



EMPIRE
(IPF)

European **M**ulti**P**artner **I**PF **R**Egistry 7th international SC meeting

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Current status of the registry

Representation of countries in EMPIRE registry

- **Czech Republic (10 sites)**
- **Hungary (6 sites)**
- **Poland (9 sites)**
- **Slovakia (6 sites)**
- **Serbia (3 sites)**
- **Turkey (1 site)**
- **Croatia – (3 sites)**
- **Israel – (1 site)**
- **Bulgaria – (1 site)**



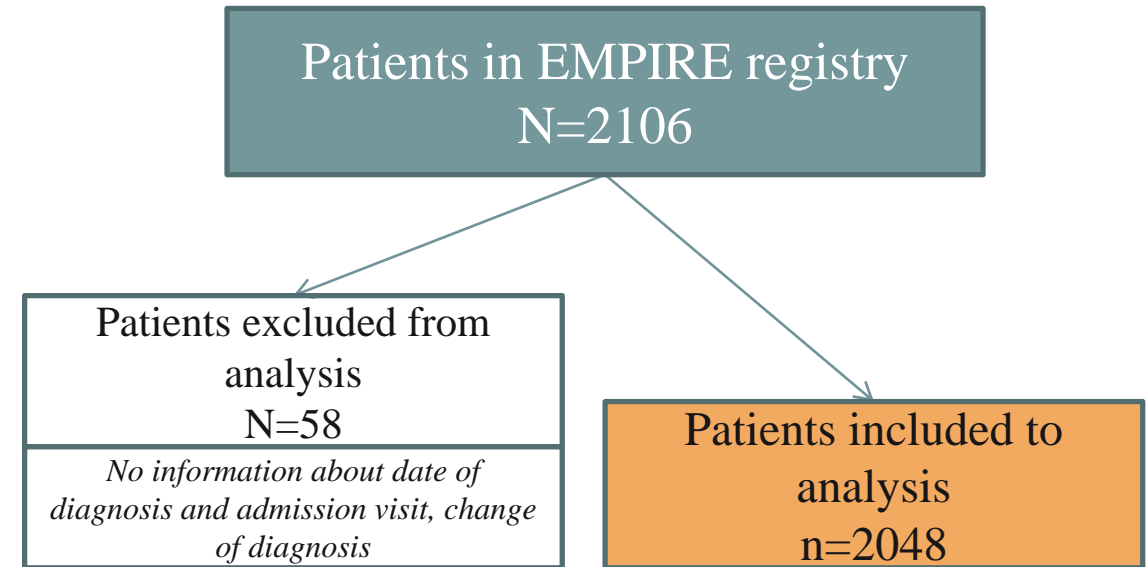
Newcomers

Country	Comment
Poland	1 new site joined the registry
Hungary	3 new sites want to join the registry (Sent e-mail with core information, negotiation with Dr. Márk from Törökbálint Pulmonology Institution)
Serbia	1 new site wants to join the registry (Sent e-mail with core information)
Austria	Since this week we have been in touch again
Romania	Negotiation with Irina Strambu about possibility to join the registry
Latvia	Sent e-mail with core information to Alvis Krams



Representation of countries in EMPIRE registry

Country	N (%)
Czech Republic	817 (39.9%)
Turkey	377 (18.4%)
Poland	366 (17.9%)
Hungary	182 (8.9%)
Slovakia	159 (7.8%)
Serbia	84 (4.1%)
Croatia	45 (2.2%)
Israel	18 (0.9%)



date of export: 1.2.2018



Financial support

- **Active contract with Boehringer Ingelheim RCV till the end of year 2019**
- **Since December 2017 active contract with Roche CZ supporting IIS study (financial support of the Czech part of the registry) led by prof Vasakova**
- **With Roche Global has been preparing IIS study to support the registry**
 - Final analysis on data 2015 – 2017
 - Publication and Clinical Study Report (CSR) will be written





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**Welcome guest
TIME for discussion**

ARIANE- IPF

- Despite large phase III trials recently conducted in IPF, there is a number of important questions that remain unanswered regarding the natural course of disease (rate and outcome of acute exacerbations of IPF), the tolerance, safety and efficacy of available drugs in real life setting, the patterns of care and heterogeneity of cases across Europe, comorbidities, genetic determinants of increased susceptibility to the disease and predictors of disease outcome and treatment response. There are also unmet needs regarding translational research based on well phenotyped patients with IPF. Currently most of the registries are run at a national level. The ARIANE-IPF platform would allow to answer research questions that could not be answered by national registries.





