



Optimal Care for Pulmonary

Evidence driven~Better outcomes~Lower cost

LUNG CANCER SCREENING

- ✓ Not indicated outside the parameters of the National Lung Screening Trial (NLST).¹
- ✓ Overall absolute mortality reduction with screening 0.4%.²
- ✓ False positive rate of screening exceeds 96%.¹
- ✓ Shared decision making is essential.
- ✓ Use Fleischner nodule algorithm for follow-up of nodules detected on screening.³

COPD MANAGEMENT AND BEST PRACTICES

- ✓ Treatment is predominately for symptom control as evidence weak for preservation of lung function.⁴
- ✓ Long-acting antimuscarinic agent (LAMA) therapy is superior to long-lasting beta-agonists (LABA) as a single agent.⁵
- ✓ ICS use is for the asthmatic subtype or severe COPD with frequent exacerbations.
- ✓ Mortality is predicted better by degree of dyspnea than degree of lung function impairment.⁶
- ✓ Pulmonary rehabilitation is of benefit in GOLD stages 3 and 4.⁷
- ✓ Daytime oxygen is not of benefit with mild to moderate daytime hypoxia.⁸
- ✓ Advanced care planning is essential when COPD is advanced.

PHARMA MANAGEMENT

- ✓ Because generic versions of ICS/LABA inhalers are available, branded agents should no longer be used.⁹
- ✓ LAMA inhalers and LAMA/LABA combination inhalers are similarly priced.⁹
- ✓ Triple inhaler therapy adds approximately \$1,500 to the yearly cost of LAMA/LABA.⁹
- ✓ New treatment option for mild persistent asthma – Begin with the use of LABA/ICS combination on an “as needed” basis to reduce ICS use by over 75%.⁴

PULMONARY EMBOLUS ¹⁰

- ✓ 61% of CTA's are inappropriate due to low risk.
- ✓ Use Dichotomized Wells Score and D-dimer for low risk patients.
- ✓ Provoked deep venous thrombosis (DVT) and pulmonary embolus (PE) should be treated for 3 months.
- ✓ Consider lifelong therapy in unprovoked DVT/PE.
- ✓ Subsegmental PE may not need treatment if no ongoing PE risk.

OBSTRUCTIVE SLEEP APNEA

- ✓ Obstructive sleep apnea (OSA) treatment is directed at symptom improvement, data does not support improved CV outcomes with OSA treatment or a clinical benefit if asymptomatic.¹¹
- ✓ Home sleep study is preferred over facility study with improved patient acceptance, improved OSA outcomes, and 67% cost reduction.¹²
- ✓ Mandibular advancement devices may be helpful up to apnea-hypopnea index (AHI) of 30.¹³
- ✓ Auto-titrating CPAP is preferred over facility CPAP titration.¹¹

1. *JAMA Internal Medicine*. 2018;178(3):326. doi:10.1001/jamainternmed.2017.8217

2. *New England Journal of Medicine*. 2011;365(5):395-409. doi:10.1056/nejmoa1102873

3. *RadioGraphics*. 2018;38(5):1337-1350. doi: 10.1148/rg.2018180017

4. *New England Journal of Medicine*. 2018;378(20):1865-1876. doi:10.1056/nejmoa1715274

5. Papi A, Vestbo J, Fabbri L, et al. Extrafine inhaled triple therapy versus dual bronchodilator therapy in chronic obstructive pulmonary disease (TRIBUTE): a double-blind, parallel

6. *Chest*. 2002;12(5):1434-1440. doi: 10.1378/chest.121.5.1434

7. Pocket Guide to COPD, Diagnosis, Management, and Prevention: A guide for Healthcare Professional 2020 Reports. GOLD COPD.

https://www.goldcopd.org/wp-content/uploads/2020/03/GOLD-2020-POCKET-GUIDE-ver1.0_FINAL-WMV.pdf. Published 2020. Accessed August 11, 2020.

8. *New England Journal of Medicine*. 2016;375(17):1617-1627. doi:10.1056/nejmoa1604344

9. COPD Medications. GoodRx. <http://www.goodrx.com/copd/drugs>. Published 2020. Accessed October 1, 2020.

10. *Thrombosis and Haemostasis*. 2000;83(03):416-420. doi:10.1055/s-0037-1613830

11. *Jama*. 2020;323(14):1389. doi: 10.1001/jama.2020.3514

12. *Annals of Internal Medicine*. 2017;166(5):332. doi:10.7326/m16-1301

13. *The Lancet Respiratory Medicine*. 2019;7(6):533-543. doi:10.1016/s2213-2600(19)30057-8