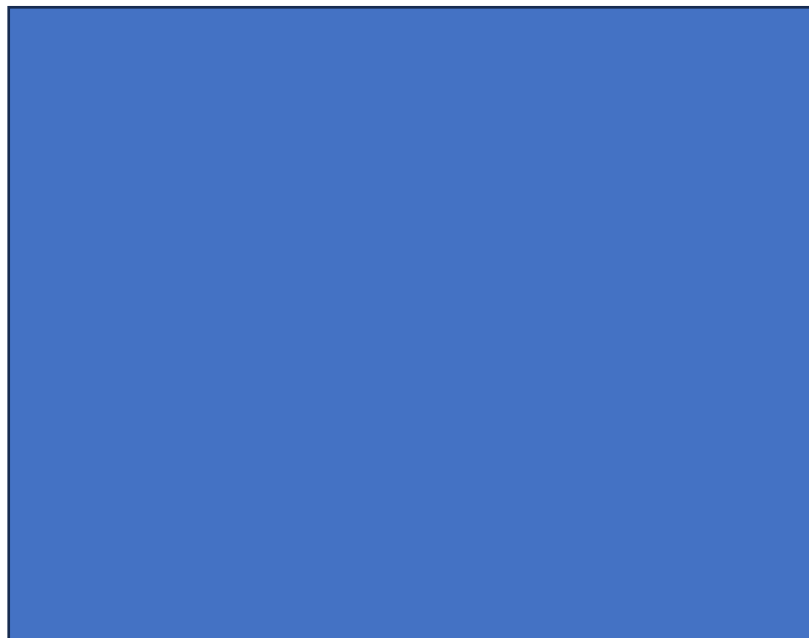
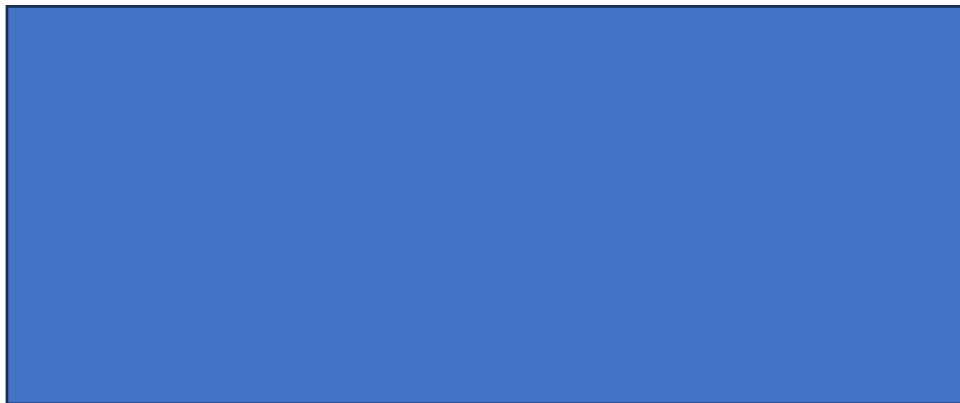

**“A HOSPITAL BASED ONE-YEAR PROSPECTIVE STUDY
OF BLOOD EOSINOPHIL BASED ICS (INHALED
CORTICOSTEROIDS) THERAPY IN COPD PATIENTS.”**



INTRODUCTION

Chronic Obstructive Pulmonary Disease (COPD) is a diverse lung disorder marked by persistent respiratory symptoms such as shortness of breath (dyspnea), cough, sputum production, and/or exacerbations. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

AIMS AND OBJECTIVES

PRIMARY OBJECTIVES:

- 1. [REDACTED]
[REDACTED]
- 2. [REDACTED]
[REDACTED]

SECONDARY OBJECTIVES:

- 1. [REDACTED]
[REDACTED]
- 2. [REDACTED]

REVIEW OF LITERATURE

Definition of COPD: Chronic Obstructive Pulmonary Disease (COPD) is a heterogeneous condition which is characterized by chronic respiratory symptoms such as dyspnea, cough, and sputum production. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Prevalence:

[REDACTED]

[REDACTED]

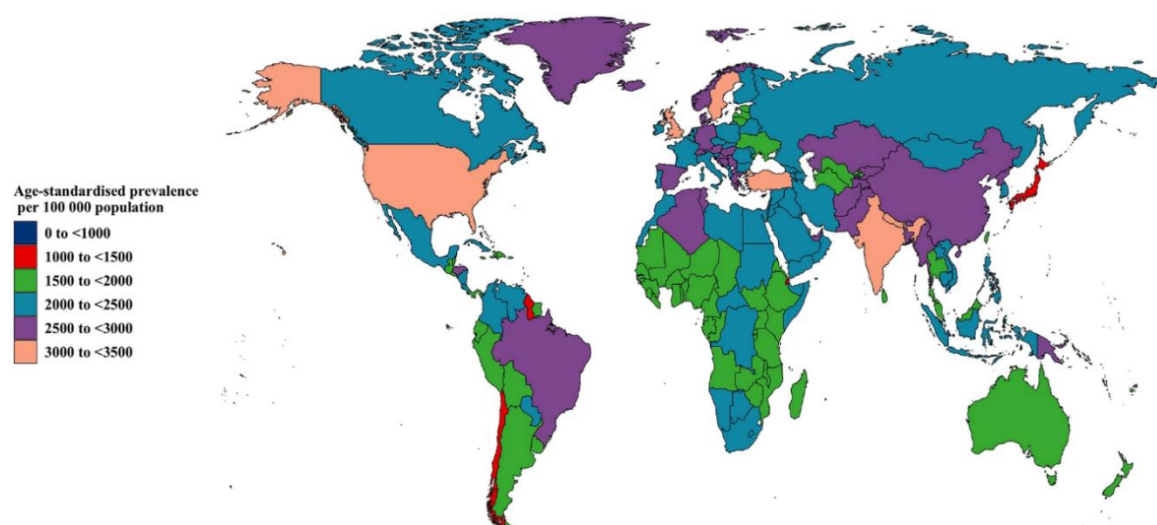
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



Age-standardized prevalence of chronic obstructive pulmonary disease. (2)

Risk Factors for COPD

The aetiology of Chronic Obstructive Pulmonary Disease (COPD) is primarily linked to long-term exposure to harmful particles or gases, most commonly cigarette smoke, as well as environmental pollutants, occupational dust, and genetic factors such as alpha-1 antitrypsin deficiency.

Host-based and Environmental Factors in COPD Aetiology

COPD Risk Factors

Host-based Factors	Environmental Factors
1. Genetic Factors	1. Smoking
2. Asthma/Airway Hyperreactivity	2. Occupational Exposure
	3. Biomass Fuel Exposure
	4. Environmental Air Pollution
	5. Low Socioeconomic Status

A study by de Ignacio Blanco et al (23) identified a correlation between genetic mutations such as alpha-1 antitrypsin deficiency and the development of COPD.

[REDACTED]

Pathogenesis of COPD :

[REDACTED]

Proximal cartilaginous airways (>2 mm in diameter)

[REDACTED]

Peripheral airways (non-cartilaginous airways CD4)

[REDACTED]

Lung parenchyma (respiratory bronchioles and alveoli)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Pulmonary vasculature

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

Reactive Oxygen Species and COPD

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Inflammatory Cells and Mediators in COPD

In COPD, inflammation mainly affects the terminal bronchioles and lung parenchyma and is characterized by infiltration of macrophages and CD8+ T-cells. [REDACTED]

