

New Treatment Options for COPD

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It is a great pleasure to contribute to world COPD Day which is being recognised in an energetic fashion as usual this year in Italy. The last 18 months have seen some major changes in our knowledge about how to look after COPD patients and this is a result of a lot of research effort by people in Europe, in North America, in fact across the world, where COPD has such a large impact.

I want to tell you specifically about 3 or 4 research studies which many of us, particularly people like myself who are involved on the COPD initiative, feel have been important and which are likely to influence the way which we manage COPD patients.

These studies have been much larger and have asked some really important questions compared with their predecessors and have given us a lot of new information which we are only just beginning to understand.

One of them was a clinical trial which I led called the TORCH STUDY. This was a very large 6000 patient study where we followed people for 3 years to find out whether treatment with a long acting beta agonist bronchodilator Salmeterol or inhaled corticosteroid, an anti inflammatory drug Fluticasone, or the combination of the 2 was better than standard care with regular short acting bronchodilators. Particularly we wanted to know whether or not people lived longer if they took these treatments. We found that there was a very strong trend suggesting that the combination of treatments prolonged life. It was also clear that the long acting beta agonist did not have any serious mortality risk, something which had been suggested before that time, and which there has been some coverage about in the newspapers.

The inhaled steroids did not seem to make much difference as to how long people lived but they did not make people live less long. We did find that treatment reduced the number of COPD exacerbations and maintained patient well-being but that some people who were taking treatments that included inhaled steroids were more likely to have a doctor diagnose an episode of pneumonia during the long follow up period.

This is something that has been confirmed in other studies subsequently. The pneumonias in question are pretty infrequent and do not seem to be too serious but we would like to know exactly what it is that means that people on 1 particular kind of treatment have this happening more often.

Interestingly, patients who took inhaled steroids in this study and another large study called the INSPIRED TRIAL were less likely to need cortisone steroids when the chest flared up. So it looks like specific treatments like inhaled steroids, that combining treatments seems to be more effective in general than using treatments on their own and that almost any of these treatments are significantly better compared to the previous standard care of regular short acting bronchodilators.

The INSPIRE STUDY, which I also mentioned, compared the combination of steroid and bronchodilator to the long acting anticholinergic bronchodilator called Tiotropium which we know from other studies is a very effective treatment. The 2 treatments seem to be about the same in terms of preventing exacerbations but more people were able to complete the study when we gave them treatment with steroids and bronchodilators rather than with bronchodilators alone. This message about combining more treatments improving patient well-being has also been supported by a large Canadian trial called the OPTIMAL STUDY. It is one of the key findings in the very large UPLIFT STUDY, which was published really quite recently, where again 6000 patients were this time followed for 4 years and were receiving all kinds of treatment, but on top of that, they would also have Tiotropium the anticholinergic bronchodilator or a placebo.

In that trial the hope was that you could change the rate at which lung function declined, but in fact data from the earlier TORCH STUDY showed that when using regular effective treatment there was not much of a further additional benefit in that outcome from adding anticholinergic drugs. The benefits which came from that drug were seen in terms of fewer people dying and again, even fewer people having flare ups of the disease. So it looks like combining treatment is a very good way of helping COPD patients stay well.

There have also been safety concerns raised just in the summertime this year that anticholinergic drugs might lead to heart attacks and premature death and this is clearly not the case based on the results of the UPLIFT study.

So these large clinical trials, which have taken a lot of effort and which many patients have been involved with, have taken our knowledge of COPD forward. We have got good evidence that treatment prolongs life. It certainly prolongs well-being and it is associated with an improvement in symptoms.

There are some hazards but really these hazards are quite small and the drugs in question are not dangerous. Particularly the risk which apparently people thought might be associated with bronchodilator drugs, whether they are beta agonists or anticholinergics, have not proven to be a problem when the patients have been properly studied for long enough.

So we are in a very encouraging position at the end of this year after all this research. We have made real progress in understanding what our drugs do and we are encouraged that we can combine them safely to improve patient well-being.

The challenges for the future will be to find new ways to achieve even better results than those which are already possible. That is why the problems of COPD, although they can be helped, have not gone away and there is still a lot of work for all of us to do in terms of.....video stopped here!