



Refractory Asthma  
Stratification Programme

April 2017

# Breathe Deep: Issue 4

Welcome to the fourth issue of the Refractory Asthma Stratification Programme (RASP-UK) newsletter!

## Inside:

- MRC Stratified Medicine Monitoring Group Meeting
- New industry partner joins RASP-UK
- The General Assembly 2016
- Update from the RASP-UK Trial Steering Committee
- Update on work-strand progress
- Events

# Welcome to the fourth Refractory Asthma Stratification Programme - UK Newsletter

by **Gabrielle Gainsborough, Consortium Manager**

Welcome to the latest issue of the Refractory Asthma Stratification Programme (RASP-UK) newsletter. As the programme enters into its second year we are pleased to see the first patients recruited into Work-strand 2 Bronchoscopy Study.

Recruitment is our main focus this year across the five active studies: Work-strand 1 (Adherence, INCA-SUN and Biomarker Stratification Study), Work-strand 2 Bronchoscopy Study and Work-strand 3 SoMOSA. In this edition we'll share updates on the programme as well as some more in-depth information on selected work-strands.



We would be delighted to hear from you if you would like to share any relevant news with the consortium through this newsletter or if you have any suggestions or comments on the RASP-UK programme. You may even like to contribute a short article. So please get in touch with me, Gabrielle Gainsborough, at Niche Science & Technology Ltd. [gabrielle.gainsborough@niche.org.uk](mailto:gabrielle.gainsborough@niche.org.uk)

In this issue we cover...

- New industry partner joins RASP-UK
- Highlights since the last newsletter
- Update on work-strand progress
- Upcoming events

# Feedback from the MRC Stratified Medicines Monitoring Group



RASP-UK underwent its second progress review by the MRC on 18 Nov 16. There was a lively discussion with the group about recruitment, challenges faced with the new HRA approval process for clinical trials in England, and the importance of patient public engagement in clinical trials.

The group were encouraged by the recruitment progress to date but wanted to emphasise the importance of delivering each of the studies within the programme. It was agreed that the T2-Low space still requires work in order to fully understand this population. The group noted that Industry is now taking non-adherence more seriously, and this is likely to be transformative in the next 3 – 4 years.

In conclusion, the group agreed that the consortium is progressing well and that we are on target to deliver the programme.

## New Partner joins RASP-UK

We'd like to welcome GlaxoSmithKline to the consortium. GSK signed up to join the programme in late Dec 2016 and plan to support an adherence intervention study building on some of the learning from RASP-UK.

The executive management team are also working on finalising arrangements to welcome yet another new industry partner into the consortium. We expect to be able to provide more details of these negotiations in the next newsletter.



# General Assembly 2016:

The second RASP-UK General Assembly Meeting was held on 6 Dec 2016. It was a great opportunity for the partners to meet and share the achievements from 2016, as well as looking forward to the challenges ahead for delivery of the programme. We had updates on all the work-strands as well as a look ahead to future research which aims to build on the learning's from RASP-UK. Thanks to all of you who attended and those members of the consortium who presented updates.



At the meeting Dr Tim Hardman, Managing Director at Niche Science & Technology Ltd had time to describe some of the activities planned to promote our consortium through our dissemination and exploitation publication strategy. Copies of the 'Toot your horn' summary document are available from Tim on request ([tim.hardman@niche.org.uk](mailto:tim.hardman@niche.org.uk)). Asthma UK also took the opportunity to interview Ian Pavord, Ratko Djukanovic, John Matthews and Salman Siddiqi about RASP-UK. We are currently investigating ways of using these interviews to promote the activities of the consortium.



## Update from the RASP-UK Trial Steering Committee

The RASP-UK Trial Steering Committee (TSC) met again on 02 March 17 to review safety in Work-strands 1, 2 and 3. There were no safety concerns however the committee echoed the feedback from the MRC that recruitment remains the primary focus for the studies in 2017. They congratulated the team on their progress to date and agreed that the next review should take place in September 2017.

# Asthma UK discusses RASP-UK

**By Tim Hardman,  
Managing Director,  
Niche Science & Technology Ltd**

In its recent white paper on severe asthma, The [Severe Asthma Report 2017](#), Asthma UK describes how action is urgently needed to improve the prospects for people with severe asthma. In the report they reveal the challenges of treating this complex condition and discuss how UK industry and researchers can lead the global challenge to develop accurate diagnostics and treatments for the global population of people with severe asthma.