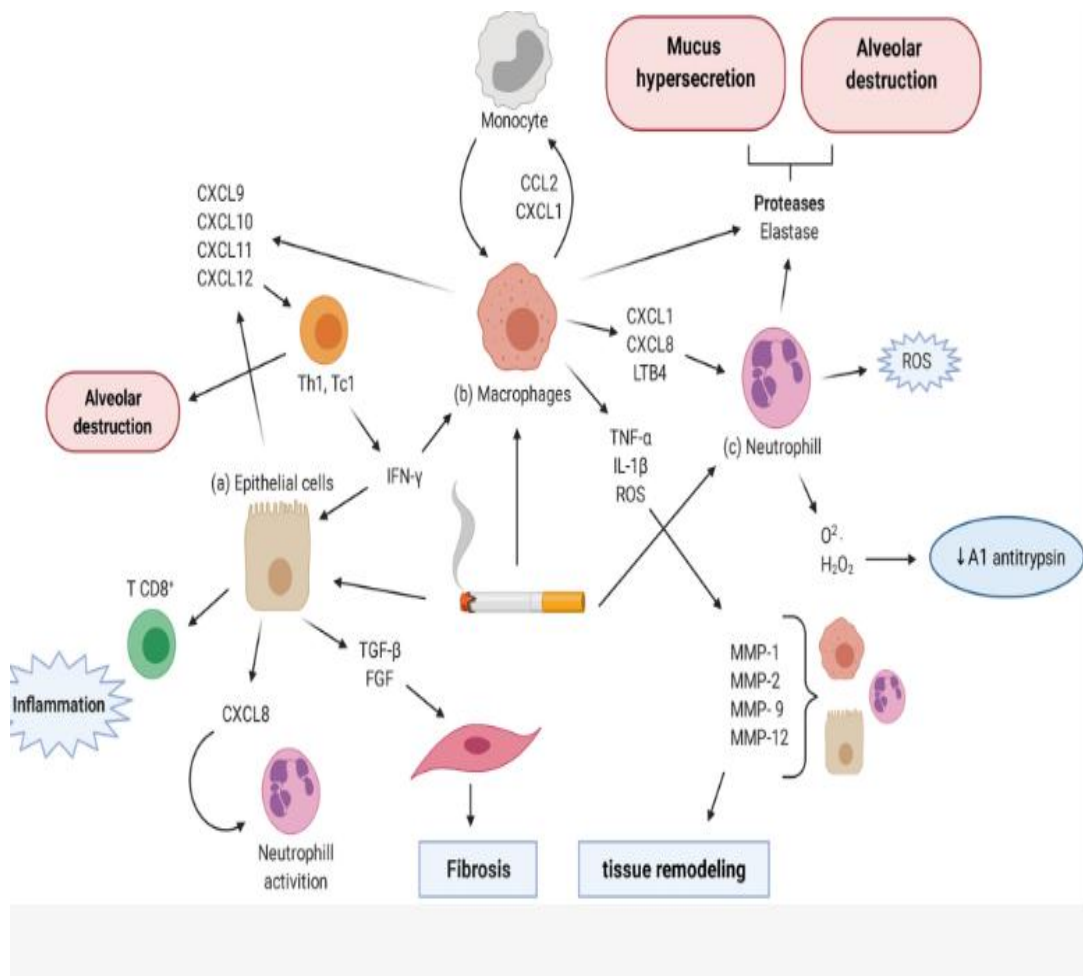
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



Role of eosinophils in COPD

Early COPD

Early COPD is difficult to clearly define, and its relationship with disease activity remains uncertain and may vary among individuals. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PRISm (Preserved Ratio Impaired Spirometry)

■ A spirometric pattern [REDACTED]
[REDACTED]
[REDACTED]

PRE COPD

[REDACTED]
[REDACTED]
[REDACTED]

YOUNG COPD

[REDACTED]
[REDACTED]

GOLD Spirometric Grades (Severity)

Based solely on the **post-bronchodilator FEV₁ % predicted**, with FEV₁/FVC < 0.70 required for diagnosis:

■ **GOLD 1 (Mild):** [REDACTED]

■ **GOLD 2 (Moderate):** [REDACTED]

■ **GOLD 3 (Severe):** [REDACTED]

■ **GOLD 4 (Very Severe):** [REDACTED]

GOLD 2025 uses the **ABE system**, incorporating:

■ Spirometric Grade (■)

■ Symptoms: ■

3. Exacerbation history:

■

■

This yields three clinical groups:

■ Group A: ■

■ Group B: ■

■ Group E: ■

GOLD Grade FEV₁ (% predicted) Characteristics

1	■	■
2	■	■
3	■	■
4	■	■

After grading, patients are assessed for symptoms and exacerbation risk to be assigned to **Group A, B or E**, guiding management strategies.

Why GOLD Staging Matters

■ GOLD 1–4 ■

- ABE grouping ■

■ Group A: ■

■ Group B: ■

■

Pharmacological treatment of stable COPD

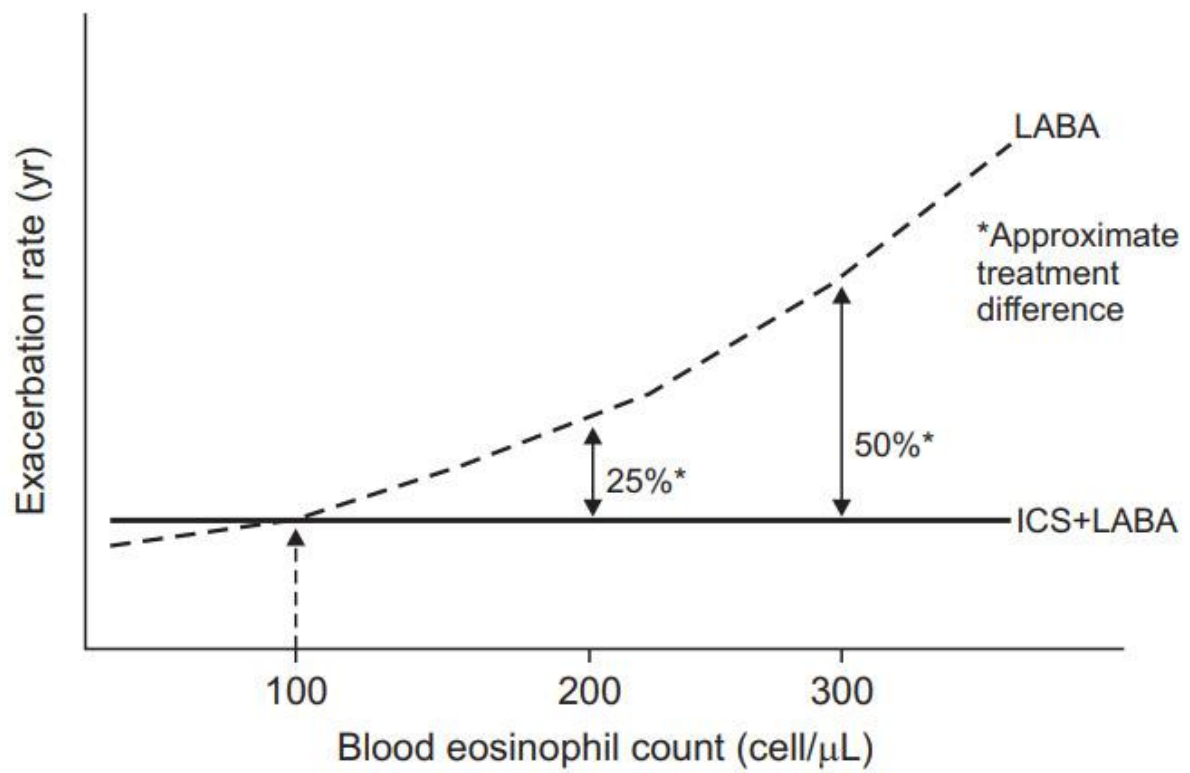
[REDACTED]

Modeling the Relationship between Blood Eosinophils and ICS Effects

Siddiqui et al. conducted a post hoc analysis to evaluate the relationship between inhaled corticosteroid (ICS) effects and blood eosinophil counts in COPD patients (n = 1184). [REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

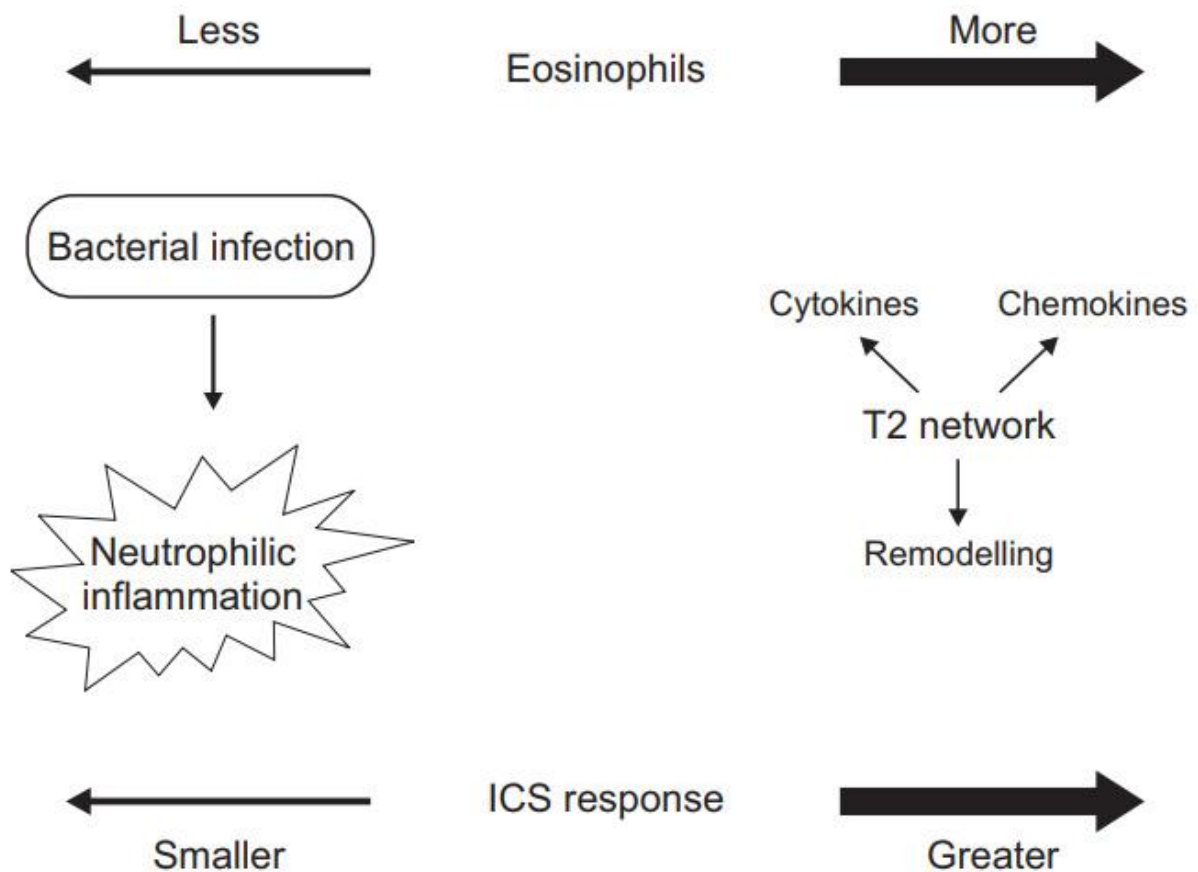
These studies included populations with different levels of exacerbation risk. The IMPACT study enrolled a higher proportion of patients with ≥ 2 moderate exacerbations or ≥ 1 severe exacerbation (requiring hospitalization) in the previous year.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



