Minutes – COPD Working Group

Meeting location	Park Plaza Hotel, Amsterdam Airport
Meeting date	22nd March 2018
Meeting time	16:30 to 17:30
Chair	Marc Miravitlles
Objective	• Provide an update on current projects. - Validation of the concept of control- International prospective study - Alpha1-Antitrypsin Deficiency (AATD) pilot study • Discuss plans for future work - Real-life WISDOM - Full AATD study

Update on current projects

Validation of the concept of control of COPD in clinical practice. (PI Marc Miravitlles)

- Prospective study on COPD control with the aim to assess how to best define control of COPD during clinical visits. Patients are followed up for 3 months to establish their baseline COPD status. Then the change in their COPD status is measured prospectively at subsequent clinical visits.

- Achievement of COPD control in a clinical visit depends on the severity of disease, so the study assessed subgroups of patients with severe vs mild/moderate COPD. If control is not achieved at a clinical visit, COPD treatment may need to be intensified. The results suggest that breathlessness and the use of rescue medications have an impact on control. In future studies, the aim is to develop a primary care tool to define COPD 'control'.

<u>Challenges</u>

- Criteria to define COPD control used in this study may have been too restrictive. These may need to be loosened in future studies, i.e. be redefined and simplified for clinical use.

<u>Suggestions</u>

- Assess whether COPD control has an impact on long-term COPD outcomes
- Assess predictors of COPD control using multivariable regression analyses
- Relate COPD control to prospective exacerbation risk and prevention

Pilot study- Modern epidemiology of alpha-1-antitrypsin deficiency (AATD) in the UK. (PI Joan Soriano).

	○ The results show that a low proportion (2.2%) of COPD patients in the UK are tested for AATD, and of those around 1/3 had a deficiency. This suggests that the prevalence of AATD may be much higher than currently believed, due to the low proportion of tests done. Men and people with severe COPD more often have an AATD test done. Challenges ○ Ascertainment bias: there could be a pre-selection for testing of people who are believed to be at high risk of AATD due to e.g. family history; this means that the proportion of AATD in the general COPD population may be lower than 1/3 Suggestions ○ Serum levels for AATD may be unreliable as this also picks up heterozygotes; it could be worthwhile to validate results using gene sequencing
	Plans for future work **Implications of ICS withdrawal in the real-life management of COPD- Real-life WISDOM.** (PI Marc Miravitlles) This will be a retrospective cohort study. Funding sources are to be determined. The audience was very positive about this idea and the protocol. Suggestions ○ Conduct a long-term/multi-year (e.g. 3 years) cohort study using existing primary care databases ○ Assess combinations of treatments, e.g. additional treatments beside ICS such as triple treatment, and changes of treatment combinations on health outcomes ○ Assess different types (drugs) of ICS and their side effects ○ Assess the effects of co-morbidities including cardiovascular diseases ○ Assess practice variation across and within countries in terms of ICS treatment ○ Assess allergy sensitisation and blood eosinophils among people on ICS **Full alpha-1-antitrypsin deficiency study** (PI Joan Soriano). ○ This will investigate the incidence, prevalence and mortality in those with AATD (with and without COPD), and the natural history of AATD will be characterized by comparison matched cohorts with and without COPD. Funding to be sought.