

Breathing Easier: Why Timing Matters in COPD Treatment

Imagine living every day with the constant fear that your next breath might trigger a crisis. For millions of people with Chronic Obstructive Pulmonary Disease (COPD), this is their reality. COPD exacerbations – sudden flare-ups of symptoms – threaten patient health and strain healthcare systems.

- Patients with severe COPD face 1.5 to 2 exacerbations yearly¹
- Exacerbations can be severe, often requiring hospitalization
- Even moderate exacerbations significantly impact patient quality of life

Research^{2,3} presented at the 2024 European Respiratory Society Congress and executed by the Inovalon HEOR team uncovered a crucial reality: The timing of triple therapy with Budesonide/Glycopyrronium/Formoterol (BGF) initiation significantly impacts patient outcomes.

Key Findings: The Power of Prompt Action

Timely initiation or escalation to triple therapy (BGF) drives notably positive results compared to patients who delayed therapy.

Prompt Initiation of BGF:

- 32% fewer COPD exacerbations
- 9.3% fewer severe cardiopulmonary events

Prompt Escalation to BGF from Dual Therapy:

- 31% fewer COPD exacerbations
- 13% fewer severe cardiopulmonary events

The Cost of Delay

Waiting even a few months can lead to:



Steep rise in exacerbation rates



Higher risk of life-threatening cardiopulmonary issues

A Race Against Time: Current Treatment Patterns

Initiation of Triple Therapy:

- Total patients: 17,613
- Prompt (≤ 30 days): 12.4%
- Delayed (31-180 days): 41.0%
- Very delayed (181-365 days): 46.5%

Escalation from Dual to Triple Therapy:

- Total patients: 10,103
- Prompt (≤ 30 days): 11.1%
- Delayed (31-180 days): 40.2%
- Very delayed (181-365 days): 48.7%

Analyses revealed that only 1 in 8 COPD patients* received prompt initiation of triple therapy following an exacerbation event. Increasing this number could lead to:



Fewer exacerbations and severe cardiopulmonary events



Improved quality of life for patients



Reduced healthcare costs and resource utilization

*based on study cohorts

Prompt Action, Profound Impact

This pivotal study demonstrates that promptly initiating or escalating to BGF triple therapy following a moderate or severe exacerbation significantly reduces subsequent exacerbations and severe cardiopulmonary events among COPD patients.

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About the Data and Methodology

This study was an observational, retrospective analysis using U.S. claims data from patients with COPD who were ≥ 40 years with no prior single inhaler triple therapy (SITT). Patients had either: ≥ 1 severe or ≥ 2 moderate exacerbations, or ≥ 1 moderate exacerbations while on non-SITT treatment. The earliest event was considered the index date.

Two cohorts were analyzed:

1. Initiation cohort: 17,613 patients who initiated BGF within one-year following index
2. Escalation cohort: 10,103 patients who escalated from dual therapy to BGF within one-year following index

Outcomes were annualized rates per person/year of exacerbations and severe cardiopulmonary (CP) events. Severe CP events included mortality, severe exacerbations and hospitalizations for heart failure, acute myocardial infarction, and cardiac arrest.

Sources:

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2. Pollack M., Tkacz J.P., Schinkel J., Agatep B., Portillo E., Germack H., Crooks M., Strange C., Marshall J., Mullerova H. (2024). Prompt initiation of Budesonide/Glycopyrronium/Formoterol reduces exacerbations and cardiopulmonary events in patients with COPD (MITOS EROS+CP study). Abstract accepted as a poster to the European Respiratory Society, September 7-11, Vienna, Austria.
3. Mullerova H., Tkacz J.P., Schinkel J., Agatep B., Portillo E., Germack H., Crooks M., Strange C., Marshall J., Pollack M. (2024). Promptly escalating to Budesonide/Glycopyrronium/Formoterol from dual therapy reduces exacerbations and cardiopulmonary events in patients with COPD (MITOS EROS+CP study). Abstract accepted as an oral presentation European Respiratory Society, September 7-11, Vienna, Austria.