



**The AirPROM
Project Prospectus:
Values,
Achievements,
Services**



Funded by the European Union

Our background and aims

AirPROM stands for 'Airway Disease Predicting Outcomes through Patient Specific Computational Modelling'. This is the name for the 5 year EU-funded project (2011-2016), which has aimed to produce computer and physical models of the whole human airway system. These models will help scientists and doctors predict how people affected by asthma or chronic obstructive pulmonary disease (COPD) will react to different treatments.

Developing accurate models will provide:

- Better diagnosis of different types of asthma and COPD
- Better monitoring of the disease
- Better matching of the right treatment to each patient
- Better tools for more targeted research
- Better understanding of the disease
- Improved quality of life due to personalised medicine

AirPROM Network vision

AirPROM will become recognised as a global leader for the provision of expert services, translational research and development, validation and approval of patient specific computational modelling for airways diseases.

- AirPROM will be independently sustained as an important collaborative organisation
- AirPROM will have an established brand for the provision of global expertise, translational research and the development of patient specific computational modelling products and services
- AirPROM will have a strong influence in the market and be internationally recognised for developing and validating patient specific computational models

Enabling precision medicine

AirPROM has demonstrated how an integrated approach, involving modelling, measurement and clinical validation, can accelerate the development of new therapies and improve existing methods. To build on this AirPROM is taking forward the unique mix of skills and expertise within the AirPROM network.

AirPROM proposes that applying computer modelling can reduce the number of study participants needed in clinical trials, while also leading towards a more precision medicine approach, where patients can be assessed and treated on a more individual basis.

The societal impact of AirPROM, through improved quality of life for airway diseases patients and reduced costs of healthcare, highlights the scope and potential to continue the work within the AirPROM network and connect this learning with the work of other partners.

Taking the partnership forward

AirPROM has brought together 34 partners across Europe from universities, research institutes, the biopharmaceutical industry, patient organisations, small companies and existing research projects with expertise in physiology, radiology, image analysis, bioengineering, data harmonization, security and ethics, computational modeling, systems biology, and health communication.

The AirPROM Network will build on this partnership and its achievements, to turn the AirPROM vision into clinical practice.

Building on success

AirPROM has seen great success, which has demonstrated that significant benefits can be obtained from the AirPROM approach, while also considerably advancing the state of knowledge of asthma and COPD. The key achievements underpinning the continuing work are:

- more than 80 high quality peer-reviewed scientific papers produced by partners and presented at key medical and industry conferences, including the ATS Congress and ERS Congress from 2012 to 2016
- the generation of a comprehensive Knowledge Base of patient details, clinical evaluations, scans and derived data, such as the 3D segmented geometries, and outcomes, as well as creating new data mining tools

