











FEV₁/FEV₆ AS A SURROGATE FOR FEV₁/FVC FOR DIAGNOSIS OF **COPD: RESULTS OF THE PLATINO STUDY**

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RATIONALE

· According to the GOLD criteria, airflow obstruction is established through spirometry, if a post BD FEV₁/FVC ratio < 0.70 is documented¹.

· Some authors have been suggesting that the shortening of the forced expiratory maneuver to a six seconds duration (also called FEVe) could replace the FVC maneuver both for airway obstruction²⁻⁶ and a restrictive pattern diagnosis patients⁷⁻¹⁰.

• The PLATINO project was a COPD prevalence, randomized clustered sample, populationbased study done in five large cities in Latin America (Sao Paulo -Brazil, City of Mexico-Mexico, Caracas-Venezuela, Santiago-Chile, and Montevideo-Uruguay), recently published in the literature11.

OBJECTIVE

To evaluate the accuracy of the FEV₁/FEV₆ in detecting airway-obstructed subjects in a population-based survey (PLATINO study).

METHODS

 The survey included adults with 40 years of age and older carried out in Sao Paulo-Brazil, City of Mexico-Mexico, Caracas-Venezuela, Santiago-Chile, and Montevideo-Uruguay.

Its methodology has already been published elsewhere¹².

• A total of 5.315 spirometries after 200 mcg of salbutamol with simultaneous measurement of FVC and FEV₆ was obtained.

 A portable spirometer (EasyOne[™]: Medizintechnik AG, 2004/www.ndd.ch), equipped with ultrasound flow sensors were used in the Platino study (Figure 1).



Figure 1: spirometer used in the survey)

RESULTS

In a linear regression, FEV₁/FVC= (FEV₁/FEV₆*1.24)-21.8 (R²=0.95).

• The FEV₄/FEV₆ equivalent to FEV₁/FVC=70 was 0.741 in this simple linear regression and 0.742 adjusting for city, current smoking, gender, height and BMI (R2=0.95). The area under the ROC curve was 98.7% (Figure 2).

• A FEV,/FEV, of 0.742 had a sensitivity of 83.4% and specificity of 98.5% to detect FEV,/FVC of 0.70

Mean difference between FEV₁/FVC and FEV₁/FEV₆ was 2.5 (95%CI: 7.5 to 0).

•A FEV₁/FEV₆ of 0.76 had both a sensitivity and specificity of 94.2% to detect FEV₁/FVC of 0.70 (Figure 3).



ROC curve evaluating the Figure 2 performance of the FEV₁/FEV₆= 0.742, equivalent to FEV / FVC = 0.70

71 73 72 74 35 85 0.25 0.50 1 - Specificity 0.75

Figure 3 - ROC curve evaluating the performance of the FEV,/FEV,= 0.76, equivalent to FEV//FVC = 0.70

- The scatterplot of FEV,/FVC vs FEV,/FEV, is shown in figure 4.
- Quadrants II and III represent agreement in classification between FEV₁/FVC and FEV₁/FEV₆ (cutpoint of 76).
- Quadrant I (upper left): are false positives, obstructed by FEV,/FEV, but with FEV₁/FVC > 70 (4.9%).

 Quadrant IV (lower right): represent false negatives. Non obstructed by FEV,/FEV, but with FEV,/FVC < 70 (0.9%).

 Difference between FEV₁/FVC and FEV₁/FEV₆ increases with more severe airflow obstruction, figures 4 and 5.





Figure 4- Overall plot of observed measures betw FEV,/FVC and FEV,/FEV6 . Vertical line is at FEV_1/FEV_6 =0.76 equivalent in several sense s to a FEV,/FVC =0.70 Figure 5- Bland & Altman display of FEV₁/FVC and FEV,/FEV,

DISCUSSION

- FEV₁/FEV₆ has better reproducibility than FEV₁/FVC and it is simpler.
- FEV₁/FEV₆ predicts accurately FEV₁/FVC, with a AUC =0.98.
- A FEV₁/FEV₆ of 74 is equivalent to FEV₁/FVC of 70 by regression.

. The best cut-off point based on a balance between sensitivity and specificity is 0.76. A different cutpoint can be chosen if either specificity or sensitivity is preferred.

CONCLUSION

In a population-based COPD prevalence study the FEV,/FEV, was proved to be a simple and accurate lung function parameter in the diagnosis of airway obstruction.

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