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9-2-2021

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Repository Citation

Yawn, Barbara P.; Make, Barry; Mannino, David M.; Martinez, Fernando J.; and Han, Meilan K., "Letter to Editor Regarding the OCEAN Study" (2021). *Preventive Medicine and Environmental Health Faculty Publications*. 53.

https://uknowledge.uky.edu/pmeh_facpub/53

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Digital Object Identifier (DOI) https://doi.org/10.2147/COPD.S332598

Notes/Citation Information

Published in International Journal of Chronic Obstructive Pulmonary Disease, v. 16.

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LETTER

Letter to Editor Regarding the OCEAN Study [Letter]

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Dear editor

We read with interest the article by Tamaki et al who in the OCEAN study compared the performance characteristics of the CAPTURE COPD screening tool with the COPD-Q screening tool. While there is currently an important focus on better understanding the broader scope of symptomatic chronic lung disease, it is useful to remember that the CAPTURE was designed specifically to be used as a screening tool (meaning to be used among those without a COPD diagnosis) for the identification of individuals with clinically significant COPD.

We designed the CAPTURE tool to specifically identify individuals who would benefit from immediate pharmacologic therapy, beyond the preventive strategies that should already be important for everyone in a primary care practice—smoking cessation, up to date immunizations, weight management and regular activity. We defined clinically significant COPD as chronic lung disease meeting the obstructive lung disease lung function definition (FEV1/FVC < 0.70) in addition to either FEV1 <60% of predicted or evidence of exacerbation like events in the prior year. These are individuals for whom data have shown immediate benefit with pharmacotherapy in improving quality of life and preventing future exacerbations.³ In addition, when CAPTURE was previously validated in a combined primary care and specialty patient study using the 5 questions that OCEAN used with the addition of peak flow assessment, it was found to significantly improve screening outcomes, particularly supporting specificity which has been a concern with many prior screening tools.²

The OCEAN study is a valuable reminder that we may need to develop tools for screening for PRISm (Preserved Ratio Impaired Spirometry). We will learn more about the utility of CAPTURE to detect clinically significant COPD through a large primary care validation and impact study currently being conducted in the US.⁵

Acknowledgments

The CAPTURE Investigators: Meldrum C, Murray S, Spino C, Leidy N, Tapp H, Dolor R, Joo M, Knox L, Zittleman L, Elder N, Thomashow BM.

Disclosure

Dr Barry Make reports grants, personal fees from Astra Zeneca, personal fees from Spiration, grants, personal fees from Glaxo Smith Kline, personal fees from Mt. Sinai, personal fees from Web MD, personal fees from National Jewish Health, personal fees from Novartis, personal fees from American

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College of Chest Physicians, personal fees from Projects in Knowledge, personal fees from Medscape, personal fees from Verona, personal fees from Boehringer Ingelheim, personal fees from Mylan, personal fees from Third Pole, personal fees from Phillips, personal fees from Eastern Pulmonary Society, grants from NHLBI, personal fees from Wolters Kluwer Health, personal fees from Optimum Patient Care Global Limited, personal fees from Integritas Communications, personal fees from Quintiles, outside the submitted work. Dr David Mannino reports personal fees from GlaxoSmithKline, outside the submitted work. Dr Fernando Martinez reports grants, personal fees, non-financial support from AstraZeneca, personal fees from Boehringer Ingelheim, grants, COPD Study Steering committee from Chiesi, personal fees from CsL Behring, non-financial support, COPD Ad Board from Gala, grants, non-financial support, COPD Ad Boards, Study Steering Committee, Non-branded presentations; AZ is an independent sponsor of the **NHLBI CAPTURE** validation study from GlaxoSmithKline, COPD Study adjudication committee from Medtronic, personal fees from Novartis, personal fees from Polarean, COPD Advisory Board from personal fees Pulmonx, grants, from Sanofi/ Regeneron, personal fees from Sunovion, personal fees from Teva, personal fees from Theravance/ Viatris, COPD Advisory Board from Verona, during the conduct of the study. Dr Meilan K Han reports personal fees from AZ, personal fees from BI, personal fees from Chiesi, personal fees from Cipla, personal fees from GSK, personal fees from Merck, drug supply for clinical trial and clinical trial with funds paid to institution from Novartis, grants from Sunovion, personal fees, consulting and clinical trial with funds paid to institution from Sanofi, personal fees from Teva, personal fees from Verona, outside the submitted work. The authors report no other conflicts of interest in this communication.

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