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RCT Abstract - Targeted case-finding and proactive clinical management in a primary care setting reduces exacerbations in COPD patients with exacerbation history and scope for treatment optimisation: findings from the PREVAIL cluster randomised trial

D. Price (Singapore, Singapore), J. R Hurst (London, United Kingdom), M. Kerr (Cambridge, United Kingdom), K. Hickman (London, United Kingdom), M. Singh (Rugeley, United Kingdom), M. G Crooks (Hull, United Kingdom), L. A. Alves (Porto, Portugal), C. Ariti (Cambridge, United Kingdom), M. Bafadhel (London, United Kingdom), M. Bhutani (Alberta, Canada), J. Busby (Singapore, Singapore), V. Carter (Cambridge, United Kingdom), J. D. Chalmers (Dundee, United Kingdom), R. Chen (Shenzhen, China), A. Couper (Cambridge, United Kingdom), G. Devereux (Liverpool, United Kingdom), N. Eleangovan (Singapore, Singapore), A. Evans (Singapore, Singapore), D. Freeman (Norwich, United Kingdom), C. P. Gale (Leeds, United Kingdom), M. Gibson (Leeds, United Kingdom), D. M.G. Halpin (Exeter, United Kingdom), W. Henley (Cambridge, United Kingdom), J. Marshall (Cambridge, United Kingdom), F. Martinez (Worcester, United States), M. Miravitlles (Barcelona, Spain), T. Morris (Cambridge, United Kingdom), H. Muellerova (Cambridge, United Kingdom), S. Muro (Nara, Japan), J. Nåtman (Cambridge, United Kingdom), R. Pullen (Singpaore, Singapore), J. K. Quint (London, United Kingdom), A. Sharma (Chermside, Australia), D. Singh (Manchester, United Kingdom), D. Skinner (Singapore, Singapore), D. Stolz (Freiburg, Germany), D. Vargese (Cambridge, United Kingdom), E. Vijaykumar (Birmingham, United Kingdom), T. Winders (Vienna, Austria), T. Wilkinson (Southampton, United Kingdom), A. P. Dickens (Singapore, Singapore)

Introduction

Patients with COPD are at high risk of exacerbations. The PREVAIL trial[1] investigated the CONQUEST[2] quality improvement programme (QIP) in patients with newly diagnosed (ND) and already diagnosed (AD) modifiable high-risk (MHR) COPD.

Aim

To compare COPD exacerbations between CONQUEST patients and usual care.

Methods

English general practices were randomised 1:1 to CONQUEST (intervention) or usual care (control). MHR eligibility: 40-80 years, COPD diagnosis or positive smoking history, dual COPD maintenance therapy or less, ≥2 moderate or ≥1 severe exacerbation in prior 24 months (≥1 in last 12 months). ND patients were identified by CONQUEST spirometry or usual care. CONQUEST provided case-finding, clinical review for assessment and treatment optimisation, and follow-up (*Fig.1*). Exacerbations with subsequent hospitalisation/OCS/antibiotics 8-28 days after initial treatment were defined as complicated. Electronic health records were analysed using propensity score weighted models.

Results

85 intervention and 90 control practices contributed 5,631 patients (mean follow-up: 24 months). Exacerbations and complicated exacerbations reduced by 13% and 26% compared to controls, 21% and 45% in those on monotherapy or less at baseline and 21% and 40% in ND patients (*Fig.1*).

Conclusion

The CONQUEST QIP reduced COPD exacerbations in primary care MHR patients, especially those on minimal therapy or newly diagnosed; supporting prompt clinical review and treatment optimisation of at-risk patients.