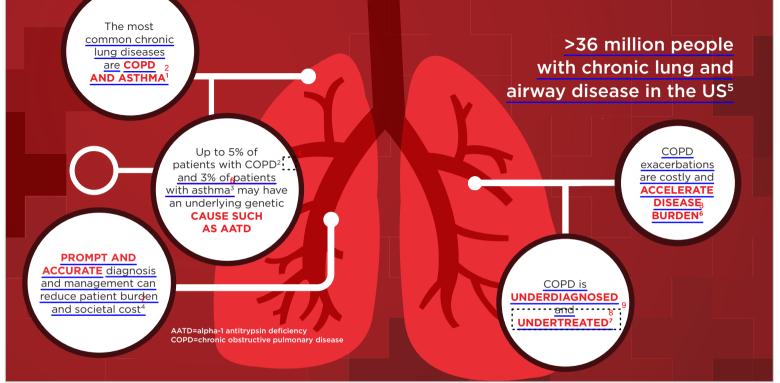


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3. COPD exacerbations are costly and **ACCELERATE** DISEASE

#### **BURDEN6**

-> Dransfeld, American Journal of Respiratory and Critical Care Medicine (02/2016) (v1.0) - Dransfield 2017, p325/col1/lines1-5 (p.2)

Dransfeld, American Journal of Respiratory and Critical Care Medicine (02/2016)

(v1.0) - Dransfield 2017, p325/col1/lines1-3 (p.2)

- 1. >36 million people with chronic lung and airway disease in the US5
- -> AmericanLungAssociation.com
- Mission (updated 04/2020) (v1.0)
- ALA (mission)

2021/P2/para6/line1 (p.2)

Nearly 37 million Americans live with a chronic lung disease like asthma and COPD. which includes emphysema and

chronic bronchitis

[Kaitlvn Russell]

2. common chronic lung diseases are COPD AND ASTHMA1

- -> www.thelancet.com/respiratory
- Prevalence and attributable

health burden... (created 06/2020)

(v1.0) - Soriano

2020/P585/col1/para1/lns4-5; /col2/para1/ln1/ (p.1)

Some of the most common chronic respiratory diseases are asthma, chronic obstructive pulmonary disease (COPD), and

occupational lung disea [Kaitlvn Russell]

# Acute exacerbations of chronic obstructive pulmonary disease (COPD ) account for most COPD-related costs

[Kaitlyn Russell]

4. should be a ref anchor to ref 2 here. I don't see any anchor for Brode ref so will need this before I can verify. [Tara McMillin]

#### 5. and 3 % of patients

with asthma3

Don't we have a more recent statistic? Ref 3 is from 2013 but this stat is actually cited from an article from 2007. [Tara McMillin]

#### 6. and 3 % of patients

with asthma3

-> Siri (12/2013) (v1.0) - Siri 2012. P2/col2/para5/lines18-20 (p.2) In a study of patients with poorly controlled asthma, AATD was present in 2 % to 3 % of subjects, with 10.5 % being carriers of a deficiency

[Kaitlyn Russell]

#### 7. PROMPT AND

**ACCURATE** diagnosis

and management can

reduce patient burden

and societal cost4

-> Fromer, Int J Gen Med (08/2011) (v1.0) - Fromer 2011,

pg1/abstract/lines8-11 (p.1)

Increased familiarization with COPD diagnosis and treatment guidelines, and proactive identification of patients with increased

risk of deve

[Kaitlyn Russell]

8. COPD is UNDERDIAGNOSED and UNDERTREATED7

-> Diab (11/2018) (v1.0) - Diab 2018/P1131/col3/para3/ (p.2)

Taken together, these studies

suggest that approximately 10 % of adults aged 40 years or older

in the developed world have evidence of pers

Diab (11/2018) (v1.0) - Diab 2018/P1132/col2/para2/line1-4 (p.3)

ethnic minority (9).

