# Validation of real-life asthma research endpoints (Real-life asthma endpoint validation)

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## Administrative details

<b>EU PAS number</b> EUPAS4860	
Study ID 31033	
DARWIN EU® study No	
Study countries United Kingdom	

## Study description

The results of real-life respiratory studies often meet with challenges from peer reviewers who are unfamiliar with the described methods. Particularly problematic are real-life outcomes that refer to "asthma control," as they differ from the traditional, validated clinical tools. Reviewers often challenge the endpoints, and composite endpoints, used in database studies in terms of their validity – are they truly are accurate reflections of the clinical reality they are attempting to measure. Usually these concerns implicitly assume (that the gold standard in outcome assessment are the measures used in prospective randomized controlled trial (RCTs), and thus request information regarding the association between real-life outcome assessments and RCT-used tools. The aim of this study is to validate a series of objective asthma control measures that have been used in published real-life respiratory research. The outcome measures will be compared to patient-reported outcomes and/or to validated RCT asthma measures (as appropriate). Where possible, their validity, responsiveness and predictive value will also be assessed and a rank order of outcomes (and possibly hierarchical modelling) will be established to aid in appropriate outcome selection for future database studies.

## Study status

Finalised

## Research institutions and networks

## **Institutions**

Research in Real Life

First published: 01/02/2024

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Institution

## **Networks**

Respiratory Effectiveness Group (REG)
Belgium
Denmark
France
Germany
☐ Greece
Hungary
Italy
☐ Netherlands
Spain
Sweden
United Kingdom
First published: 07/07/2021
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Network ENCePP partner

# Contact details

Study institution contact

## Annie Burden enquiries@regresearchnetwork.org

Study contact

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## **Primary lead investigator**

Richard Martin

**Primary lead investigator** 

## Study timelines

## Date when funding contract was signed

Planned: 15/02/2013 Actual: 30/08/2013

## Study start date

Planned: 01/01/2004 Actual: 31/12/2012

## Date of final study report

Planned: 30/04/2013 Actual: 01/01/2018

# Sources of funding

Other

## More details on funding

Respiratory Effectiveness Group, Research in Real Life

# Study protocol

Endpoint validation\_REG study proposal\_26Feb13\_FINAL\_ADEPT APPROVED 30Sept13.pdf(1.53 MB)

# Regulatory

Was the study required by a regulatory body?

No

Is the study required by a Risk Management Plan (RMP)?

Not applicable

# Methodological aspects

Study type

Study type list

## **Study topic:**

Disease /health condition

#### Study type:

Non-interventional study

## Scope of the study:

Assessment of risk minimisation measure implementation or effectiveness

Disease epidemiology

Drug utilisation

Effectiveness study (incl. comparative)

#### **Data collection methods:**

Secondary use of data

## Main study objective:

To validate a series of objective asthma control measures that have been used in published real-life respiratory research. The outcome measures will be compared and contrasted to patient-reported outcomes and/or gold-standard, validated asthma control tools and measures (as appropriate).

## Study Design

## Non-interventional study design

Other

## Non-interventional study design, other

Validation study

## Study drug and medical condition

#### Medical condition to be studied

**Asthma** 

## Population studied

#### Short description of the study population

Patients within the OPCRD dataset who:

- (i) Either start, step-up or change maintenance ICS asthma therapy at an index prescription date (IPD) (i.e. the IPD for each eligible patient is the date at which they initiated, stepped-up or changed therapy)
- (ii) Have  $\geq 2$  continuous years' practice data, including  $\geq 1$  year before the index prescription date and  $\geq 1$  year after the index prescription date
- (iii) Have an asthma diagnostic code and/or receive  $\geq 2$  respiratory prescriptions in the year before IPD (baseline year) and  $\geq 2$  respiratory prescription in the year after IPD (outcome year) (i.e.  $\geq 1$  in addition to that prescribed at IPD) (iv) Aged 5-60 years

#### Age groups

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

Adults (18 to < 46 years)

Adults (46 to < 65 years)

#### **Special population of interest**

Other

#### Special population of interest, other

Asthma patients

#### **Estimated number of subjects**

66500

## Study design details

#### **Outcomes**

• Risk Domain Asthma Control (RDAC): database composite measure • Overall control: RDAC+limited symptom relief • Severe exacerbation (composite based on ATS/ERS definition) • Clinical definition of exacerbation (extended version of 3) • Mediation possession ratio • Treatment success: RDAC + no use of additional therapy • Asthma/respiratory-related in patient admissions • Oral Thrush

#### Data analysis plan

Where possible, and relevant, endpoints will be assessed in terms oftheir:

Validity: a measure of their clinical relevance, the extent to whichthey reflect
the clinical reality of interest. Comparison against RCT tools will use ordinal
logistic regression (univariate analysis) and binomial logistic regression
(multivariate analyses). ROC curve analysis will aid identification of appropriate
thresholds. Responsiveness: the extent to which they respond to
appropriate(defined as guideline-recommended) treatment. NB: an endpoint
can be valid without being responsive. Stats test: McNemar Test.

"Predictiveness": the extent to which the measure is associated with risk of
future asthma exacerbations. NB: not all endpoints would not be expected to
(nor will be) predictive of future exacerbation risk. Analysis approach:
multivariate analysis. Exploratory Analysis: Investigate internal consistency
ofcomposite variables:o GINA Controlo RDACo OAC.

## **Documents**

## **Study publications**

Colice G, Chisholm A, Dima AL, Reddel HK, Burden A, Martin RJ, Brusselle G, Pop...

## Data management

## Data sources

#### Data source(s)

Optimum Patient Care Research Database

#### Data sources (types)

Other

#### Data sources (types), other

The Optimum Patient Care Research Database (OPCRD). OPCRD contains all records from primary care practices in the UK who subscribe to the Optimum Patient Care (OPC) respiratory review. The dataset consists of both routine primary care electronic patient records + patient-reported questionnaire data (for a subset of patients who completed disease-specific questionnaires as part of the review)

## Use of a Common Data Model (CDM)

## **CDM** mapping

No

# Data quality specifications

#### **Check conformance**

Unknown

#### **Check completeness**

Unknown

## **Check stability**

Unknown

## **Check logical consistency**

Unknown

# Data characterisation

## **Data characterisation conducted**

No