



December 2025 WORKING GROUP MEETING AGENDA: COPD

Meeting details	
Location	MS Teams
Meeting date	December, 11
Meeting time	10:30 (GMT)
Chair(s)	Marc Miravittles
Attendees	Chin Kook Rhee Angelo G Corsico Fabiano Di Marco Therese Lapperre Joan S Soriano Caroline Gouder Ron Dandurand Nicolas Roche Sean Loh Kang Y Lee Valeria Perugini
Objectives	
1	Welcome and introduction
2	Update on completed projects
3	Update on active projects
4	Update on projects in development
5	New research ideas
6	Additional Comments
7	Future actions

Items	
Welcome and Introduction	Marc chaired the meeting and opened by explaining that the main focus would be to review progress on ongoing and completed projects, discuss new initiatives, and consider how best to prepare for further work ahead of the REG Summit-COPD WG. He noted that other commitments had limited his recent availability but thanked REG and the wider group for their continued support.



Update on Completed Projects

PIF in COPD study

Marc provided an update on the PIF study, which evaluated the prevalence of suboptimal peak inspiratory flow and inappropriate inhaler choice, and whether these factors predict exacerbations and symptom burden. The multicentre, 12-month observational study enrolled 415 patients from 17 sites. The baseline manuscript was published this September 2025 in *BMJ Open Respiratory Research* (<https://bmjopenrespres.bmj.com/content/12/1/e002408>).

A second manuscript reporting the 6- and 12-month follow-up results has been drafted by Valeria and is currently with Omar Usmani for final review; once his comments are incorporated, it will be circulated to co-authors, and submitted.

The group briefly discussed journal strategy, with a suggestion to consider submitting to a strong Q1/Q2 journal before *ERS Open Research*. Marc agreed that the final choice will be revisited once the manuscript is refined. He also reminded members that the dataset remains available for additional research ideas or secondary analyses.

PRECISE-X study

This study developed a model to predict the first severe COPD exacerbation in newly diagnosed patients using CPRD data. The model was developed by Mohsen and his team at the University of British Columbia and subsequently refined with input from the study investigators, showed good predictive value for hospital admissions over five years. The primary manuscript was accepted for publication in *Thorax* in December 2025 and will be shared once available.

External validation remains an unmet need, as earlier attempts to secure funding for a second cohort were unsuccessful. Members with access to suitable datasets were encouraged to consider opportunities for validation.



<p>Update on Active Projects</p>	<p><i>TRIPLE THERAPY study</i> This examines the effects of triple pharmacological therapy on post-discharge outcomes in patients hospitalised for AECOPD. The study aims to assess one-year readmission and exacerbation risk, cardiovascular and mortality outcomes, treatment patterns before and after discharge, and healthcare utilisation over the first post-discharge year. Data will be sourced from 19 participating centres across Europe and Asia-Oceania.</p> <p>Several sites have already obtained ethics approval and have begun — or are preparing to begin — data extraction. Additional sites have submitted ethics documentation and are currently awaiting approval. Marc highlighted that major logistical challenges include gaining permission to export hospital data and subsequently harmonising datasets, as each centre will extract data in different formats.</p> <p>Marc also noted that further sites have expressed interest in participating in the study and are currently reviewing the study proposal and list of variables to assess feasibility. Full dataset submission is anticipated by Q3 2026, followed by validation and preparation of a unified analytical dataset for analysis in Q1 2027.</p> <p>During the discussion, Ron expressed interest in contributing data from his centre, noting that his ethics framework already allows the use of chart-based information for international collaborations. Marc and Valeria clarified that this is a retrospective study that recruits sites rather than individual patients, and that data collection is performed through a standardised extraction file created by REG, which each participating centre completes using its existing hospital records.</p>
<p>Update on Project in Development</p>	<p><i>Standardisation of Registry Data</i> This project aims to define and agree upon a core set of clinical variables for COPD to support consistent data collection across registries internationally. Such harmonisation would facilitate future collaborative research, particularly in areas such as severe COPD and biologics. A proposal and budget have been submitted to Sanofi and Roche; however, no funding has been secured to date.</p> <p>Joan asked whether the group had considered potential synergies with the TORPEDO initiative (REG-Databases WG/project), which shares a similar goal of harmonising COPD variables across datasets. Nicolas added that there are other harmonisation efforts underway within the biologics field and noted that AstraZeneca is currently working with David Price on related registry-based projects. He suggested that exploring alignment with such initiatives may strengthen the REG proposal and help position it within a broader international context. Further discussion on these possible synergies will take place at the upcoming REG Summit 2026.</p>



New Research Ideas	<p>During the previous working group meeting, two potential project ideas were proposed and briefly revisited.</p> <p>The first idea is on the comparative effectiveness of DPIs versus MDIs, an important consideration when interpreting real-world dual versus triple therapy outcomes. This work could build directly on the Triple Therapy study by incorporating device-level analysis and, if feasible, could form the basis of a new protocol.</p> <p>The second idea relates to evaluating outcomes in COPD patients receiving biologics. Although recognised as a highly valuable area of future research, the group agreed that data availability remains limited. Several members suggested that prospective registry designs would be preferable, ideally capturing patients before initiation of biologic therapy. Given current variability in access and reimbursement across countries, the consensus was to revisit this project in 1–2 years as more real-world experience accumulates.</p>
Additional Comments	<p>A broader scientific discussion followed, prompted by the biologics project idea and recent GOLD updates. Therese highlighted the value of using existing REG datasets, such as the COPD Control study, to explore newer definitions of COPD stability and severity and to compare them with previously validated concepts of control. She noted that some REG cohorts include prospective follow-up, which could support such analyses.</p> <p>Marc explained that the feasibility of examining GOLD’s stability framework would depend on the availability of serial spirometry, whereas the Control concept does not require repeated lung function and may therefore be more applicable in real-world settings. He also introduced the newly developed RADAR score, a weighted evolution of the COPD Control Questionnaire that provides a quantitative measure of control. The score categorises patients as well controlled, intermediate or uncontrolled, and the manuscript will soon be published.</p> <p>Ron asked whether a similar weighted approach had ever been applied to the CAT score, noting its sensitivity to non-COPD factors. Marc confirmed that previous comparisons showed better COPD-specific discrimination with the Control tool and that RADAR builds on this work; to his knowledge, no comparable weighted model exists for CAT. Nicolas added that, within recent GOLD discussions, the concept of control remains important because it incorporates both stability and optimisation of treatment, whereas stability alone may not reflect the best achievable clinical state.</p>
Future Actions	<ul style="list-style-type: none">• Valeria will share the study proposal on Triple Therapy with Ron so that he can review the design and assess feasibility for participation.• Marc will share the RADAR score publication with the WG members when published.