Outcomes consequent to "early" COPD for interventional studies

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Data presented in the recent study by Çolak and co-workers permit estimates of trials to alter natural history of COPD using endpoints other than FEV_1 http://bit.ly/2sIxMSB

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To the Editor:

The recent paper by Çolak *et al.* [1] and colleagues adds to the growing body of information relating to early COPD. The study confirms the importance of symptoms among individuals prior to meeting the arbitrary threshold of forced expiratory volume in 1 s (FEV_1) to forced vital capacity ratio <0.7, and that these individuals are at risk for serious morbidity and mortality. Importantly, this is demonstrated in a population-based sample. The authors clearly address the difficulty in distinguishing "early" from "mild" COPD, but have included younger individuals, which suggests that "early" disease is present in many. Recognition of this group at serious risk for subsequent events invites consideration of interventions designed to alter the disease course. To date, attempts to alter natural history of COPD have been powered on changes in airflow assessed by FEV_1. Alternative outcomes could be very useful: could Çolak and colleagues estimate the sample sizes for interventional studies designed to alter the course of COPD using the outcomes they assessed?

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