In the report Asthma UK describes how The Refractory Asthma Stratification Programme ([RASP-UK](#)) is leading the way. The study builds on the findings of [U-BIOPRED](#) and other biomarker-based research projects.



*Deep concentration in the front rows at the second RASP-UK General Assembly Meeting held in London on 6 Dec 2016.*





# Work-strand 1

## A prospective randomised multicentre study to optimise management of symptomatically uncontrolled asthma patients (INCA-SUn)

**By Professor Richard Costello  
and Lorna Lombard,  
Royal College of Surgeons in Ireland**

The INCA-Sun study is now open in five centres across Ireland: Beaumont Hospital Dublin; St. Vincent's Hospital, Dublin; Connolly Hospital, Dublin; Cork University Hospital, Cork; Belfast City Hospital, Belfast. Across all sites there have been 69 patients enrolled into the study – 66 have been randomised to date. Thirty two patients have completed the study. The recruitment target is 220 patients in total and recruitment is currently due to end in August 2018.

For updates on the latest INCA technology news follow us on twitter: @INCA\_team or visit our website: <http://www.incadevice.com/>

## RASP-UK on Twitter

As part of our commitment to fulfilling the MRC requirement to build a legacy network of investigators engaged in our field of asthma research and eager to promote our findings and progress in the field of asthma treatment, we have started our RASP-UK Twitter feed. Please follow us at [twitter.com/Br3ath3\\_Deep](https://twitter.com/Br3ath3_Deep). We are looking to tweet about all things related to the study of asthma.



# INCA

**Inhaler  
Compliance  
Assessment**



# RCSI



**GlaxoSmithKline**

# Work-strand 1

## Biostratification Study: summary of the Delphi exercise

By Professor Liam Heaney

Thanks to all of the partners who responded to the three rounds of questions circulated in Nov/Dec 2016 to gain consensus on aspects of biomarker based corticosteroid adjustment in severe asthma.



The findings suggest that a 25-30% treatment difference in ICS /OCS would be clinically meaningful. Data from this exercise supports a modified recruitment target for the study; 300 patients (240 in biomarker arm and 60 in symptom based arm) will give 80% power to detect a 17% difference in proportions of patients reducing steroid treatment in the control and intervention groups (assuming a 20% drop out rate).

The RASP-UK Executive Management Team (EMT) plan to extend this exercise to patients via the RASP-UK patient input group and to a wider group of respiratory physicians, in the UK in the first instance, but also potentially in Europe through the recently supported European Clinical Research Collaboration in Severe Asthma (SHARP-CRC) . We'll update you on the results as they become available.

# Work-strand 1

## Adherence

The Adherence programme is well advanced and data to date confirms that measuring FeNO suppression over a 7-day period allows stratification into inhaled steroid responsive subjects. 10/12 centres are using FeNO suppression testing as part of their clinical assessment of adherence and 292 patients have participated to date.

The test has been validated against biomarker profile and clinical outcome (ACQ and lung function) on standard high dose inhaled corticosteroid / LABA treatment (30 day biomarker profile) confirming it identifies subjects who derive important clinical benefits from optimised ICS/LABA treatment.

# Work-strand 1

## Biostratification Study update



**By Dr Avril Horn**  
**Work-strand 1 Project Manager**

Thanks to everyone's efforts, there are now over 170 patients enrolled in to the RASP study. The quality of the data is very good and compliance with the protocol is consistently high.

Site	Total Screened	Total Randomised
Belfast	42	30
Glasgow, Gartnavel	36	23
Oxford	26	22
Leicester	28	19
Birmingham	27	12
Glasgow, Stobhill	31	12
Southampton	24	11
Newcastle	23	10
Manchester	25	10
UCL, London	10	8
Brompton, London	16	8
Nottingham	15	7
<b>Total</b>	<b>303</b>	<b>172</b>

### *Sputum samples in the biostratification study*

As the next cohort of patients is enrolled, one aspect of the study that could be strengthened is sputum sampling. To date we have had 92 samples of induced sputum taken at baseline. Of these, 71 samples have been of sufficient quality to use for differential cell counts. This is 42% of all potential baseline samples.

There have been 61 exacerbation visits done, from which there have been 28 sputum samples taken. Of these, 24 have been suitable for analysis, 39% of all potential exacerbation samples. Of the samples taken but not analysed, the principal reason given for samples not being suitable has been that the samples have been of poor quality (21 baseline samples and four exacerbation samples). These samples have, in general, contained too many squamous cells.

Can we therefore please ask that particular attention is paid to the number and quality of sputum samples for both baseline and exacerbation samples to allow us to generate as much useful data as possible.