Vote overview of SC members since previous meeting

Update of web

- **Update of web with the document „Rules of the registry“ and „SC meeting minutes“**
 - In addition, the list of the publications has been added
 - ✓ **Approved by all SC members**
 - ✓ **Done**

Background information

1. Introduction

Data security within the registry is of key importance, and a special attention must be paid to this issue. Data of the EMPIRE project are stored in a database system which was originally based on a modified version of TrialDB system^[1-3]. This on-line system has undergone changes in layout and structure, which has made data entry even more comfortable, while security measures have been maintained at the same level as before.

The system has been designed as a robust base for collection of large amount of data in clinical trials and/or clinical registries, is fully customized to the structure of the EMPIRE project. The on-line application is accessible to
guaranteed via
does not allow

Authentication for users from participating centres – login is the same as the login to the registry

Username:	<input type="text"/>
Password:	<input type="password"/>
	<input type="button" value="Send"/>

→ **Are you user of the registry and have you forgotten your password?**

[Please contact our help desk staff.](#)

[Roles and processes in the project, meeting minutes](#)

(only for users from participating centres, accessible after login)

Project documents



[Entry to registry](#)

[Homepage](#)

[FAQ](#)

[Participating centres](#)

[Publications](#)

[Background information](#)

[Guarantee](#)

[Data overview](#)

[Contact](#)

Publications and presentations

[2017](#) | [2016](#)

2017

Articles in international journals

- Doubková M, Švancara J, Svoboda M, Šterclová M, Bartoš V, Plačková M, Lacina L, Žurková M, Binková I, Bittenglová R, Lošťáková V, Merta Z, Šišková L, Tyl R, Lisá P, Šuldová H, Petřík F, Pšikalová J, Řihák V, Snížek T, Reiterer P, Homolka J, Musilová P, Lněnička J, Palúch P, Hrdina R, Králová R, Hortvíková H, Strenková J, Vašáková M. [EMPIRE Registry, Czech Part: Impact of demographics, pulmonary function and HRCT on survival and clinical course in idiopathic pulmonary fibrosis](#). *The Clinical Respiratory Journal* 2017 [Epub ahead of print].

Presentations at international conferences



Radiological criteria for the IPF diagnostics

- **Radiological criteria for the IPF diagnostics**

- study testing new radiological criteria for the IPF diagnostics, currently published by Fleischner society in the Lancet
- Preliminarily it has been arranged with Dr. Simon Walsh
- The patients with available HRCT in the date of diagnosis and further available HRCT after 12 months (± 2 months) at least, eventually after 18 months or 24 months, would be selected
- ✓ **Approved by all SC members**
- ✓ **Last communication with Dr. Walsh about the idea what will be required to pull all of these HRCTs together**



Support the local reimbursement extension request in Israel

- **Analysis to support the local reimbursement extension request in Israel**
 - The Israeli reimbursement committee was about to publish its decision regarding the reimbursement criteria extension requests for Ofev and Esbriet.
- ✓ **Approved by all SC members**
- ✓ **Analysis done**



„Patient Portrait“ analysis

- **„Patient Portrait“ analysis**

- Analysis focused on baseline characteristic, demography, survival curves for individual treatments, etc.
- Lots of this information in the annual summary report
- Abstract submitted to ERS

- ✓ **Approved by all SC members**

- ✓ **Abstract done**



Does body mass index influence survival of patients with idiopathic pulmonary fibrosis?

- **„Does body mass index influence survival of patients with idiopathic pulmonary fibrosis?“**
 - Analysis for professor Mogulkoc
 - Abstract submitted to ERS
- ✓ **Approved by all SC members**
- ✓ **Abstract done**



"Real world: nintedanib in IPF"

- „Real world: nintedanib in IPF“
 - Analysis for professor Vasakova
 - Background for presentation during CIPF meeting
- ✓ **Approved by all SC members**
- ✓ **Analysis done**





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Publications in progress

Submitted abstracts for ERS 2018

Title	1 st author	Submission
Does body mass index influence survival of patients with idiopathic pulmonary fibrosis?	Nesrin Mogulkoc	ERS
Differences in baseline characteristics of newly diagnosed IPF patents in the EMPIRE countries	Veronika Müller	ERS
Bleeding risk in Central European IPF patients treated with different anticoagulants	Veronika Müller	ERS
Real world idiopathic pulmonary fibrosis in the EMPIRE registry	Martina Vašáková	ERS



