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## Changing the Course of COPD: What's New in Detection and Treatment

### ReachMD Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Mr. Brian Bizik, who's a physician assistant and Respiratory Care Coordinator at Terry Reilly Health Centers in Boise and Nampa, Idaho. He'll be sharing updates in COPD care. Here's Mr. Bizik now.

### Mr. Bizik:

We have had so many changes recently. Specifically, we have the GOLD guideline updates in 2025 and 2026. Those changes are being driven by new healthcare advances and new medications.

So, we now have medications that have a bigger impact on patients with COPD. Because of that, GOLD is now introducing terms like "disease activity," something we never thought of before—taking steps to keep the disease activity of COPD low. Not just the status quo for patients, but taking patients with COPD and advancing them, improving lung function, and improving their quality of life. So, the guidelines have changed, saying we can do this now, and that's largely because of advancements in therapies. We have a whole new set of therapies that we didn't have a few years ago, giving patients with COPD a much better option going forward.

When it comes to detection of COPD and trying to find those patients, it's interesting because in the last year or so, GOLD specifically has really made the point that we can't just sit back and let patients come to us. We have to go out and find patients with COPD. In the US right now, 70 percent of patients with COPD are undiagnosed. So, that's where we stand—just waiting for those patients to show up to our ER with an exacerbation and then getting them routed through, that's fine, but we're missing so many.

So, the challenges that we have are to go out and find these patients. And some of the tools that we are using—for instance, using AI-assisted diagnosis, like listening to lung sounds, and using AI. Looking at CT scans that are done as a part of a screening test. There's a movement to have pulmonary testing—something like spirometry—done as a screening test like you would do cholesterol because a lot of times, it's a better predictor of long-term cardiovascular outcomes than something like cholesterol. So, doing these things and maybe using AI to help find these patients earlier, we can intervene.

When you have a conversation with a patient and say, "Hey, you're at high risk for COPD," that changes the dialogue. Patients are much more willing to make lifestyle changes, maybe consider tobacco cessation. So, finding the patients and getting them diagnosed earlier, huge challenge, but there's new tools for us, and when we do the impact can be great.

So, one of the more exciting things we have in COPD is biologics. When we think about it, biologics make sense in asthma. We've used them for a long time in atopic disease, like atopic dermatitis, and eosinophilic esophagitis and asthma. Why COPD? The key characteristic is that some patients, maybe about 40 percent of patients with COPD, also have significant type 2 inflammation. In those patients with type 2 inflammation tend to do worse, by the way. They tend to have worse PEs, more exacerbations, and more severe exacerbations, so they're kind of already at a disadvantage.

But now, we have an option. We can go in and treat that type 2 inflammation and impact those patients. So, they've got COPD, but type 2 inflammation is a big part of their story. It's why they have the symptoms they have. We now have two—mepolizumab and dupilumab—that are able to interrupt that type 2 inflammation cycle, like a domino. In those patients, biologics can be life changing for them. And, again, just like we talked about with disease activity, keeping disease activity low, we can impact these patients with type 2 inflammation with COPD. The future is just going to get better; we should have more approved in the next year or so.

### ReachMD Announcer:

That was Mr. Brian Bizik sharing key updates in COPD management. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!