

Supplemental Material

Table S1. Abstract scoring criteria.

Criteria	Maximum Possible Score, Points
Novelty of the idea, preferably independent of targets and pathways currently funded by major industrial partners in drug development and extending beyond Th2 mechanisms	20
Proposed or already applied use of collaborative data analysis across different international asthma networks	20
“Shovel-ready” programming approach to integrated application of big data networks for use in understanding asthma	10
Strength of the preliminary data	15
Intellectual property and potential translational relevance to personalised diagnosis or treatment, optimising translational potential	20
Potential for creating a reduction in the burden of asthma	15

Table S2. The 15* asthma research priorities as identified by people with asthma, researchers and healthcare professionals in the European Asthma Research and Innovation Partnership Roadmap process.[1] Reproduced with permission of the © ERS 2023.

Rank	Priority
1	Identify, understand and better classify the different forms of asthma, their progression, and effect on airway inflammation and the immune system
2	Assess the effectiveness of patient–professional communication to develop patient–professional partnerships, for example to optimise self-management and adherence
3	Assess the effect of infections in early childhood, the long-term effects of anti-inflammatory treatments, and use of anti-viral drugs and vaccines
4	Assess impact, adoption and transferability of best practise in regional, national and European asthma programmes, care pathways and asthma clinics
5	Develop new treatments for the different types of asthma: treatment-resistant and steroid-resistant asthma, severe asthma, allergic asthma, hyperresponsive asthma
6	Develop tools for quick, accurate and low-cost diagnosis to distinguish asthma from other causes of breathlessness, cough and wheeze
7	Evaluate the implementation of supported self-management, the educational needs of patients and caregivers, and the challenges faced and training needs of professionals
8	Evaluate the role of lung function testing and new ways of measuring airway inflammation in monitoring asthma
9	Identify biomarkers for exacerbations and understand the interactions between biomarkers, risk and comorbidities
10	Understand the increase in asthma (both childhood asthma and different types of asthma, such as allergic and hyperresponsive asthma) to help develop primary and secondary prevention strategies
11	Assess the efficacy of existing and new drugs on different asthma phenotypes
12	Develop tools to assess asthma self-management and asthma inhaler technique in primary care settings
13	Explore the interaction between asthma, socioeconomic and psychological factors, and comorbidities to reduce the risk of severe exacerbations
14	Investigate the impact of environmental factors on asthma and exacerbations, such as air quality (indoor and outdoor), climate, allergens and microorganisms and UV radiation
15	Understand the impact of exposure to substances known to trigger asthma, and the impact of strategies that regulate and control this exposure

*The priorities are listed here in ranked order, with 1 representing the highest priority, as identified by consensus workshop participants. All 15 topics were agreed as high priority for future research.