And finally.....please try and facilitate as many exacerbation visits as possible at your centre!



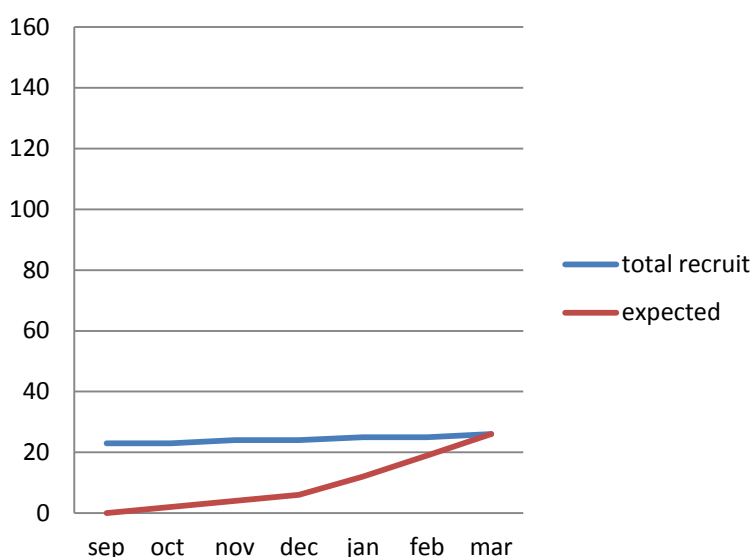
# Work-strand 2

## Bronchoscopy study update

Four centres are open to recruitment: Belfast; Glasgow, Leicester and Nottingham. Birmingham, Oxford and Southampton will open over the next few months.

The study has benefited from legacy samples from the CLAVIER study; 19 samples will be available for the non-optimised composite biomarker low group. In addition, there are legacy samples from Leicester and Southampton which will also be used to contribute to the non-optimised biomarker low cohort.

Recruitment for WS2 bronchoscopy study including pre existing samples



# Work-strand 3

## SoMOSA Update

### ***We have turned a corner!***

This newsletter must start on a very positive note. The SoMOSA team has done well. Thank you all: study nurses, coordinators and doctors as well as all members of the severe asthma MDTs who have been the source of all our participants in SoMOSA. Could you all please convey a special thanks to your patients who have agreed to take part in this pivotal study, recognising its value both to science and clinical practice.

### ***Where are we now?***

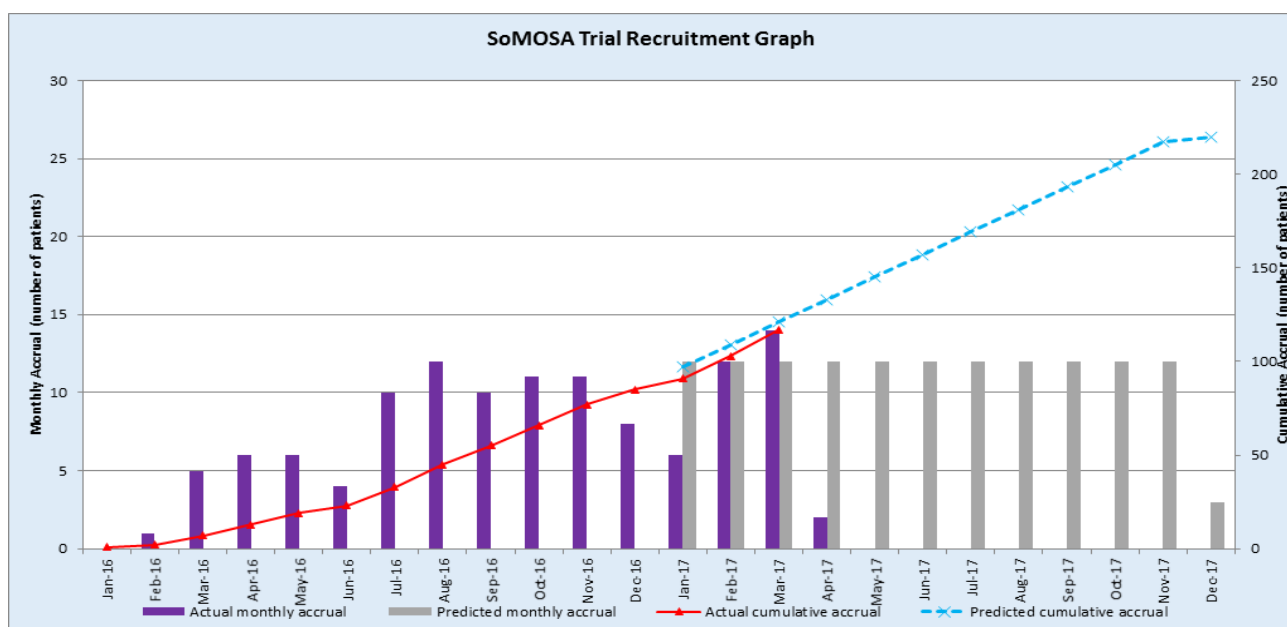
As you all know, after careful reflection and wide consultation, we sought and got permission to extend recruitment by another 9 months, until December of this year. February was a turning point. We achieved solid recruitment for two consecutive months: 12 patients in February and 13 in March. We now have 119 patients in total.