EMPIRE manuscripts

- **Professor Samy Suissa together with his student Tanja Tran are finishing the publication from EMPIRE registry**

„Idiopathic pulmonary fibrosis in Central and Eastern Europe: the European MultiPartner IPF Registry (EMPIRE)“

- **The manuscript will be submitted to ERJ**



Planned IIS study proposals from last SC meeting

- **Prof. Müller – Bleeding complications** ✓
 - analysis done
- **Prof. Müller - Cross country differences in EMPIRE (different profile of IPF patients per country)** ✓
 - analysis done
- **Prof. Müller – rapid decliners – prolong to 1 year** ✓
 - analysis in preparation
- **Prof. Vašáková – Overall and country analysis on treatment of pirfenidone and nintedanib** ✓
 - analysis done
- **Prof. Kramer – transplantation**





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Rules of the registry, Contracts, Payments

Manuscript submission

- **Prior to any written, oral or audio-visual publications of the Results**
- **First submit to BI a manuscript of the proposed publication at least sixty (60) days in advance**
- **To protect a patentable invention or changed to avoid disclosure of Confidential Information, trade secrets or know-how, to ensure the accuracy of the publication, or to enable scientifically relevant supplementary information to be provided**
- **Don't forget to add a statement regarding BI support**



SC meeting contracts

- **For SC meeting in Budapest → separate one day contract needs to be signed**
- **Send in advance via e-mails**
 - 1 contract for SC meeting in Budapest (2 original copies)
 - 1 tax questionnaires (2 original copies)
- **It is necessary that all SC members attending SC meeting are signed in Attendance list → fee is based on that list**

Reimbursement of payments

- **Quality of Life questionnaire**
 - In the database the validation is set up per patient not per form
 - In the case any patient has FUP without obligatory QoL the patient gets invalid
 - This discrepancy has to be deleted otherwise any other valid FUP will be not paid
- **During the calculation of payments we can set up the validity per form**
- **Unfortunately the patient will be still seen as invalid in the database**





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eCRF changes

Planned changes from last SC meeting

- **Patients considers lung transplantation (Y/N)**
 - Patient refused
 - Comorbidities
 - Age
- **GAP score**
- **CPI index – voting**
- **The possibility of uploading HRCT scans - voting**

CPI index

- **Options:**

- For the determination of % of predicted values FVC, FEV1 and TLco the equations from year **1983**
- For the determination of % of predicted values FVC, FEV1 and TLco the equations from year **2012** (FEV1 and FVC) and **2017** (TLco)

- **Results:**

- 1983 – **9 votes**
- 2012/2017 – **22 votes**
- No response – **16**



HRCT scans voting

- **Uploading of HRCT scans into the database**
 - No personal data can be uploaded in the registry, blinded data only
 - Professor Müller question:
Will it be an optional step or obligatory?
- **Results:**
 - Agree – 16 votes
 - Not agree – 12 votes
 - No response – 13



Changes of eCRF based on the queries/discrepancies

- **Professor Müller request**

- In our unit we use mmHg for blood gases. The conversion is easy, however very timeconsuming if we have to devide all pO₂ and pCO₂ values. Is it possible to choose the unit? kPa or mmHg?

- **„Duration of symptoms at the time of diagnosis establishment (months)“**

- 4 patients in the database year instead of the months

- The upper limit for the number of months? – validation alert to high number





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TIME for discussion

Medical University of Warsaw

- One of our IPF patients treated with pirfenidone died due to a myocardial infarction in the third week of treatment.
- Yesterday, another of our IPF patients, also treated with pirfenidone (third month), was admitted due to typical symptoms of unstable angina and is currently waiting for coronarography. Although things are not so obvious in the first case, in the second patient there is a close time relationship of the symptoms with the onset of pirfenidone treatment, furthermore, the retrosternal pain seems to resolve with longer intervals between pirfenidone doses and reoccurs after its intake. Therefore, as from today, we decided to terminate the treatment.
- Both patients reported a history of coronary artery disease.
- We would be very grateful for any information from the other EMPIRE members, if they had had such an experience with their patients treated with pirfenidone. To our knowledge, no reports of such adverse events with pirfenidone are available, although nintedanib may be associated with an increased risk of myocardial infarction.
- If there is indeed a link between pirfenidone and these cardiac events, this requires further steps and calls for utmost caution when treating patients with coronary artery disease. It would be important to disseminate this information to all who treat their patients with this drug.





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**Thank you for attendance on the
7th international SC meeting**