Autumn 2021
WORKING GROUP MEETING MINUTES:
COPD

Meeting details	
Meeting location	Teleconference
Meeting date	Thurs 7th Oct 2021
Meeting time	13:00-14:00 CET
Chair(s)	Marc Miravitlles
Attendees	Matevz Harlander David Price Nicolas Roche Chin Kook Rhee Jose Luis Lopez Campos Pei Yee Tiew Moon Ji-Yong Pawel Sliwinski	Alberto Papi Therese Lapperre Carolina Gouder Alexandros Mathioudakis Naoya Tanabe Dermot Ryan Sean Loh Sarah Lucas

Objectives	
1	Update on active projects
2	Future projects
3	New project ideas/AOB

Items	

Update on current projects	**Peak Inspiratory Flow in COPD** (CI Omar Usmani)
	
	Multicentre prospective patient recruitment study
	
	Study aims:
	Determine prevalence of suboptimal PIF and inadequate inhalers and baseline characteristics of these groups
	2) Assess the role of PIF and inhaler choice in predicting COPD exacerbations and symptom burden.
	3) Assess the role of blood biomarkers and Th2 markers in predicting COPD exacerbations and the variability and correlation of PIF with other biomarkers and lung function measurements in stable COPD. (although we suspect we wont have the numbers for this objective)
	
	Update on progress
	  - Currently have 11 centres set up and 8 actively recruiting.
	  - 162/400 patients recruited (40.5%).

	Marc emphasized the need for more sites to participate and the need to recruit more patients. It is a simple study that most COPD patients can participate in. There is also a reimbursement of 100 Euros per patient to help cover any additional time/costs.

Marc and Bernardino are going to hold a call with all the new Spanish sites, hopefully by the end of the month, to encourage them to participate and answer any questions.
Pawel is putting in for approval but will be unlikely to be able to start till Dec.
Therese hopes to have everything in place to start soon, she is travelling to Denmark next week so will follow up with the site there.

ACTION POINTS
Sarah to send Bernardino's approval letter to Jose Luis as he should be able to use that. |
| **Future projects** | **PREdiCtIng the risk for first COPD Severe EXacerbation   (PRECISE- X)**
proposed by Bernardino.
Design a population-based risk prediction model for the first severe COPD exacerbation using easy-to obtain variables.

It will allow clinicians to define the individual 5-year risk of a severe exacerbation at the time of diagnosis, similar to the cardiovascular risk scores (SCORE, Framlingham).

Most current risk prediction tools rely heavily on exacerbation history and so can't be used at the time of diagnosis.

Would help to target primary prevention strategies to prevent severe exacerbations that result in increased risk of death.

This will be a retrospective database study.

Discussed funding for this
GSK were not interested as they had some concerns over how we could include treatment changes within the model (although we have addressed this). BI were also not interested.

AstraZeneca are interested and we are following up for a call with them to discuss.

Should be attractive to funders as the model would allow for primary prevention strategies, including likely greater use of dual and triple combinations.

In primary care a diagnosis of COPD is often missed, despite symptoms/risk factors; patients will often be having exacerbations before they are diagnosed with COPD. |

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	We need to consider first the effect of treatment and what are appropriate treatments to decrease the risk and then secondly build the risk model. ACTION POINT: REG to follow up with funders. **Use of low dose macrolides in COPD** proposed by Therese. Use of azithromycin has been studied in RCTs, but there is little real-world data on the use of macrolides in the long term. There is a need to look at where/how they are being used and outcomes (including biomarkers and pneumonia). Linking the use of azithromycin in with use of ICS will likely make this more fundable, perhaps by BI. e.g. Consider if patients on bronchodilation plus ICS do worse than patients on bronchodilation plus azithromycin. In primary care there is a trend for greater macrolide use and concerns with the overuse of antibiotics in general. So, both the potential positives and negatives of macrolide use should be considered, including for example if long term use may actually lead to more inflammation. ACTION POINT: Sarah to start a first draft of a proposal and share with Therese.
New projects/AOB	There is a need to start thinking about ideas now for a new prospective study, for after the PIF study finishes.

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