New Evidences of Triple Extrafine Therapy in COPD: From RCTs to Real World Setting

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Educational background

1990	Specialization in Respiratory Medicine (70/70 Summa Cum Laude), University of Parma
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Professional experience

2001-Present	Professor and Chair, Respiratory Medicine, University of Ferrara Director, Respiratory Unit, Emergency Department, University Hospital S. Anna
2001-2004	Associate Professor of Respiratory Medicine, University of Ferrara
1990-2001	Assistant Professor of Medicine, Institute of Respiratory Diseases, University of Ferrara
1994-1997	Research Fellow, University Medicine, University of Southampton
1991-1992	Visiting Scientist, Institute of Occupational Medicine, University of Padua

COPD is the third leading cause of death worldwide, is a major healthcare burden and a common cause of hospital admissions. The treatment and management of COPD also carries a significant economic burden, which is mainly attributed to exacerbations of COPD, particularly those leading to hospitalization. These have serious clinical implications, resulting in an expedited decline of lung function, decreased health-related quality of life, and increased risk of rehospitalization and mortality. Prevention of exacerbations and hospitalizations is a major goal of GOLD treatment strategy.
International Agencies recommend a personalized approach to treatment and management that aims to reduce both symptom burden and the risk of exacerbations. IN the last years, clinical trials have shown the benefits of single-inhaler triple therapy (SITT; ICS+ LABA + LAMA) for patients with symptomatic COPD and the favourable risk benefit ration when weighed the benefit against the reported risk of pneumonia with ICS use. In patients at risk of exacerbations, triple therapy of ICS/LABA/LAMA has shown benefits in clinical trials over both ICS/LABA and LABA/LAMA combinations. Although methodological differences among the trials, clinical results show consistent results. Response to ICS-containing therapy can be predicted using blood eosinophil counts. These factors should therefore be used as part of a precision medicine approach in patients with COPD. All these data have been included in the recent Update of the GOLD document. Randomized controlled trials (RTC) data of the extrafine Beclomethasone/Formoterol/Glicopyrronium combination and a number of Real life studies conducted with this SITT formulation confirm the efficacy and safety of this SITT that can reach and treat the small airways. Recent findings from RTC provide new evidence on mortality reduction with fixed-dose inhaled triple combinations compared to dual bronchodilation. This changes the prospective and the rationale of COPD treatment.