# Work-strand 3

## SoMOSA Update (continued)

Seventeen sites are now recruiting. The addition of new sites Plymouth, Bradford, Liverpool, Leeds and Cambridge has given us a real boost. Plymouth and Bradford have been particularly effective with 3 and 2 patients recruited so soon after opening. Although not in the top league in football (sic), Portsmouth is clearly top of the SoMOSA league (21 patients), with Glasgow not far behind (15) and Southampton and Birmingham in third and fourth place (13 and 10). After a lull, Manchester is picking up very successfully, currently with 9 patients recruited. The other centres are also doing well, although a couple have had operational issues which they are working hard to resolve.



Most centres have had problems with winter exacerbations which explains the dip in recruitment during November and December. Otherwise, we are now back to 10+ patients per month. In summary, the effort from you all is excellent and this is translating into success.

### Going forward

We have nine months to complete. If we do so at a rate of 12 per month we will meet our target. With all 17 centres looking for suitable patients, surely this is achievable. As ever, please let us know if there are any problems. A number of teams are regularly attending the SoMOSA sites forum, which takes place once a month usually on Tuesday afternoons just before the SoMOSA Study Management group TC. Please try to join these TCs not just to seek clarification for some operational issues but also to advise others on things that you have done well.

We will be meeting again at the RASP-UK meeting associated with the Winter BTS meeting and this time it would be good to have as many centres represented. Keep up the positive energy!

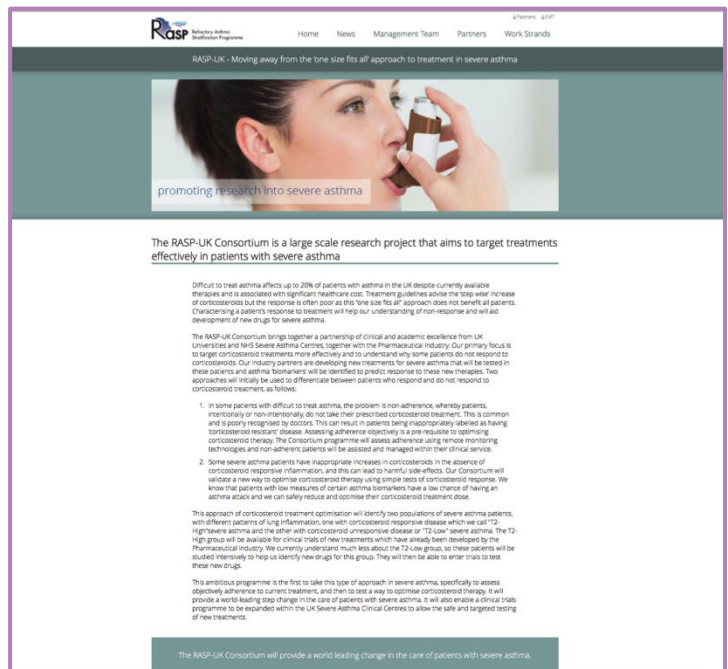
# RASP UK Events

- MRC Stratified Medicine Monitoring Group Meeting  
– 19th May 2017
- RASP-UK 2017 General Assembly Meeting - 7th  
December 2017

## Website

The RASP-UK website holds copies of all relevant study documents through the secure login portal at:  
<http://www.rasp.org.uk/>.

If you would like to add any documents to the website or if you have any questions or comments on the website, please contact Gabrielle at Niche Science & Technology Ltd  
([gabrielle.gainsborough@niche.org.uk](mailto:gabrielle.gainsborough@niche.org.uk))



## Newsletters

Please let us know if you would like to share any news with the RASP-UK consortium. Your suggestions or comments on the RASP-UK programme are always welcome! Simply contact Gabrielle at Niche.

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## Twitter

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