

# NATIONAL JEWISH HEALTH JOURNAL CLUBS



## Respiratory Medicine Updates: A Virtual Clinical Community

Earn CME Credit: .5 AMA PRA Category 1 Credits™.

### Select a Journal Club to Learn More:

- [Chronic Obstructive Pulmonary Disease \(COPD\) Journal Club](#)
- [Interstitial Lung Disease \(ILD\) Journal Club](#)
- [Nontuberculous Mycobacterial Lung Disease \(NTM\) Journal Club](#)
- [Pulmonary Hypertension \(PH\) Journal Club](#)

### Learning Objectives:

- Apply critical thinking for research analysis in the review of new data and guidelines.
- Utilize increased awareness and understanding of research, evidence and best practices to inform clinical practice.
- Support an online community of practitioners to share key insights, latest research, and treatment strategies for patients.

### Purpose:

Traditional journal clubs have evolved in healthcare to encourage scholarly activity and research awareness through the reading and discussion of journal articles. The format has been used for over a hundred years in medical education. With COVID-19, we have had to reassess and redesign in-person journal clubs to continue to meet the needs of clinicians in the real world.

Zoom webinars and Twitter journal clubs are a popular innovation with the potential to increase research awareness and inform practice. The journal clubs provide a venue that encourages

scientific dialogue not limited by geography, and that offer CME credit.

The National Jewish Health Journal Clubs engage a community of practitioners around the country and even globally in scientific dialogue and provide forums for discussion around intriguing and relevant literature regarding respiratory diseases, while offering CME credit. Each Journal Club provides learners with practical, virtual opportunities to stay up to date, connect with peers, and interact with experts to improve clinical practice and patient outcomes.

## Journal Club Format:



**Article Summary:** A succinct text-based summary of high- impact research articles, with expert commentary that includes a clinical question, background and summary of the journal article, group opinion through review and consensus of National Jewish Health faculty.

**Journal Club**

**Title:**  
Triple Inhaled Therapy of Type 2 Characterized Disease in Moderate to Very Severe COPD (STRONG Trial) • England's Med 2019; 362:31-40. <https://doi.org/10.1016/j.annrct.2018.11.001>

**Clinical Question:**  
Which COPD patients benefit from triple inhaled therapy?

**Background:**  
This was an international, randomized, double-blind, parallel-group trial. Subjects had symptoms, confirmed by spirometry, of COPD with a FEV1/FVC < 70%, and their bronchodilator FEV1 ≥ 50% predicted with at least a two pack year smoking history. A history of exacerbations within the preceding year despite the use of at least two inhaled maintenance therapies was required. Six inhaled therapies were required: FEV1 was ≥ 50%. Two moderate or low severity exacerbations were acceptable. FEV1/FVC, Study stage included high-dose budesonide (HD-BUD), low-dose budesonide (LD-BUD), glycopyrrone (GLO), and formoterol (FOT). Subjects were randomized into one of four groups: HD-BUD/LAMA/LAMA, LD-BUD/LAMA/LAMA, HD-BUD/LAMA/FOT, and LD-BUD/LAMA/FOT. The primary end point of annual rate of exacerbation (predominantly severe). Data were collected over a 52-week period.

A total of 8575 patients underwent randomization and received a study drug. Annual rate of exacerbations was lower for both HD-BUD/LAMA/LAMA and LD-BUD/LAMA/LAMA groups compared to either HD-BUD or LD-BUD/LAMA than the non-triple groups. There was no difference between the high versus low-dose triple therapy groups. The high-dose triple therapy group had performed best therapy groups with regard to secondary endpoints including time to first exacerbation, rate of severe exacerbations, and hospitalizations. Comparison between low-dose triple therapy groups and their therapy groups with regard to these secondary endpoints was statistically equivalent. Incidence of pneumonia was 1.4 in the spring subjects whose regimen included an ICS versus incidence among patients receiving only triple therapy was 2.2%. Benefits of triple therapy versus LAMA/LAMA were significant regardless of receipt of recent (within 120 days) but the benefit was more pronounced in the higher exacerbation group.

Exacerbation	Reduction in annual rate of exacerbations
LD triple v. LAMA/LAMA	23%
HD triple v. HD/LAMA/LAMA	23%
LD triple v. LD/LAMA	23%
HD triple v. HD/LAMA	23%

**Journal Club**

**Title:**  
A. Medication in Severe COPD Exacerbation in the Real-World Setting in Five Regions

**Key Data:**

Medication	Week 0	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44	Week 48	Week 52
High-Dose Budesonide	0	10	20	30	40	50	60	70	80	85	88	90	90	90
Low-Dose Budesonide	0	5	10	15	20	25	30	35	40	45	50	55	60	65
Glycopyrrone	0	5	10	15	20	25	30	35	40	45	50	55	60	65
Formoterol	0	5	10	15	20	25	30	35	40	45	50	55	60	65

**Key Message:**  
COPD drug practices improved over and prior studies (STRONG, STRONG, STRONG). Study that shows a benefit of triple over dual therapy for COPD patients in terms of exacerbation prevention. There was consensus that patients who continue to have exacerbations despite low maintenance combination medications should be started on triple therapy regardless of predicted exacerbation count. There was not consensus regarding high versus low ICS dose. Secondary endpoints in the current study seem to favor high-dose budesonide for the whole of the evidence is not definitive. There was also consensus that discontinuation of ICS should be considered after a year without exacerbations. The ultimate decision to withdraw the ICS should be made based on exacerbation severity, peripheral eosinophilia, risk of pneumonia, and patient preference (shared decision-making).

**On behalf of the COPD Physicians: Ronald Baskowski, MD, Russell Baxter, MD, PhD, James Craig, MD, James Frigger, MD, Anthony Gifford, MD, PhD, Neel Kashlani, MD, Ann Granville, MD, Steven Gortner, MD, Harpreet Kaur, MD, Gopal Kanching, MD, Steven Kohnemann, MD, April Vlahos, MD, Aron Kanner, MD, Robert Landhaus, MD, PhD, Karina Sletten, MD, Angier Sengco, MD, James Washburn, MD.**



## Live Webinar:

A monthly 30-minute live webinar discussion based on the selected article and led by a National Jewish Health expert with opportunity for participant interaction and questions. The educational activity will be certified for .5 AMA PRA Category 1 Credits™.



### **Live CME Twitter Chat [@NJHealthMedEd](#)**

A monthly 30-minute Twitter Chat to be held at a designated time each month and moderated by a National Jewish Health faculty who will pose questions and encourage discourse via tweet chat among a community of physicians. The educational activity will be certified for *.5 AMA PRA Category 1 Credits™*.

### **Twitter Chat Instructions**

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## **How the Journal Clubs Work:**

Each Journal Club consists of a monthly 30-minute live Zoom webinar and a live 30-minute Twitter chat based on a succinct article summary, selected and prepared by National Jewish Health experts. Each article summary will be posted approximately one week prior to its corresponding Zoom webinar. During the sessions, the moderators will review the article summary and pose questions and responses to initiate an engaging discussion. The live webinars and Twitter chats will allow for live interaction and ongoing tweet exchange. Zoom webinar Journal Clubs will be recorded and made available on VuMedi.com.

## **Accreditation and Designation Statements:**

National Jewish Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

National Jewish Health designates each live activity for *.5 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## **Get More Details About Each Journal Club at These Links:**

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