumab eligibility is defined as per SMC advice: patients who have eosinophils of at least 150 cells per microlitre ( $0.15 \times 10^9/L$ ) at initiation of treatment and have had at least four asthma exacerbations in the preceding year or are receiving maintenance treatment with oral corticosteroids. Omalizumab eligibility (NICE MTA guidance) is defined as evidence of severe persistent allergic asthma and need for continuous or frequent treatment with oral corticosteroids