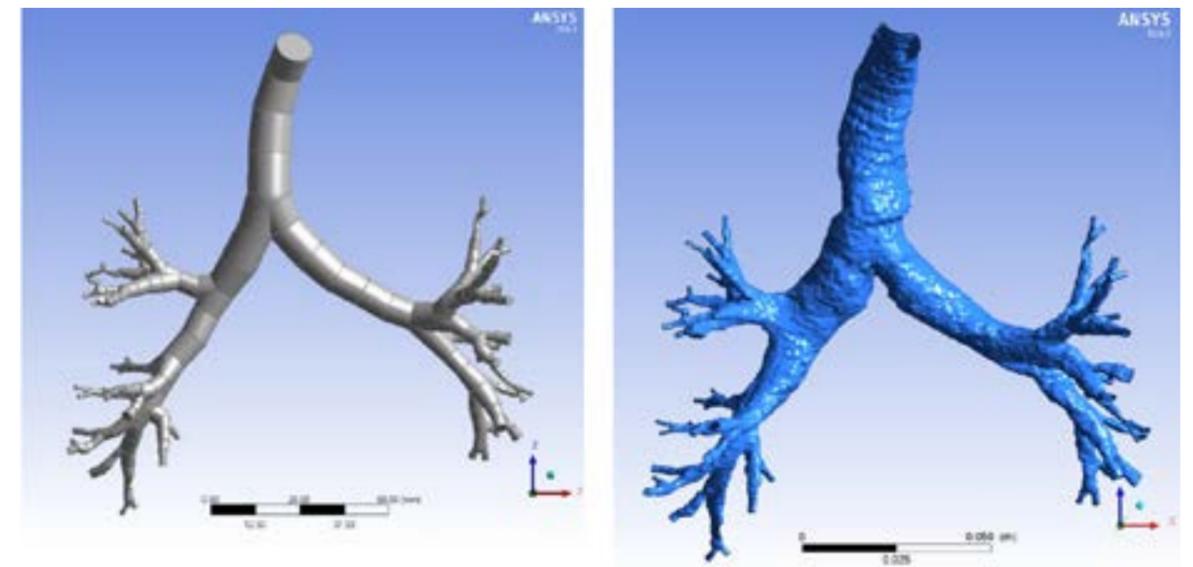


Figure 1: Skeletonisation and surface CFD mesh (credit: ANSYS - produced within the AirPROM project)

- production of enhanced software, models and workflows. These include specific models for particular issues, and integrated models, to predict the interactions between the phenomena from cellular scale to organ scale
- validation of its key models
- participation in several key, ground breaking clinical trials, to demonstrate increased value for clinical trials through the AirPROM approach, adding in complementary modeling to give greater understanding of the trial results.



Outputs in focus

- Basic discovery genetics and bio-statistical modelling:
 - ◆ The largest study of severe asthma genomics
 - ◆ The largest study of COPD airway transcriptome
 - ◆ The first study of genomics and trait analyses in severe asthma for inflammation and CT-determined airway remodelling
- Clinical trials and computational modelling:
 - ◆ The first study to demonstrate efficacy of anti-DP2 upon airway inflammation and remodelling
 - ◆ The first computational model of eosinophilic airway inflammation and remodelling
 - ◆ Enhanced computational model of thermoplasty validated by a clinical trial in severe asthma

Figure 2 shows flow streamlines in the airways, and the blockage effect of the catheter and electrodes. For the smaller airways, the catheter will be much larger compared to the airway radius, and hence the flow blockage effects would be much greater.

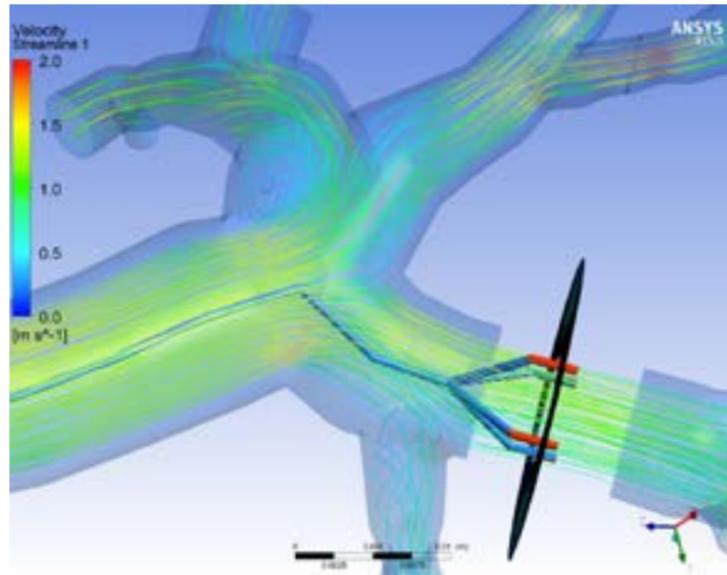


Figure 2: 3D CFD model of the thermoplasty showing flow streamlines.
(credit: ANSYS - produced within the AirPROM project)

- Computational models of airway physiology
 - ◆ First computational models of oscillometry, multiple breath washout and spirometry open access through CHASTE (Cancer, Heart and Soft Tissue Environment software developed by University of Oxford)
- Functional Respiratory imaging
 - ◆ Development of a new work flow to enable high throughput 3D mesh generation from CT scans and computational fluid dynamics to inform our understanding of heterogeneity of airways disease and response to therapy
- Commercialisation
 - ◆ New CT segmentation software
 - ◆ Advanced functional respiratory imaging
 - ◆ Software for multiple-breath washout analysis
 - ◆ Suite of computational tools to enhance early development of new therapies (anti-DP2 programme accelerated to Phase III)
 - ◆ Commercial software (Mimics, ANSYS) has been developed and is available under commercial licensing arrangements.