Studies have shown that an important factor contributing to COPD

underdiagnosis is the underuse of spirometry, partic

[Kaitlyn Russell]

9. strike "and undertreated" as the ref does not discuss treatment [Tara McMillin]

Population-based health can reduce health provider burden and bring benefit to multiple stakeholders<sup>8</sup>

Small actions over a large population can have wide benefit to patients with lung disease<sup>9</sup>

### A population health approach encourages small, systematic changes for broad impact

Lower costs and better outcomes<sup>8</sup>

Higher patient satisfaction rates and better care efficiencies8

Stronger cost controls and reduced risks8

Alignment of prices with patient outcomes8

Reduced healthcare spending and better overall health®

- ☑ Prompt Identification
- ✓ Accurate Diagnosis ✓ Personalized Management
- Checklists Shared tasks Leverage EMR

Automation

## patients with chronic lung and airway disease

Systematically look for modifiable factors in

- ☑ On-site spirometry
- ☑ Case management
- ☑ Disease education
- ✓ Self-management education (eg. correct inhaler use)
- ☑ Blood tests for underlying causes
- ☑ Family testing for familial cases
- ☑ Personalized treatment
- ☑ Referrals for specialized treatment when needed

AATD can be tested for and ruled out early as part of a comprehensive population health approach<sup>10</sup>



6. Small actions over a large population can have wide benefit to patients with lung disease9

-> Ferrone (03/2019) (v1.0) - Ferrone 2019/P2/col1/para3 (p.2)

In this study, our objective was to develop a COPD IDM-self- management and COPD IDM-structured follow-up intervention in primary care, incl [Kaitlvn Russell]

- 7. Alignment of prices with patient outcomes8
- -> Pennestrì (08/2019) (v1.0) Pennestrì 2019/P2/col1/para3/ (p.2)

The number 10 will be removed here as there is no reference needed here [Tommv Zambelli]

2. Population-based health

can reduce health provider burden and bring benefit

to multiple stakehol..

- -> Pennestrì (08/2019) (v1.0) Pennestrì 2019/P2/col1/para3/ (p.2) Shifting from a traditional approach to short-term savings to a more comprehensive approach (both in terms of indicators and stakeholders [Tommv Zambelli]
- 3 Lower costs and better outcomes8
- -> Pennestrì (08/2019) (v1.0) Pennestrì 2019/P2/col1/para3/ (p.2) Shifting from a traditional approach to short-term savings to a more comprehensive approach (both in terms of indicators and stakeholders [Tommy Zambelli]
- 4. Higher patient satisfaction rates and better care efficiencies8
- -> Pennestrì (08/2019) (v1.0) Pennestrì 2019/P2/col1/para3/ (p.2) Shifting from a traditional approach to short-term savings to a more comprehensive approach (both in terms of indicators and stakeholders )

[Tommy Zambelli]

- 5. Stronger cost controls and reduced risks8
- -> Pennestrì (08/2019) (v1.0) Pennestrì 2019/P2/col1/para3/ (p.2) Shifting from a traditional approach to short-term savings to a more comprehensive approach (both in terms of indicators and stakeholders

[Tommy Zambelli]

Shifting from a traditional approach to short-term savings to a more comprehensive approach (both in terms of indicators and stakeholders )

[Tommy Zambelli]

8. Reduced healthcare spending

and better overall health8

-> Pennestrì (08/2019) (v1.0) - Pennestrì 2019/P2/col1/para3/ (p.2)

Shifting from a traditional approach to short-term savings to a more comprehensive approach (both in terms of indicators and stakeholders )

[Tommy Zambelli]

9. AATD can be tested for and

ruled out early as part of

a comprehensive population

health approach...

-> Global Initiative for COPD (12/2019) (v1.0) - GOLD 2020/p47/AATD Screening (p.47)

[Tommy Zambelli]

#### References

- Soriano JB, et al. Lancet Respir Med. 2020;8(6):585-596.
- 2. Brode SK. et al. CMAJ. 2012;184(12):1365-1371
- 3. Siri D. et al. Ann Allergy Asthma Immunol. 2013:111(6):458-464.
- 4. Fromer L. Int. J Gen Med. 2011:4:729-739.
- 5. American Lung Association. Our Impact. Accessed April 27, 2021. https://www.lung.org/about-us/mission-impact-and-history/our-impact
- 6. Dransfield MT, et al. Am J Respir Crit Care Med. 2017;195(3):324-330.
- 7. Diab N, et al. Am J Respir Crit Care Med. 2018;198(9):1130-1139.
- 8. Pennestrì F, et al. Ann Transl Med. 2019;7(22):688.
- 9. Ferrone M, et al. NPJ Prim Care Respir Med. 2019;29(8):1-9.
- Global Initiative for Chronic Obstructive Lung Diseases (GOLD). Global Strategy for Diagnosis, Management and Prevention of COPD. 2020 Gold Report. Accessed April 27, 2021. https://qoldcopd.org/qold-reports

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