MATERIALS AND METHODS

Source of Data:

[REDACTED]

[REDACTED]

[REDACTED]

Study Design:

[REDACTED]

Study Period: [REDACTED]

Sample Size:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Sampling technique: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Inclusion Criteria:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Exclusion Criteria:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Study protocol:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Data collection procedure:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Data processing and analysis/statistical analysis:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Data analysis: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

RESULTS

RESULTS

Statistical methods:

[illegible]

Table 1: Descriptive analysis of study group in the study population

Study Group	Frequency	Percentages

Graph 1: Descriptive analysis of study group in the study population

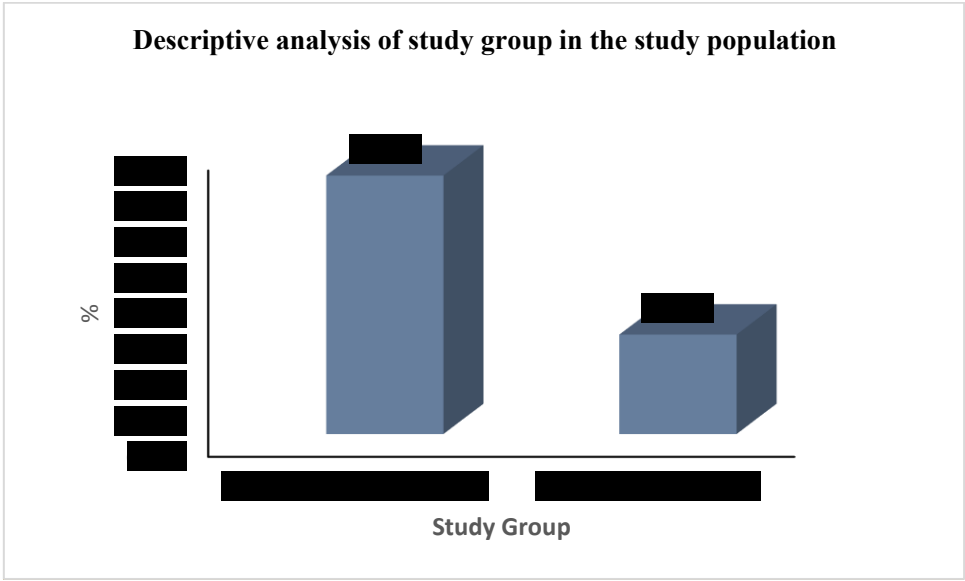


Table 2: Descriptive analysis of study group in the study population

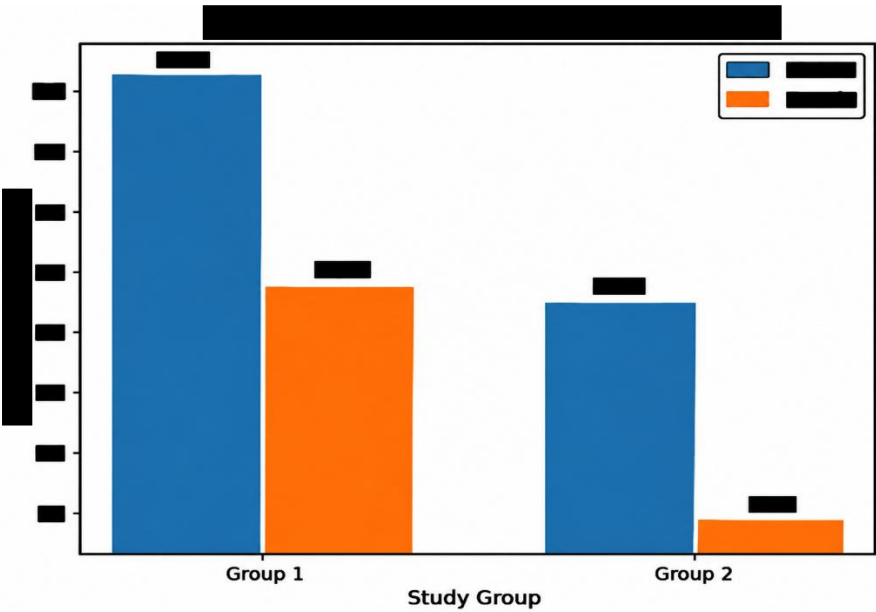
Parameters	Mean		Median		Range	
	Mean	SD	Median	IQR	Minimum	Maximum
1	0.00	0.00	0.00	0.00	0.00	0.00
2	0.00	0.00	0.00	0.00	0.00	0.00
3	0.00	0.00	0.00	0.00	0.00	0.00
4	0.00	0.00	0.00	0.00	0.00	0.00
5	0.00	0.00	0.00	0.00	0.00	0.00
6	0.00	0.00	0.00	0.00	0.00	0.00
7	0.00	0.00	0.00	0.00	0.00	0.00
8	0.00	0.00	0.00	0.00	0.00	0.00
9	0.00	0.00	0.00	0.00	0.00	0.00
10	0.00	0.00	0.00	0.00	0.00	0.00
11	0.00	0.00	0.00	0.00	0.00	0.00
12	0.00	0.00	0.00	0.00	0.00	0.00
13	0.00	0.00	0.00	0.00	0.00	0.00
14	0.00	0.00	0.00	0.00	0.00	0.00
15	0.00	0.00	0.00	0.00	0.00	0.00
16	0.00	0.00	0.00	0.00	0.00	0.00
17	0.00	0.00	0.00	0.00	0.00	0.00
18	0.00	0.00	0.00	0.00	0.00	0.00
19	0.00	0.00	0.00	0.00	0.00	0.00
20	0.00	0.00	0.00	0.00	0.00	0.00
21	0.00	0.00	0.00	0.00	0.00	0.00
22	0.00	0.00	0.00	0.00	0.00	0.00
23	0.00	0.00	0.00	0.00	0.00	0.00
24	0.00	0.00	0.00	0.00	0.00	0.00
25	0.00	0.00	0.00	0.00	0.00	0.00
26	0.00	0.00	0.00	0.00	0.00	0.00
27	0.00	0.00	0.00	0.00	0.00	0.00
28	0.00	0.00	0.00	0.00	0.00	0.00
29	0.00	0.00	0.00	0.00	0.00	0.00
30	0.00	0.00	0.00	0.00	0.00	0.00
31	0.00	0.00	0.00	0.00	0.00	0.00
32	0.00	0.00	0.00	0.00	0.00	0.00
33	0.00	0.00	0.00	0.00	0.00	0.00
34	0.00	0.00	0.00	0.00	0.00	0.00
35	0.00	0.00	0.00	0.00	0.00	0.00
36	0.00	0.00	0.00	0.00	0.00	0.00
37	0.00	0.00	0.00	0.00	0.00	0.00
38	0.00	0.00	0.00	0.00	0.00	0.00
39	0.00	0.00	0.00	0.00	0.00	0.00
40	0.00	0.00	0.00	0.00	0.00	0.00
41	0.00	0.00	0.00	0.00	0.00	0.00
42	0.00	0.00	0.00	0.00	0.00	0.00
43	0.00	0.00	0.00	0.00	0.00	0.00
44	0.00	0.00	0.00	0.00	0.00	0.00
45	0.00	0.00	0.00	0.00	0.00	0.00
46	0.00	0.00	0.00	0.00	0.00	0.00
47	0.00	0.00	0.00	0.00	0.00	0.00
48	0.00	0.00	0.00	0.00	0.00	0.00
49	0.00	0.00	0.00	0.00	0.00	0.00
50	0.00	0.00	0.00	0.00	0.00	0.00

[illegible]

Table 3: Comparison of gender between study group

Gender	Study Group	Total (N=90)		Chi square	
		Group 1 (N=65)	Group2 (N=25)		