Way forward for Computational Modelling in clinical research

AirPROM has shown that computational modelling offers real and high potential in both moving towards precision medicine and increasing the efficiency of clinical trials, thereby minimising the burden on patients.

- AirPROM computational modelling successfully predicted that the mechanism of action of mepolizumab and fevipirant would have differential effects upon airway smooth muscle function.
- AirPROM models suggested that DP2 would reduce airway smooth muscle whereas mepolizumab would not. Data from clinical trials undertaken by AirPROM partners have found that indeed airway smooth muscle mass was reduced by fevipirant and potentially provide a mechanistic explanation for its greater effects upon lung function. This is the first study in a randomised placebo controlled trial to demonstrate reduction of airway smooth muscle mass in asthma which hitherto has been considered an irreversible feature of asthma.

Value and Services

- The AirPROM network and models offers the ability to plug in clinical, mathematical, statistical, imaging and computational modeling expertise into clinical trials or other respiratory or airflow related projects.
- AirPROM's strength comes from its partners. The figure below shows the client groups who can benefit from AirPROM's expertise

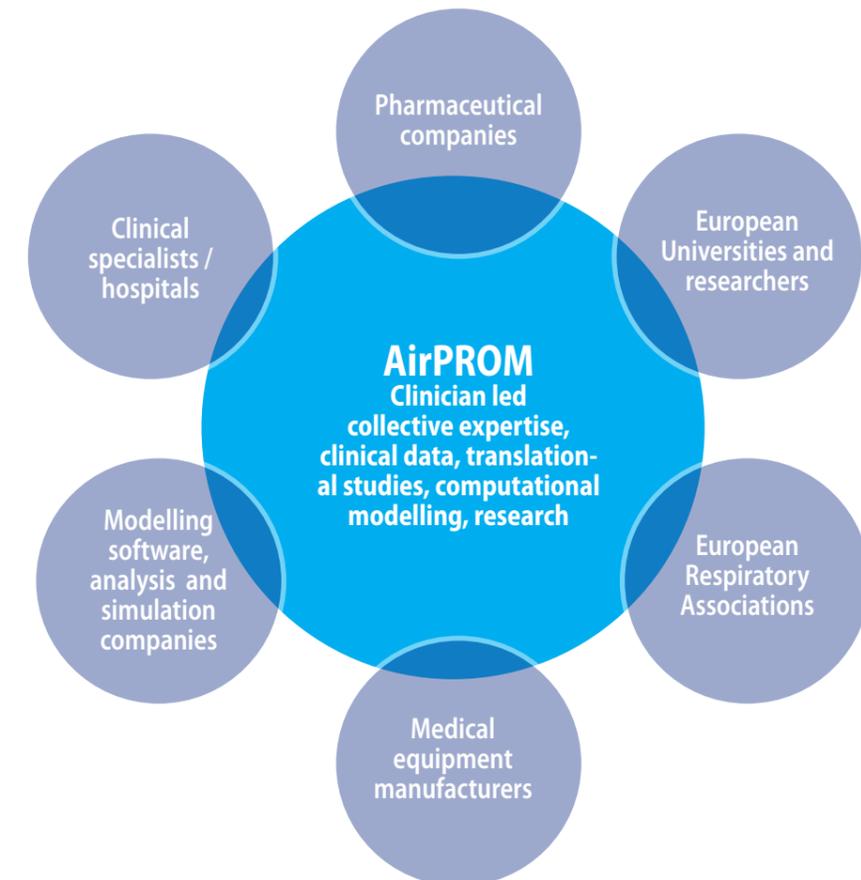


Figure 3: The AirPROM core service and prospective partners

AirPROM would be pleased to develop a tailored offer for your project, following an initial exploratory discussion. For more information on how we can help you, please contact airprom@europeanlung.org.



www.airprom.eu

T: +44 114 267 2875

E: airprom@europeanlung.org

 [linkd.in/1aKScGI](https://www.linkedin.com/company/europeanlung)

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