Screening of exercise-induced asthma using exercise in subzero temperature air

Submission date 20/09/2022	Recruitment status Recruiting	Prospectively registered		
		[X] Protocol		
Registration date 29/09/2022	Overall study status Ongoing	Statistical analysis plan		
		☐ Results		
Last Edited 16/09/2024	Condition category Respiratory	Individual participant data		
		[X] Record updated in last year		

Plain English summary of protocol

Background and study aims

Winter sports athletes have a high prevalence of physician-diagnosed asthma. In athletes, the diagnosis often requires objective tests for bronchial hyperresponsiveness (BHR)/exercise-induced bronchoconstriction (EIB), key components of asthma. The exercise-challenge test is the most specific challenge test for athletes. However, we have very little knowledge of the prevalence of BHR/EIB to exercise challenges in subzero temperature air, a common environment for winter sports athletes.

Who can participate?

Current or former students at Swedish National Elite Sports Schools in cross-country skiing and biathlon participating in a survey on heat- and moisture-exchanging breathing masks, airway symptoms, and asthma 2022-2023 and from 2024 students at Swedish National Elite Sports Schools in cross-country skiing and biathlon

What does the study involve?

Exercise-challenge test at -15 degrees Celsius. FeNO, blood and urine sampling, and lung function tests.

What are the possible benefits and risks of participating?

The possible benefits include the diagnosis of BHR/EIB to exercise and cold air. The possible risks include exercise- and cold air-induced discomfort, and local pain from venipuncture.

Where is the study run from? Umeå University (Sweden)

When is the study starting and how long is it expected to run for? January 2021 to December 2026

Who is funding the study?

- 1. Regional Government Jämtland Härjedalen (Sweden)
- 2. Swedish Heart-Lung Foundation (Sweden)

Who is the main contact Dr Nikolai Stenfors nikolai.stenfors@umu.se

Contact information

Type(s)

Principal Investigator

Contact name

Dr Nikolai Stenfors

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Contact details

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

Version 1, 2022-04-20

Study information

Scientific Title

Screening of exercise-induced bronchoconstriction using exercise challenge in subzero temperature air

Acronym

Aegis 4

Study objectives

Estimate the prevalence of exercise-induced bronchoconstriction in cross-country skiers using exercise challenge in subzero temperature air

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 01/06/2022, Swedish Ethical Review Authority (Box 2110, 750 02 Uppsala, Sweden, +46 10 475 08 00, registrator@etikprovning.se, ref: 2021-02660

Study design

Single-centre prospective screening study

Primary study design

Observational

Secondary study design

Cross sectional study

Study setting(s)

University/medical school/dental school, Other

Study type(s)

Screening

Participant information sheet

See study outputs table

Health condition(s) or problem(s) studied

Exercise-induced bronchoconstriction

Interventions

Current interventions as of 16/09/2024:

Study participants were invited by randomization from a list of study subjects participating in a web survey on airway symptoms and asthma among cross-country skiers 2022-2023.

From 2024 study participants are invited by an open invitation to all Swedish National Sport schools in biathlon and cross-country skiers.

Exercise challenge for 8 minutes on a treadmill at -15 Celsius, ~65 % relative humidity and absolute humidity around 1.3g/m3, in an environmental chamber. The exercise challenge involves a rapid increase in treadmill speed and inclination with a target heart rate of >85% (group 1) or >95% (group 2) of the predicted maximum (220-age in years). The target heart rate is maintained for 4-6 minutes.

Previous interventions as of 07/09/2023:

Study participants were invited by randomization from a list of study subjects participating in a web survey on airway symptoms and asthma among cross-country skiers.

Exercise challenge for 8 minutes on a treadmill at -15 Celsius, ~65 % relative humidity and absolute humidity around 1.3g/m3, in an environmental chamber. The exercise challenge involves a rapid increase in treadmill speed and inclination with a target heart rate of >85% (group 1) or >95% (group 2) of the predicted maximum (220-age in years). The target heart rate is maintained for 4-6 minutes.

Previous interventions:

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Exercise challenge for 8 minutes on a treadmill at -15 Celsius, ~65 % relative humidity and absolute humidity around 1.3g/m3, in an environmental chamber. The exercise challenge involves a rapid increase in treadmill speed and inclination with a target heart rate of >85% of the predicted maximum (220-age in years). The target heart rate is maintained for 4-6 minutes.

Intervention Type

Other

Primary outcome measure

Prevalence of exercise-induced bronchoconstriction, defined as the maximal reduction in FEV1 of >= 10%, measured using dynamic spirometry 5, 10, 15, 20, and 30 minutes post challenge

Secondary outcome measures

Prevalence of exercise-induced bronchoconstriction, defined as the maximal increase in airway resistance (R5) of >= 40%, measured using impulsoscillometry at 3,8,13,18, and 28 minutes post challenge

Overall study start date

01/01/2021

Completion date

31/12/2026

Eligibility

Key inclusion criteria

Current or former students at Swedish National Elite Sports Schools in cross-country skiing and biathlon participating in a survey on heat- and moisture-exchanging breathing masks, airway symptoms, and asthma.

Added 16/09/2024:

From 2024 and onwards, eligible subjects are restricted to students at Swedish National sport schools in biathlon and cross-country skiing.

Participant type(s)

Healthy volunteer

Age group

Mixed

Lower age limit

Sex

Both

Target number of participants

100

Key exclusion criteria

Airway infection within 4 weeks prior to exercise challenge

Date of first enrolment

01/09/2022

Date of final enrolment

01/11/2026

Locations

Countries of recruitment

Sweden

Study participating centre

Dept of Medicine

Umeå University Umeå Sweden

90187

Study participating centre Department of Health Sciences

Mid Sweden University Östersund Sweden 83125

Study participating centre

Department of Quality Management and Mechanical Engineering

Mid Sweden University Östersund Sweden 83125

Sponsor information

Organisation

Umeå University

Sponsor details

Department of Medicine Umeå Sweden 90187 +46 90 7865000 info.folkhalsa@umu.se

Sponsor type

University/education

Website

https://www.umu.se/english

ROR

https://ror.org/05kb8h459

Funder(s)

Funder type

Government

Funder Name

Region Jämtland Härjedalen

Alternative Name(s)

Funding Body Type

Government organisation

Funding Body Subtype

Local government

Location

Sweden

Funder Name

Hjärt-Lungfonden (Swedish Heart-Lung Foundation)

Alternative Name(s)

Swedish Heart-Lung Foundation

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

Sweden

Results and Publications

Publication and dissemination plan

Planned publication in a high-impact peer-reviewed journal

Intention to publish date

31/12/2027

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Nikolai Stenfors, nikolai.stenfors@umu.se. Anonymised individual participant data (demographics, lung function, exercise performance, blood/urine samples, questionnaire data and FeNO) can be shared upon request but only for research conducted by Universities and if the research study has been approved by an ethics committee.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details version 3.0	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet		17/06/2021	23/09/2022	No	Yes
<u>Protocol file</u>		21/04/2021	23/09/2022	No	No