Graph2: Comparison of gender between study group

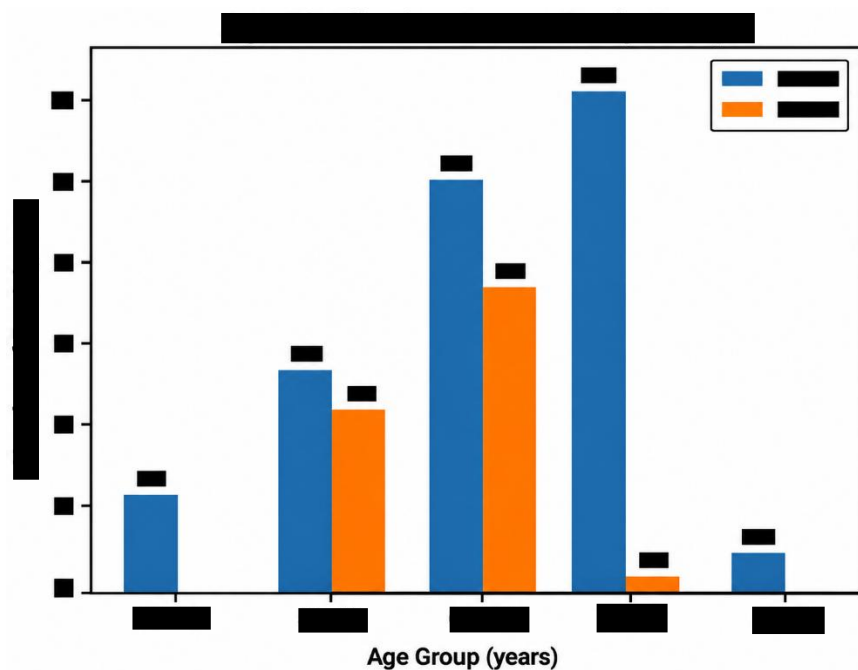


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Table 4: Comparison of Age Group between study group

[illegible]

Graph 3: Comparison of Age Group between study group

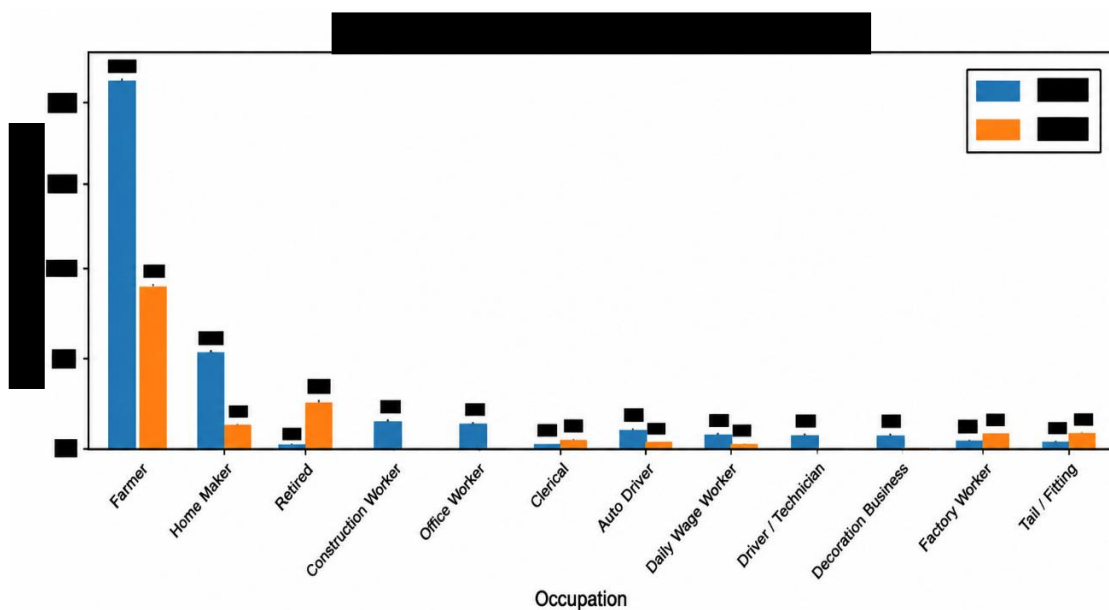
[illegible]

[REDACTED]

Table 5: Comparison of occupation between study group

Occupation	Study Group		Total (N=90)	Chi square	P value
	Group 1 (N=65)	Group 2 (N=25)			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

Graph 4: Comparison of occupation between study group



[REDACTED]

Table 6: Comparison of smoking history between study group

Smoking History	Study Group		Total (N=90)	Chi square	P value
	Group 1 (N=65)	Group 2 (N=25)			
Smoker	10	10	20	0.0001	0.0001
Former Smoker	10	10	20		
Non-Smoker	10	10	20		

A bar chart titled 'Smoking History' comparing the percentage of people in three categories: Former Smoker, Non Smoker, and Smoker. The y-axis represents the percentage, ranging from 0 to 100 in increments of 10. The x-axis lists the three categories. For each category, there are two bars: a blue bar and an orange bar. The blue bar represents the percentage of people in that category who are former smokers, and the orange bar represents the percentage of people in that category who are non-smokers. The chart shows that non-smokers are the most common group, followed by former smokers, and smokers are the least common group.

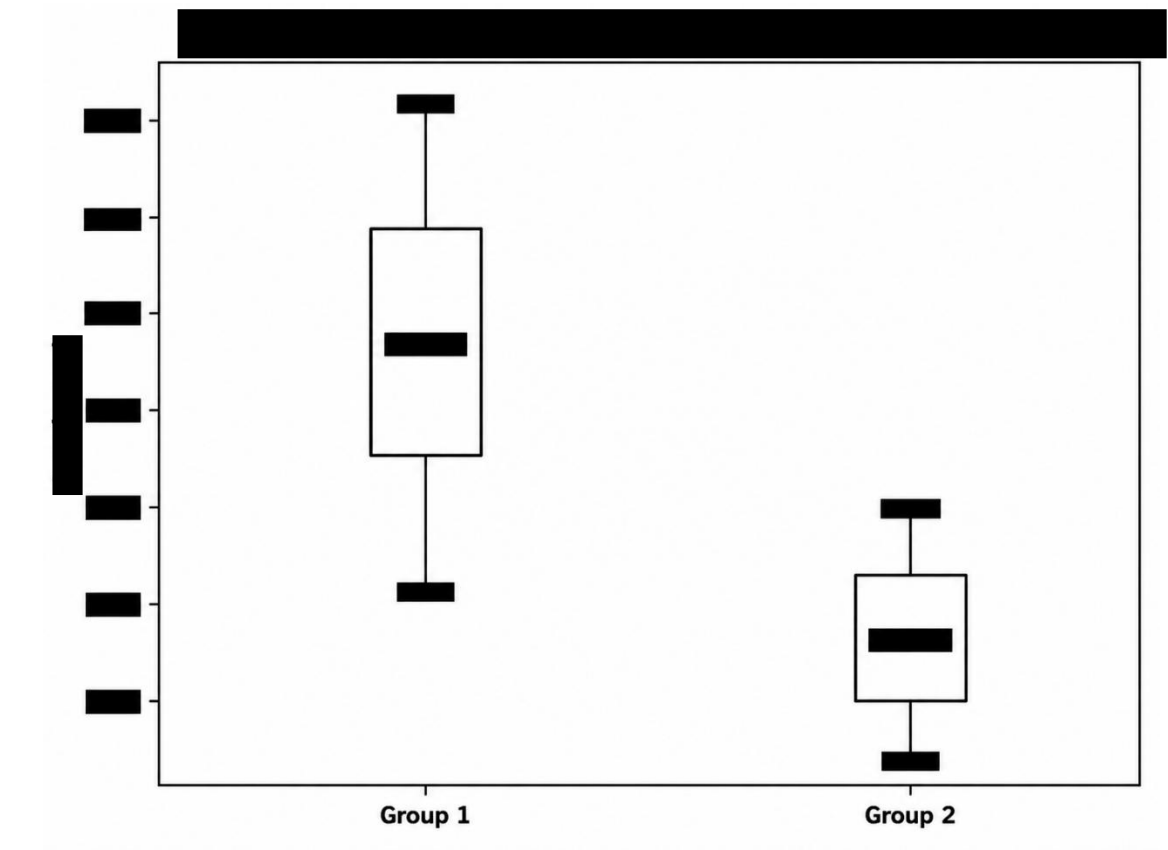
Smoking History	Former Smoker (%)	Non Smoker (%)	Smoker (%)
Former Smoker	55	45	0
Non Smoker	95	5	0
Smoker	15	5	80

[illegible]

