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ISAAC NEWSLETTER APRIL 1993

From the Steering Committee of the International Study
of Asthma and Allergy in Childhood

Dear Philippa Ellwood

We appreciate your continuing interest in ISAAC and welcome communication with you. In London, in December 1992, the Steering Committee and some other collaborators met to review the study and develop the Phase Two modules and general organisation of the study further. The minutes of the meeting will be circulated soon.

ORGANISATION OF THE STUDY

At the London meeting, the following organisational structure was agreed for 1993:

The existing Steering Committee will continue, with Innes Asher as Chairperson for 1993.

The need for regional coordination is addressed by the appointment of coordinating centres/coordinators. At the time of writing, the named centres/coordinators are as follows:

Coordination of WHO collaboration:
Wellington (Neil Pearce, Richard Beasley)

Regional coordinator for USA/Latin America/South America:
Tucson (Fernando Martinez)

Regional Coordinator for Australasia:
Auckland (Innes Asher)

Country coordinator for Canada:
Montreal (Pierre Ernst)

Country coordinator for Australia:
Melbourne (Colin Robertson)

Country coordinator for United Kingdom:
London (Ross Anderson)

Country coordinator for Germany:
Bochum (Ulrich Keil, Stephan Weiland)

Liaison person for Europe:
Ross Anderson

As the study expands into more regions, further regional coordinators may be needed. It is assumed that each coordinating centre may coordinate up to 15 other centres.

WHO COLLABORATION

A major development in the planning of ISAAC has been the interest expressed by the Division of Environmental Health of the World Health Organisation (WHO-EHE). They support the organisation of the study in general and are particularly interested in focusing upon the association between childhood asthma and air pollution. The WHO-EHE representatives are currently seeking to have ISAAC recognised as an official WHO-EHE collaborative project. However ISAAC would continue to have its own independent existence and organisation. WHO-EHE are planning a meeting with ISAAC steering committee members in October 1993.

In initial discussions between ISAAC steering committee members (Neil Pearce, Richard Beasley & Ulrich Keil) and WHO it was agreed that the link between ISAAC and WHO-EHE is anticipated to be the strongest in the "developing" countries. In these countries, funding and other resources needed for the successful conduct of the study would be needed most. There are six official administrative WHO regions (Europe, the Americas, Africa, Eastern Mediterranean, Asia and the Western Pacific including China). WHO-EHE are particularly interested in collaborating with ISAAC in the latter four regions as well as Central and South America.

It was agreed that it was very important to have regional coordinating centres if ISAAC was to be successful on a worldwide basis. Such regional coordinating centres would have regular contact with local participating centres, some of whom may need regular help and advice. These regional coordinating centres would not necessarily be data analysis centres, but would organise the steady contact and data collection on a regional basis.

The tools for ISAAC have been developed in English. Translation of the questionnaires and video should be done and tested out in a standard manner. Procedures for this are being developed further. ISAAC was designed for data collection from school children. In centres where children are mostly not in school, careful reconsideration will need to be given to sampling methods and the implementation of ISAAC.

There is enthusiasm for the video and its potential for overcoming translation difficulties. However there are obvious difficulties in using the standardised ISAAC video with its all European subjects in centres where there are few Europeans. There has already been considerable discussion about ways of dealing with this. One way would be to keep two of the current sequences (probably the first sequence and the waking with wheezing

sequence) in order to provide standardisation across regions. The other two sequences might be refilmed with children representing the predominant group in the region (eg Africa, Eastern Mediterranean, Asia and South America). A Chinese version of the video has already been produced by Chris Lai, the ISAAC principal investigator in Hong Kong. Clearly these new versions of the video would need to be tested carefully before their use in the study proper.

The timetable for ISAAC in countries using revised tools will be delayed until the tools are properly developed. We are hoping that this development work will be completed in some centres by the end of this year. Data collection would then proceed during 1994 or beyond.

REGISTRATION DOCUMENT

Centres are encouraged to join ISAAC. When an investigator is interested in taking part in the study, he/she will be asked to complete the registration document. This is being finalised and will be available from regional and country coordinators very soon. Please let us know as soon as you need this.

PHASE ONE DATA COLLECTION

We understand that this is underway in the following locations and we would like to hear of any others:

UK London:	St Georges, (using written Questionnaire in 13-14 year olds) examining seasonal differences and comparing responses from parents. Data collection will be completed by the end of May 1993.
New Zealand:	All Phase One modules, both age groups Auckland, Christchurch and Wellington, examining seasonal and ethnic variations. Nelson, Hastings and Whakatane Data collection will be completed at the end of August 1993
Australia:	Four centres, all Phase One modules, both age groups. Beginning data collection about May 1993.
Canada:	Hamilton funded, data collection starting later 1993.
Poland:	One centre collectiong data now.

PHASE TWO MODULES

The stage of development of the phase Two modules is:

Questionnaire Modules
Medications and Health Service Delivery Module (Leader Colin Robertson) drafting is completed.

Environment Module (Leader David Strachan) drafting being completed.

Other Questions Module (Leader Michael Burr) drafting nearly completed.

Child Contact Modules
Skin Tests Module (Leader Erika von Mutius) drafting nearly completed.

IgE Module (Leader Fernando Martinez) drafting nearly completed.

Physical Examination (skin) Module (Leader Hywel Williams) drafting is completed.

Bronchial Responsiveness Module (Leader Julian Crane). There are difficulties in finding a suitable method available for all countries in which ISAAC will be done. If you have expertise to contribute to the development of this module it would be welcomed (please contact Julian Crane).

PHASE ONE DATA ANALYSIS

Development of the Phase One data transfer management and analysis methods is being undertaken by Auckland, New Zealand. We welcome communication with you about this.

We are particularly keen to hear from you if you have received funding for ISAAC and as you start data collection. We will be writing to you with further newsletters about every three months. We would value any comments or suggestions you may have regarding the organisation of ISAAC in your region. Your input in the further development of ISAAC is particularly welcome.

From the Steering Committee of ISAAC

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