



## March 2023 WORKING GROUP MEETING MINUTES: COPD

Meeting details			
Meeting location	Lisboa Marriott Hotel (Berlin B-room) + MS Teams		
Meeting date	16 <sup>th</sup> March		
Meeting time	15:00-16:00 WET		
Chair(s)	Marc Miravittles		
Attendees	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">                     Omar Usmani                      Nicolas Roche                      Chin Kook Rhee                      Bernardino Alcazar Navarrete                      Joan S Soriano                      Francisco Nery                      Andrei Malinovschi                      Therese Lapperre                      Esmeralda Slebu                      Derek Skinner (OPC)                      Sandra Petraskaite (OPC)                      Alexander Evans (OPC)                      MArgee Kerr (OPC)                 </td> <td style="width: 50%; vertical-align: top;">                     Rachel Pullen (OPRI)                      Rinet Ribalov (TEVA)                      Randall Brown (TEVA)                      Sonja Rohner (Roche)                      J Jacob-Nora (Sanofi)                      Sofia Costa (Sanofi)                      Christine Cazeall (Sanofi)                      Valeria Perugini                 </td> </tr> </table>	Omar Usmani Nicolas Roche Chin Kook Rhee Bernardino Alcazar Navarrete Joan S Soriano Francisco Nery Andrei Malinovschi Therese Lapperre Esmeralda Slebu Derek Skinner (OPC) Sandra Petraskaite (OPC) Alexander Evans (OPC) MArgee Kerr (OPC)	Rachel Pullen (OPRI) Rinet Ribalov (TEVA) Randall Brown (TEVA) Sonja Rohner (Roche) J Jacob-Nora (Sanofi) Sofia Costa (Sanofi) Christine Cazeall (Sanofi) Valeria Perugini
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Objectives			
1	Update on active projects		
2	Future projects		
3	New project ideas/AOB		
Items			
Update on current projects	<p><b>1 - Peak Inspiratory Flow in COPD</b> Omar provided an update on the project.</p> <p>This is a 12-month prospective observational study, with a baseline visit and two follow-up visits at 6 and 12 months aiming to assess the utility of PIF as a predictor for COPD exacerbations. Last August, the patient recruitment was completed, where 416/400 patients were enrolled by 18 study centres actively involved in enrolling patients with a defined COPD condition and with specific criteria for the study - aged &gt;40 years, smokers or ex-smokers, and favourable of performing serial lung function tests, but generally excluded from the study for any concomitant chronic respiratory disorders (e.g., asthma or bronchiectasis) and incapable to understand the purpose of the project or unwilling to sign the informed consent.</p> <p>The LPV will be in August 2023, although some sites have completed the study while others are still recording data on FU visits 1 and 2. During the meeting, Omar reminded all PIs to (i) enter the data of FU visits in the system after seeing their patients and (ii) answer the queries raised by our data managers and do these on an ongoing basis rather than being left at</p>		



	<p>the end of the study. Finally, the results on the baseline characteristics have been told to be analysed and now under revision.</p> <p><b>2- PREdiCting the risk for first COPD Severe EXacerbation (PRECISE- X)</b>          PRECISE-X was presented by Bernardino, PI of the study, and is on developing a model for predicting the risk for first COPD severe exacerbation. Funding for this has been secured from AstraZeneca, and the study setup is now underway, including ethical approval and request of datasets from CPRD.</p>
<p><b>Future projects</b></p>	<p><b>Effects of triple pharmacological therapy on post-discharge outcomes in patients with COPD</b>          Last year, Chin Kook (PI) and members of a SC developed a research proposal -&gt; to investigate the effects of triple pharmacological therapy on post-discharge outcomes in patients with COPD. The proposal recently, shared with distinct pharmaceutical companies, was partially approved by Chiesi. The members discussed the lack of interest by other supporters and how to address this by likely refining the pathway of the study and thus to:</p> <ul style="list-style-type: none"> <li>• Include patients that are on triple therapy and those on dual therapy before being hospitalised.</li> <li>• Record the reasons for hospitalisation, the timeline, and the progression of COPD symptoms.</li> <li>• Assess the type of inhaler device/s used by the patients and if the administration of triple therapy using a single-inhaler may             <ul style="list-style-type: none"> <li>a) simplify the therapeutic regimen.</li> <li>b) reduce inhaler errors.</li> <li>c) improve the overall benefits of treatment.</li> </ul> </li> <li>• Include triple therapy prescribed as multiple inhalers rather than (only!) a single inhaler for delivering all three drugs in one dose.</li> <li>• Investigate any combination of inhaled drugs.</li> <li>• Assess the usefulness of PIF measurement as the mainstay of COPD disease management and inhaler selection.</li> </ul> <p>Also, the WG members commented about the number of patients, 400, which may be "hard to recruit, time-consuming and costly. This comment led the members to re-consider the type of the study from a prospective observational project to a database one, but it is still under discussion.</p>
<p><b>New projects/AOB</b></p>	<p>Nicholas Roche proposed to investigate the use of biologic therapies in COPD by defining the endotype while characterising the molecular pathology of COPD, which is likely to lead to the identification of novel therapeutic targets. However, the idea needs to be finalised to make it appealing to potential supporters.</p>