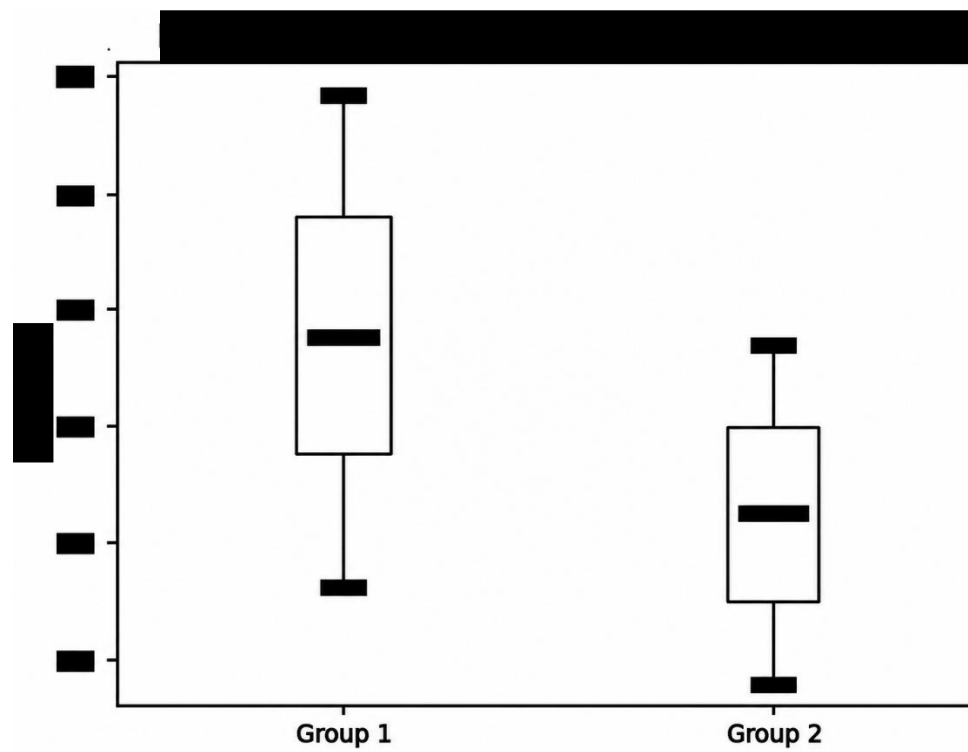
Table 7: Comparison of Median of Baseline Characteristics between study group

Baseline Characteristics	Study Group Median (IQR)		P value
	Group 1 (N=65)	Group 2 (N=25)	

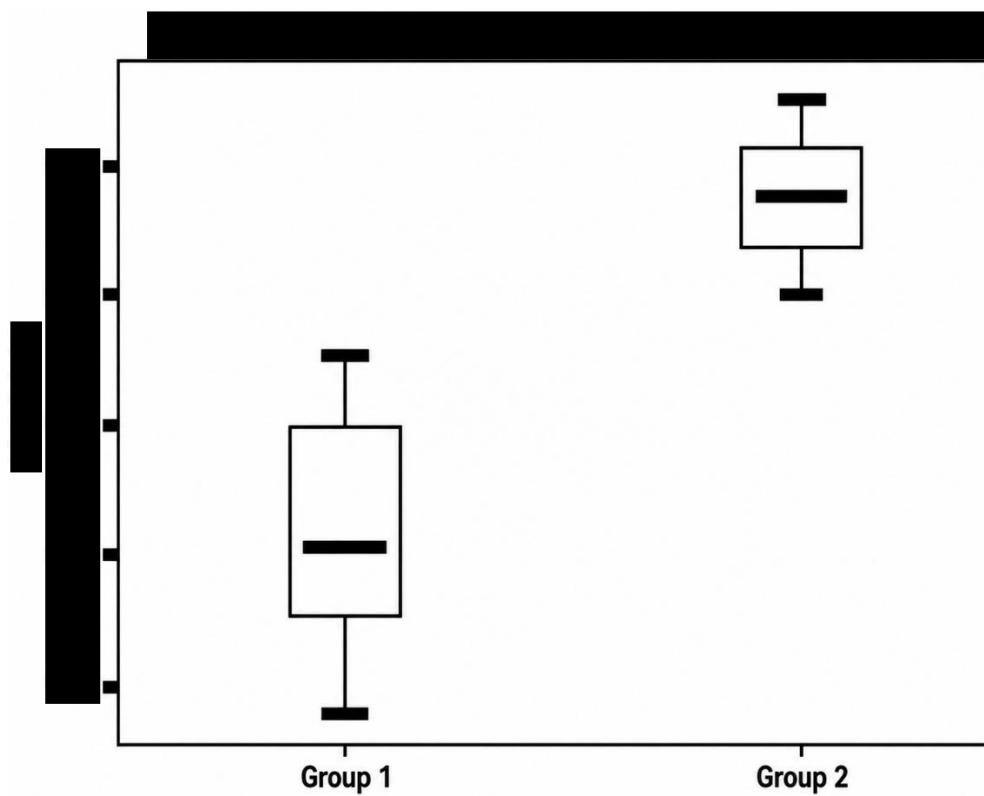
Graph 6: Baseline Age (years) Comparison Between Study Groups.



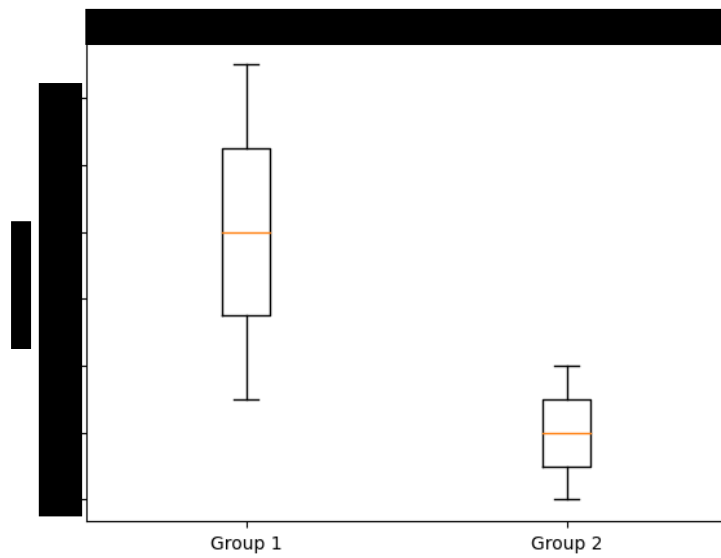
Graph 7: Baseline FEV1 (%) Comparison Between Study Groups.



Graph 8: Baseline FEV1/FVC Comparison Between Study Groups.



Graph 9: Baseline ACE(cells/ μ L) Comparison Between Study Groups.

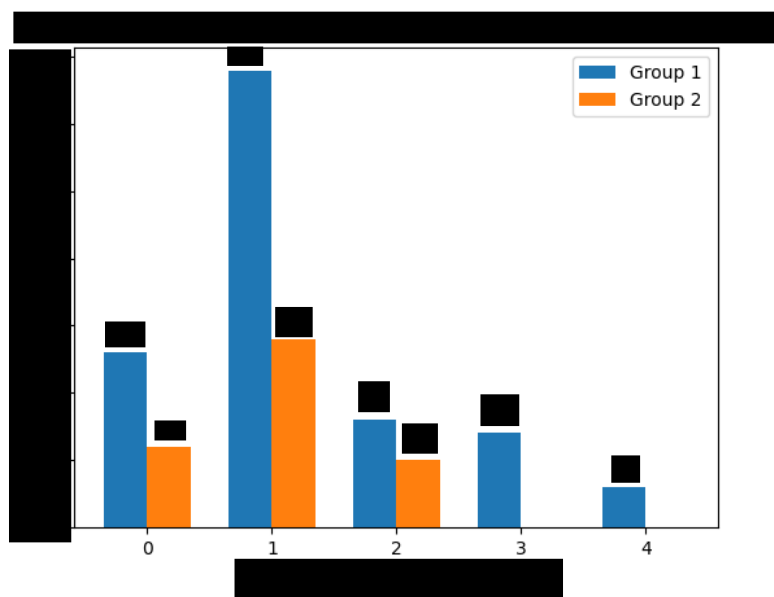
[illegible]

[REDACTED]

Table 8: Comparison of no of exacerbation in 1 year between study group (N=90)

No Of Exacerbation In 1 Year	Study Group		Total (N=90)	Chi square	P value
	Group 1 (N=65)	Group 2 (N=25)			
0	10	5	15	1.38	0.84
1	45	15	60		
2	8	5	13		
3	5	0	5		
4	2	0	2		

Graph10: Comparison of no of exacerbation in 1 year between study group



[REDACTED]

