Abstract S82 Figure 1 MRI indices in patients with no pulmonary vascular obstruction, CTED, proximal and distal CTEPH

P-value = ANOVA

*p = <0.01 **p = <0.05, ns = not significant

A – Pulmonary Artery Distensibility, B – Systolic Left Ventricular EI, C – Diastolic Left Ventricular EI

Conclusion EI and PAD correlate with invasive haemodynamic indices and right ventricular function in CTEPH. These measures strengthen the ability of CMR to detect pulmonary hypertension and provide further justification for the use of CMR in investigation of chronic thromboembolic disease.

Biologics for asthma

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THE IMPACT OF AN ONLINE PATIENT-FACING TOOL ON SEVERE ASTHMA REFERRALS

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Introduction Biologics for severe asthma (SA) are effective but only 18% of people with suspected SA are referred for consideration for treatment as recommended by current BTS asthma guidelines.¹ Awareness of biologics among people with asthma is low. Here we evaluate the impact of a patient-facing intervention designed to drive appropriate SA referrals in the UK.

Methods Asthma UK (AUK) designed an interactive online tool that directs people to one of 5 possible outcomes, including 'improve asthma management', 'seek referral' or 'explore biologic options'. Each outcome has a clear call to action and option to sign up for tailored health advice emails. The tool was developed based on the Asthma Control Questionnaire (ACQ) and service specification for SA. The tool was created using an online survey platform (Typeform) and embedded on the AUK website. Usability of the tool was evaluated via moderated online video interviews with 12

patients with asthma. Respiratory clinicians were also invited to use the tool and provide feedback. It was promoted to people with uncontrolled asthma via AUK emails, social media and within the press. A follow-up survey was administered six weeks later to understand how people acted on the advice provided.

Results As of April 2020, 20,000 people had used the interactive tool. Of those that signed up for the tailored email, 313 completed the 'improve asthma management', 'seek referral' or 'explore biologic options' follow-up survey. Overall, 70% (218/313) said they took action based on their outcome from the tool. Of those completing the 'seek referral' survey, 60% (55/91) said they spoke to their GP about a referral and 30% (27/91) were referred. Of those completing the 'explore biologic options' survey, 39% (15/38) spoke to their healthcare professional about their eligibility and 21% (8/38) said they were assessed for treatment with biologics. Of those completing the 'improve asthma management' survey, 80% (148/184) said they took steps to improve their asthma management.

Conclusion Preliminary results suggest that AUK's interactive patient facing tool helps to increase SA referrals and access to biologic treatments.

REFERENCE

1. Asthma UK, Living in Limbo: the unmet need in difficult and severe asthma, 2019.

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LONG-TERM EFFICACY OF DUPILUMAB: 3-YEAR DATA OF QUEST PATIENTS WITH MODERATE-TO-SEVERE ASTHMA ENROLLED IN LIBERTY ASTHMA TRAVERSE

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Introduction and Objectives Dupilumab, a fully human monoclonal antibody, blocks the shared receptor component for interleukin-4 and interleukin-13, key and central drivers of type 2 inflammation in multiple diseases, including asthma. In the phase 3 LIBERTY ASTHMA QUEST study (NCT02414854), add-on dupilumab 200/300 mg every 2 weeks (q2w) significantly reduced severe asthma exacerbations and improved pre-bronchodilator forced expiratory volume in 1 second (FEV₁) vs matched placebo in patients with uncontrolled, moderate-to-severe asthma. The LIBERTY ASTHMA TRAVERSE open-label extension study (NCT02134028) evaluated the long-term safety, tolerability, and efficacy of dupilumab in patients who had completed a previous dupilumab asthma study. This post hoc analysis evaluated the efficacy of dupilumab in patients from QUEST who rolled over into TRAVERSE and received a further 96 weeks of dupilumab treatment.

Methods We evaluated data from QUEST patients treated with dupilumab q2w or matched placebo for 52 weeks who rolled over into TRAVERSE and received 96 weeks of dupilumab