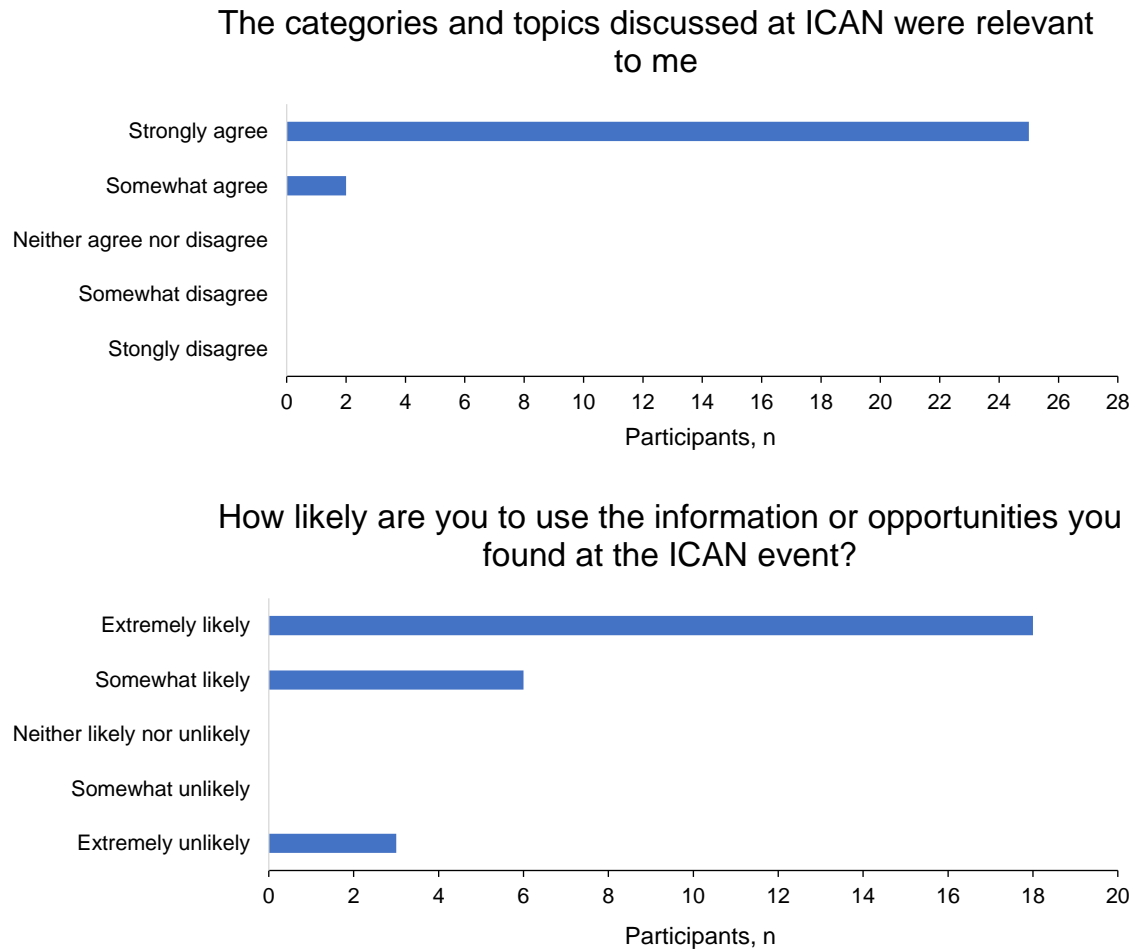
Table S3. Discussion prompts to be considered by participants between Part 1 and Part 2 of the forum.

New techniques you would like to understand better
Specific collaborations and/or networks you want to propose
Specific hypotheses you would like to test in an international collaboration and the ideal framework for testing them
Potential collaborative clinical studies or trials
Potential products to treat asthma, and steps in funding and commercial development
Intellectual property (yours or collaborative) you might file
Collaborative grant ideas and funding agencies

Table S4. Post-event survey comment highlights.

Strengths	Suggestions
“Very timely, and broad enough to capture interests of the field in general”	“A focus on topics at the intersection of asthma and comorbidities should be included in the future”
“The most thought-provoking presentations came from investigators with backgrounds outside of pulmonary/allergy/immunology”	“Consider lectures on innovation and multi-disciplinary teams”
“This format was an excellent way to give participants time to learn about other presenters’ projects early during the virtual session so that there was time to brainstorm potential collaborations in preparation for the in-person event	“The virtual was much less beneficial for me. In person was delightful”
“The in-person format was essential to share ideas, brainstorm, and make new connexions which are certain to drive the field forward in the years to come”	“...Senior investigators on ICAN should do even more intermingling to help facilitate exchanges between investigators who are junior or who are from institutions that are not necessarily part of established networks”

Figure S1. Selected post-event survey responses (n=27).



References

1. Masefield S, Edwards J, Hansen K, et al. The future of asthma research and development: a roadmap from the European Asthma Research and Innovation Partnership (EARIP). *Eur Respir J* 2017; 49(5).