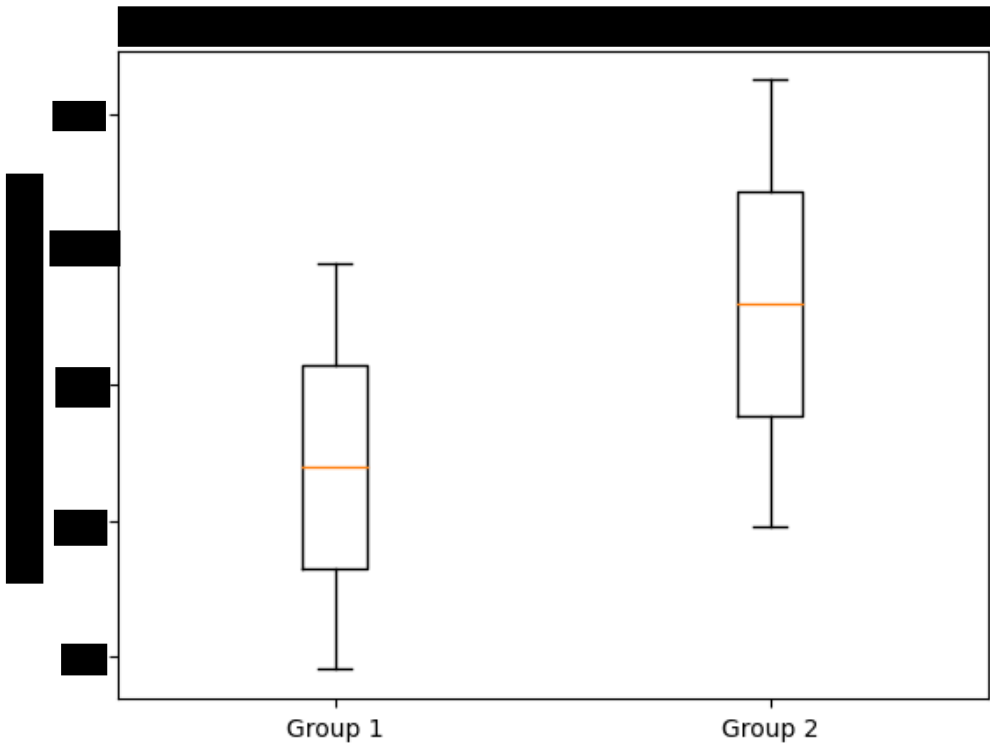
[REDACTED]

[REDACTED]

Table 9: Comparison of median time of onset of first exacerbation between study group (N=90)

Parameter	Study Group Median (IQR)		P value
	Group 1 (N=65)	Group 2 (N=25)	

Graph 11: Comparison of median time of onset of first exacerbation between study group

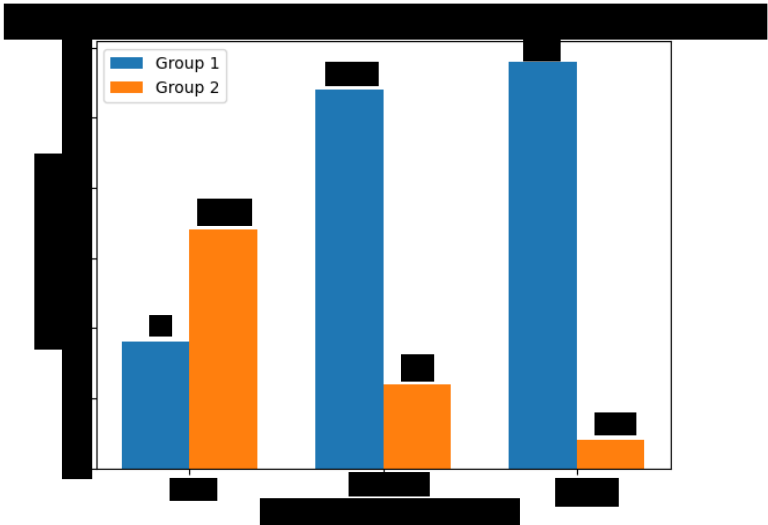


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Table 10: Comparison of AEC in stable state group between study group (N=90)

AEC in stable state Group	Study Group		Total (N=90)	Chi square	P value
	Group 1 (N=65)	Group 2 (N=25)			

Graph12: Comparison of AEC in stable state group between study group (N=90)



[Redacted text block]

[Redacted text block]

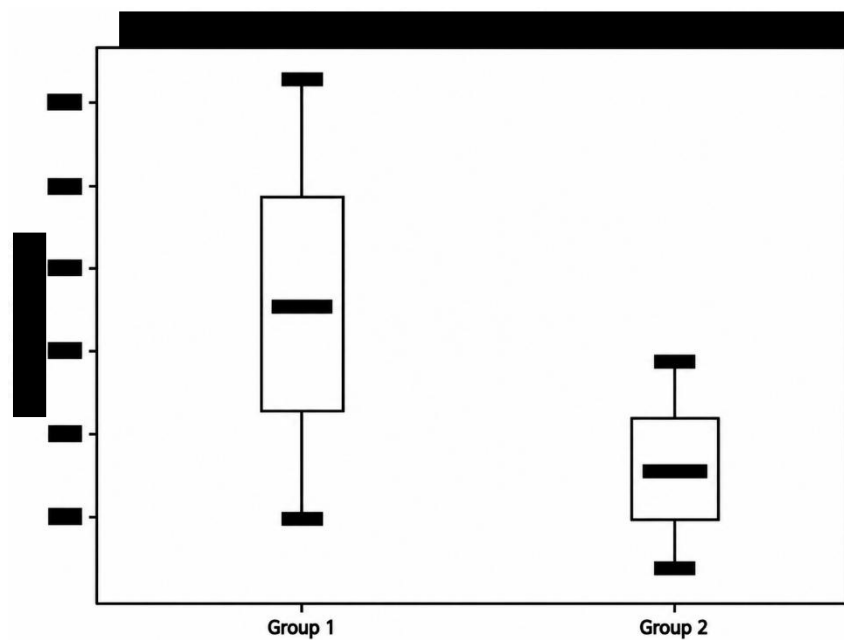
[Redacted text block]

[Redacted text block]

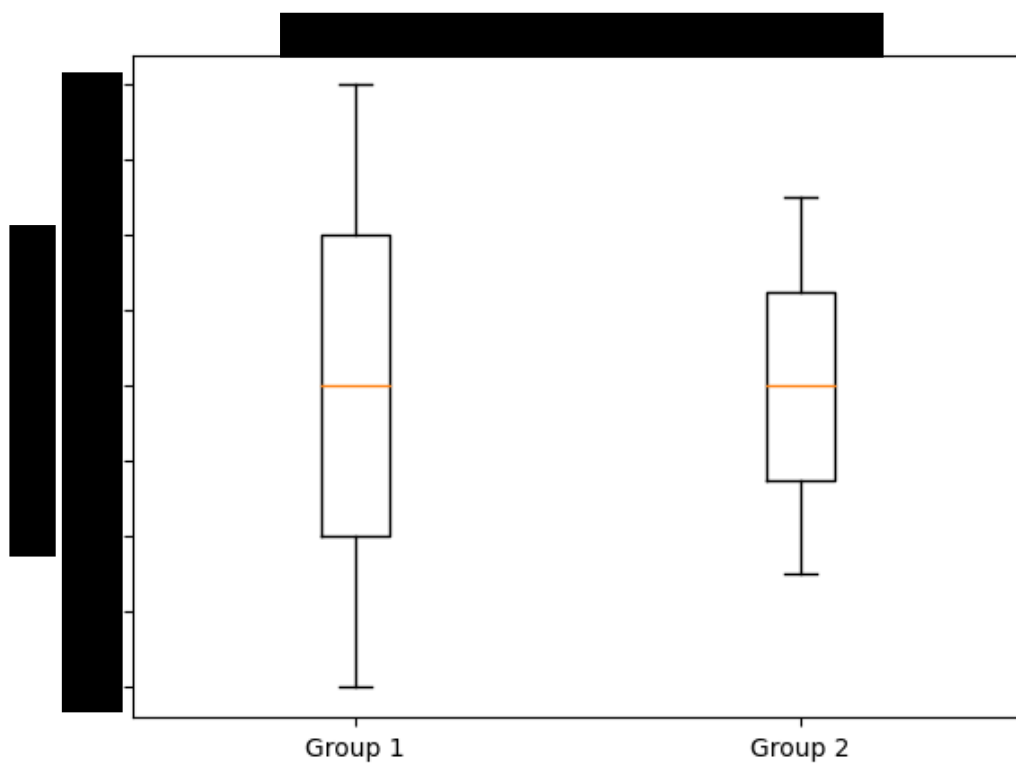
Table 11: Comparison of number of exacerbations between study group with respect to AEC Group (N=90)

AEC Group	Median (IQR) for number of exacerbations		P value
	Group 1	Group 2	
██████████	████	████	████
██████████████████	████	██████	████
██████████████████	████	█	█

