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LETTER

Letter to Editor Regarding the OCEAN Study [Letter]

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Dear editor

We read with interest the article by Tamaki et al who in the OCEAN study compared the performance characteristics of the CAPTURE COPD screening tool with the COPD-Q screening tool.[1] While there is currently an important focus on better understanding the broader scope of symptomatic chronic lung disease, it is useful to remember that the CAPTURE was designed specifically to be used as a screening tool (meaning to be used among those without a COPD diagnosis) for the identification of individuals with clinically significant COPD.

We designed the CAPTURE tool to specifically identify individuals who would benefit from immediate pharmacologic therapy, beyond the preventive strategies that should already be important for everyone in a primary care practice—smoking cessation, up to date immunizations, weight management and regular activity. We defined clinically significant COPD as chronic lung disease meeting the obstructive lung disease lung function definition (FEV1/FVC < 0.70) in addition to either FEV1 <60% of predicted or evidence of exacerbation like events in the prior year.[2] These are individuals for whom data have shown immediate benefit with pharmacotherapy in improving quality of life and preventing future exacerbations.[3] In addition, when CAPTURE was previously validated in a combined primary care and specialty patient study using the 5 questions that OCEAN used with the addition of peak flow assessment, it was found to significantly improve screening outcomes, particularly supporting specificity which has been a concern with many prior screening tools.[2]

The OCEAN study is a valuable reminder that we may need to develop tools for screening for PRISm (Preserved Ratio Impaired Spirometry).[4] We will learn more about the utility of CAPTURE to detect clinically significant COPD through a large primary care validation and impact study currently being conducted in the US.[5]

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