ERS 2019
WORKING GROUP MEETING MINUTES:
COPD

29th September 2019
Novotel Madrid Campo De Las Naciones, Madrid, Spain

Meeting details		
Meeting date	Sunday 29th September	
Meeting time	13:00-14:00	
Chair(s)	Marc Miravitlles	
Attendees	Helgo Magnussen Marjan Kerkhof Therese Lapperre Diana Urlichich Tony D'Urzo Jaco Voorham	Bernardino Alcazar Ron Dandurand Chin Kook Rhee Graham Lough Naomi Launders Michael Walker Sarah Lucas
Objectives		
1	Update on current projects	
2	Future projects	

Items	
Update on current projects	**Validation of Control in COPD study** Marc presented the results from the Validation of the concept of control study. Since this study was proposed and the baseline analysis conducted the clinical criteria for control have been revised (Soler-Cataluna et al. 2018. Int J COPD 13:3719-3731). The new criteria are less strict with around 2/3 being controlled compared to only 1/3 with the original criteria, those who were classed as controlled had significantly less exacerbations and the new clinical criteria are more sensitive than CAT score at predicting exacerbations. Draft manuscript has been reviewed by SC, and Novartis are currently reviewing. **Next steps:** Marc will update the tables to add in the deaths and submit the manuscript.

	A subanalysis comparing the Asian and Western patients in this study has been published by Chin Kook Rhee and his team (Kim KY et al. 2019. Int J COPD 14:1595-1601. Opportunities for further analysis of the data collected, some ideas were discussed, these included: • Which factors are the main predictors? Are there other predictors not included within the clinical control criteria? • Idea to traffic light the clinical control criteria, so that clinicians can see when patients are a risk. Tool to help with guiding treatment changes. • Changes in the control status over the visits has been analysed, but this can be investigated further using the 3 separate 6-month periods and looking at the short-term exacerbation risk and what factors are predictive in the short-term. • Investigate medication and changes in medication. Did the physicians who didn't calculate/know control status and were using normal management/decision making realise patients were uncontrolled and change treatment type/management? How many on triple vs dual therapy are controlled/uncontrolled? • Investigate transitions between control/uncontrolled. • Differences between countries, especially in terms of treatments available. • Further investigation of the comorbidity data. E.g. angiogram in CVD could make a difference between patients. If any PI's involved in the study have any ideas for future analysis and would like to lead on a follow up analysis, please send your ideas to Marc. Marc to send a reminder to the group at the end of the year.
	Real-life WISDOM study Funding has been secured from BI, a full protocol has been developed and the dataset has been requested from OPCRD. **Next steps:** Data analysis to begin as soon as the dataset is received. It was mentioned that analysing data from RCTs withdrawing ICS since WISDOM has found a relationship between blood eosinophils and ICS. In this Real-life WISDOM study we have requested blood eosinophil data and will look for any relationship.
Future projects	**Observational, prospective study to assess the predictive value of Peak Inspiratory Flow in COPD exacerbations steps.** The group were advised that the original FeNO in COPD study will now be a Peak Inspiratory Flow (PIF) in COPD study. Boehringer Ingelheim have agreed to fund this study and the FeNO was removed due to none of the FeNO companies approached being willing to provide devices.

	Aims: 1) Determine the prevalence of suboptimal PIF and inadequate inhalers and the baseline characteristics of these groups 2) Assess the role of PIF and inhaler choice in predicting COPD exacerbations and symptom burden. 3) Assess the variability and correlation of PIF with other biomarkers and lung function in stable COPD. It was asked whether oscillometry could be included alongside PIF, however there will not be sufficient funding for this. It was asked whether FeNO could be included at centres where FeNO devices are already available, however this would likely not be practical due to different FeNO devices being used across centres and the large variability between devices. There is still lots of interest in FeNO, and it is generally considered better than blood eosinophils in determining ICS responsiveness. A future study on FeNO could be considered. There is also the possibility of a temperature detection device which Ted Popov is working on that could be used in parallel. Glenn Crater raised some issues related to PIF measurement that need to be considered: • Best to do 3 measures and take top 2 (rather than 1) that are within a certain parameter depending on the resistance (e.g. 10ml at resistance x). • Highest and lowest resistances tend to condense the PIF values measured into a narrower range, so may be better to have a resistance in the middle range, for this reason most studies use the Diskus inhaler resistance as it gives a wider range of PIF values. • Patients can knock the dial, changing the resistance so may be better to use mouthpieces of the required resistance. One important issue raised was that if physicians know the PIF measurement then they are likely to change the patient's medication if the patient has insufficient PIF for their current inhaler. It was discussed whether the physicians could be blinded to the PIF measurement and the potential ethical dilemma around this issue in what is an observational study. Best approach may be to give no advice on treatment, and look at what happens in terms of whether treatment changes are made following the PIF measurement. **Next steps:** Finalise contract and protocol. Study set up and recruit sites.