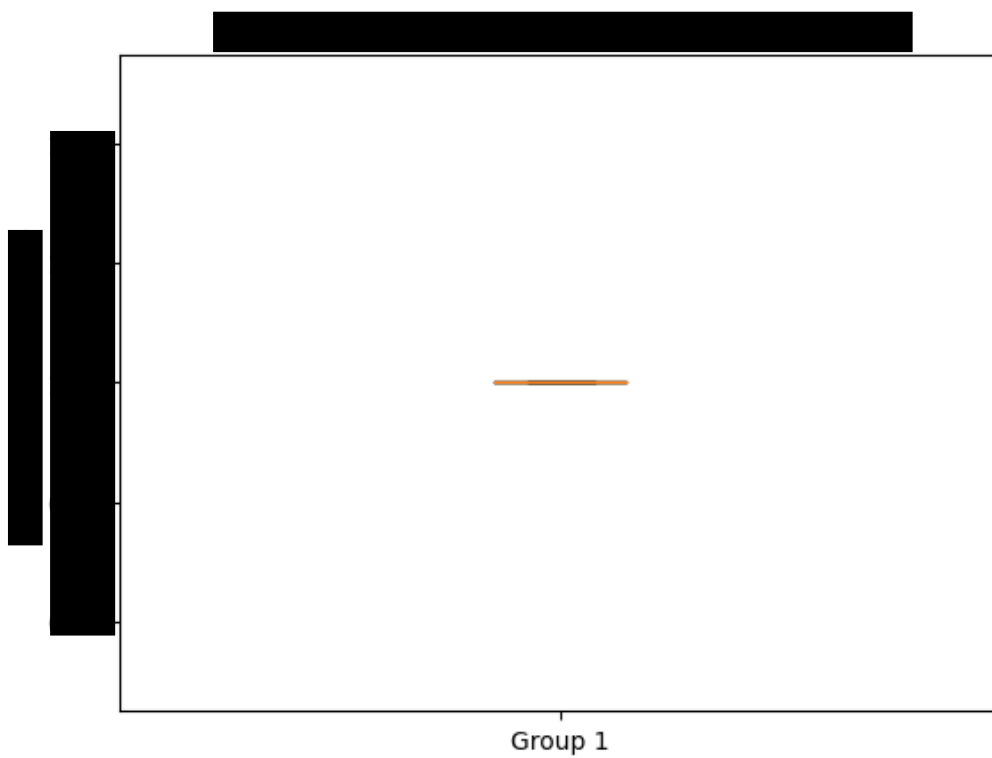
Graph 13: Exacerbations by AEC ≤ 99 Cells/ μL



Graph 14: Exacerbations by AEC 100-299 Cells/ μL



Graph 15: Exacerbations by AEC ≥ 300 Cells/ μ L(Group 1)



[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

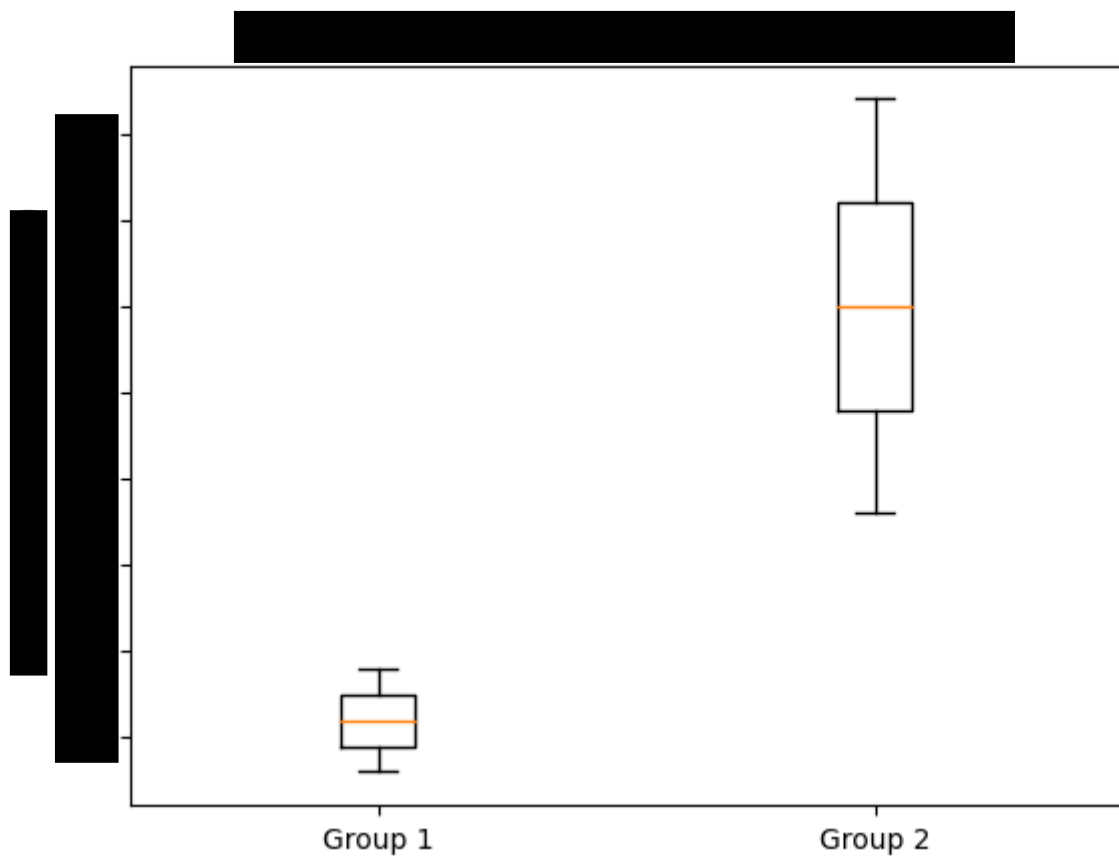
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

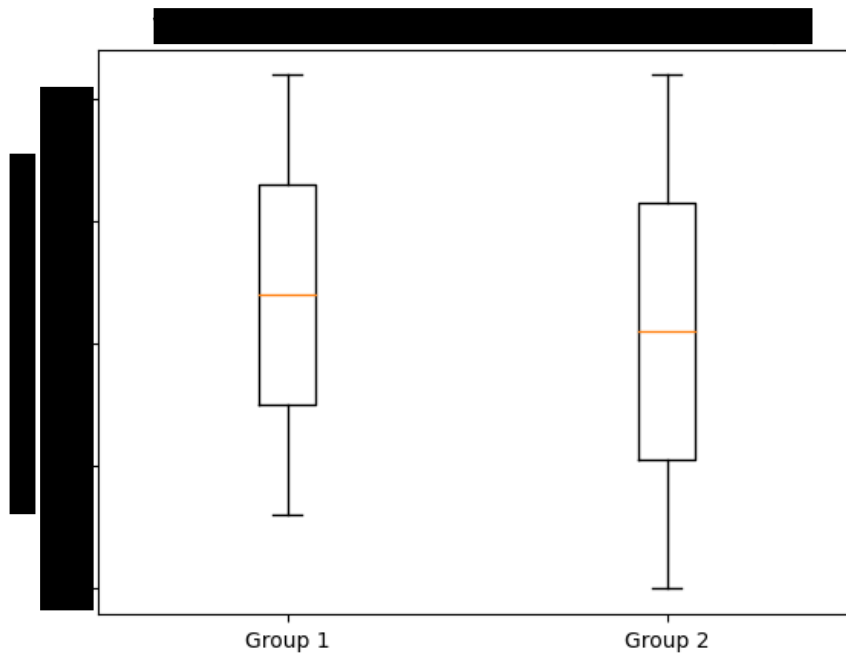
Table 12: Comparison of time for first exacerbations between study group with respect to AEC Group (N=90)

AEC Group	Median (IQR) time for first exacerbations		P value
	Group 1	Group 2	
██████████	██████████	██████████	██████████
██████████████████	██████████	██████████	██████████
██████████████████	██████████	█	█

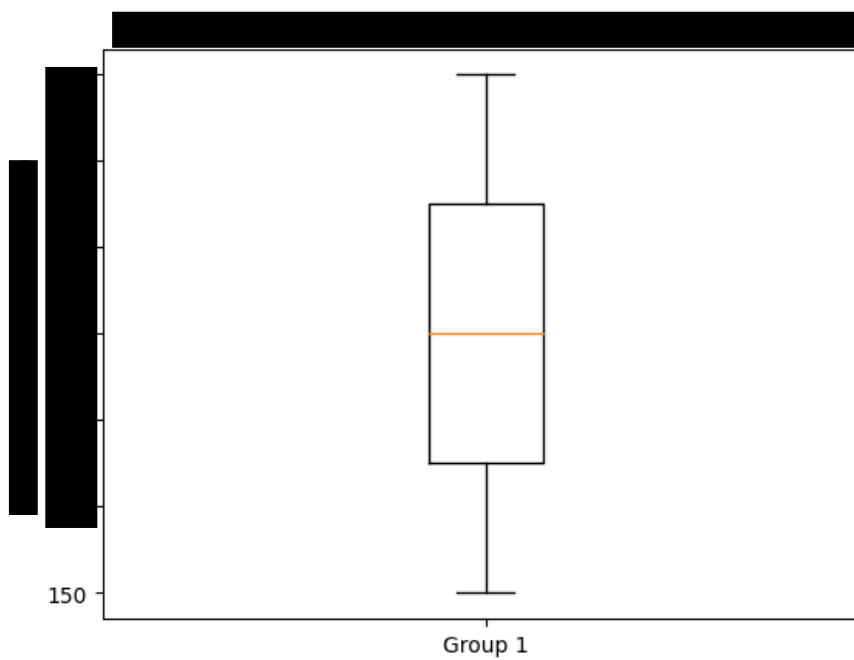
Graph 16: Time to First Exacerbation in ACE ≤99 Cells/ μL



