

Development of the International Severe Asthma Registry (ISAR): a modified Delphi study

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Background

- Registries are valuable tools for the disease surveillance
- However, a majority of severe asthma registries are **limited** to regional or national settings, each collecting unique set of data fields
- There is a lack of a standardised variables in existing registries, disabling the exchange of data across registries
- The aim of this study was to use a modified Delphi process to reach consensus on relevant and feasible set of variables for collection in a clinical setting to be collected for the International Severe Asthma Registry (ISAR), that was most







Methods

- Delphi panel
 - -27 experts (with a chair) in the field of severe asthma research
 - Represented <u>16 countries</u>
- Panel selection criteria
- The process: 3 iterative rounds. In each round:
 - Panel members were issued an electronic ISAR Delphi workbook to vote and comment for the inclusion of variables
 - Variables with 'undecided' consensus for inclusion/exclusion → submitted for evaluation in the subsequent round

Criteria for consensus

- Variables receiving ≥66.6% consensus were selected as ISAR Core variables.
- Variables receiving 50%-66.6% consensus ("undecided") were circulated for another round of review
- Variables receiving <50% consensus were removed.

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Results

- A total of **747 variables** were identified and compiled from longstanding severe asthma registries: <u>UK</u> and <u>Australia</u>
- The Delphi workbook consisted of
 - Potential Core: 115, common to UK and Australia
 - Suggested: 632, unique for either registry









Conclusion & Implications

- The Delphi process was utilized to gain anonymized international consensus on a set of standardised variables
- Less than 100 core variables offers relatively small data entry burden for healthcare professionals
- The first international severe asthma registry (ISAR) now allows for exchange of data across registries worldwide.
 - -The international scientific community will have access to **larger databases** to conduct research with **improved power**, which further increases the **precision** of research results
 - Ultimately, the ability to identify severe asthma phenotypes and best clinical management practices will be heightened