Graph 17: Time to First Exacerbation in AEC 100-299 Cells/ μ L



Graph 18: Time to First Exacerbation in AEC $\geq$ 300 Cells/ μ L



[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Table 13: Comparison of hospitalization between study group (N=90)

Hospitalization	Study Group		Total (N=90)	Chi square	P value
	Group 1 (N=65)	Group 2 (N=25)			
Yes	10	10	20	0.0001	0.0001
No	55	15	70		

Graph 19: Comparison of hospitalization between study group

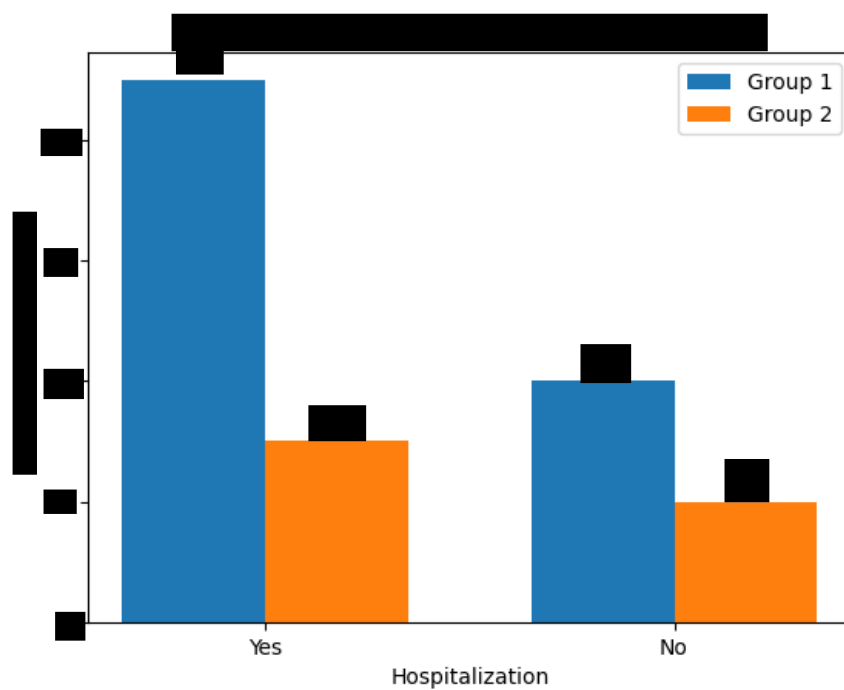
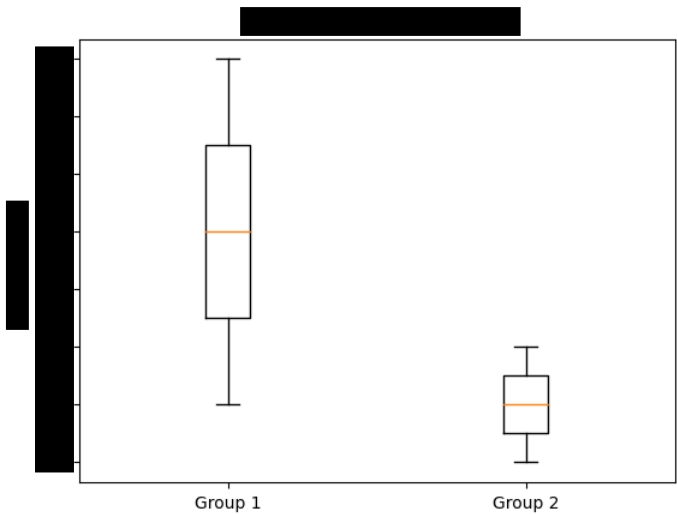


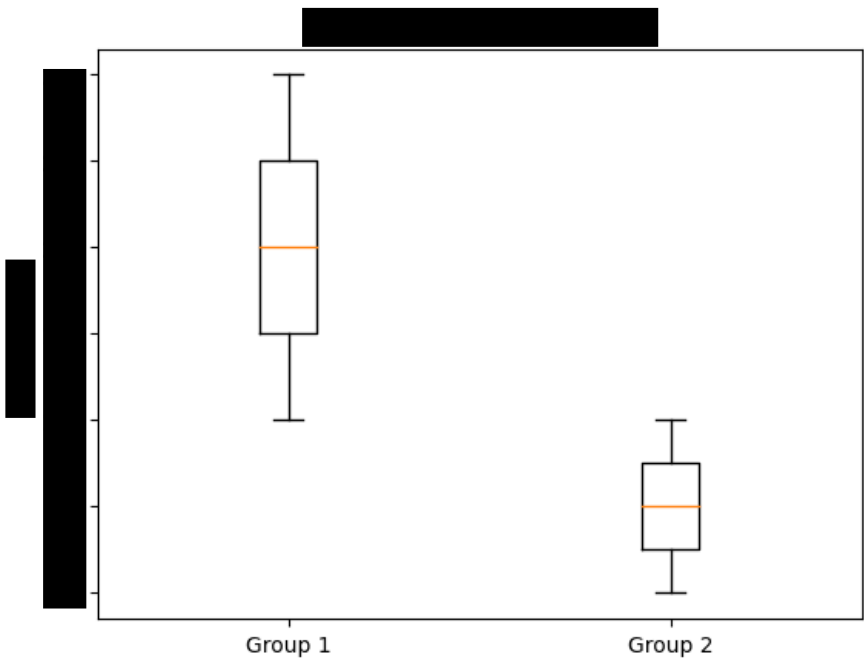
Table 14: Comparison of median AEC at follow up between study group (N=90)

AEC at follow up	Study Group Median (IQR)		P value
	Group 1 (N=65)	Group 2 (N=25)	

Graph 20: Comparison of median AEC at 3Months follow up



Graph 21: Comparison of median AEC at 6 Months follow up



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Table 15a: Comparison of Median of Change of followed up parameters between study group (N=90)

Parameter	Median (IQR)		P value
Overall (N=90)			
	Group 1 (N=65)	Group 2 (N=25)	
██████████	██████	██████	████
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AEC Group =≤99 (N=26)			
	Group 1 (N=9)	Group 2 (N=17)	
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AEC Group = 100 to 299 (N=33)			
	Group 1 (N=27)	Group 2 (N=6)	
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██████████	██████	██████	████
AEC Group = ≥300 (N=31)			
	Group 1 (N=29)	Group 2 (N=2)	
██████████	██████	██████	████
██████████	████████	██████	████

A median change of [REDACTED] reflects stability in the measured parameter, indicating that [REDACTED] of participants had no measurable change from baseline during follow-up.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Table 15b: Comparison of mean of Change of followed up parameters between study group (N=90)

Parameter	Mean ± SD		P value
Overall (N=90)			
	Group 1 (N=65)	Group 2 (N=25)	
Age	60.1 ± 10.2	61.3 ± 9.8	0.85
Gender	Male 38 (58.5%)	Male 14 (56.0%)	0.92
Weight	75.2 ± 12.5	76.8 ± 13.1	0.78
Height	172.5 ± 8.7	173.1 ± 9.2	0.95
BMI	25.1 ± 3.2	25.6 ± 3.5	0.65
SBP	138.5 ± 15.4	140.2 ± 16.1	0.72
DBP	85.3 ± 9.8	86.7 ± 10.3	0.81
HR	72.1 ± 11.5	73.5 ± 12.0	0.88
SpO2	96.5 ± 2.1	96.8 ± 2.3	0.91
AEC Group ≤99 (N=26)			
	Group 1 (N=9)	Group 2 (N=17)	
Age	62.3 ± 11.5	60.8 ± 10.9	0.79
Gender	Male 5 (55.6%)	Male 11 (64.7%)	0.58
Weight	78.5 ± 13.2	75.1 ± 12.8	0.62
Height	173.2 ± 9.1	172.5 ± 8.9	0.93
BMI	26.2 ± 3.4	25.3 ± 3.3	0.71
SBP	142.1 ± 16.3	139.5 ± 15.7	0.68
DBP	88.4 ± 10.2	86.2 ± 9.8	0.55
HR	74.5 ± 12.1	72.8 ± 11.6	0.73
SpO2	96.2 ± 2.2	96.5 ± 2.1	0.89
AEC Group = 100 to 299 (N=33)			
	Group 1 (N=27)	Group 2 (N=6)	
Age	61.5 ± 10.8	63.2 ± 11.4	0.82
Gender	Male 15 (55.6%)	Male 4 (66.7%)	0.61
Weight	76.8 ± 12.9	77.5 ± 13.5	0.94
Height	172.8 ± 8.9	173.5 ± 9.3	0.96
BMI	25.9 ± 3.3	25.7 ± 3.4	0.97
SBP	139.2 ± 15.8	141.5 ± 16.2	0.76
DBP	86.1 ± 9.9	87.8 ± 10.4	0.83
HR	73.2 ± 11.8	74.1 ± 12.2	0.90
SpO2	96.4 ± 2.2	96.6 ± 2.3	0.93
AEC Group = ≥300 (N=31)			

Although the mean change is approximately zero, the observed variability indicates that individual participants experienced both improvement and deterioration, resulting in no net average change.

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[REDACTED]

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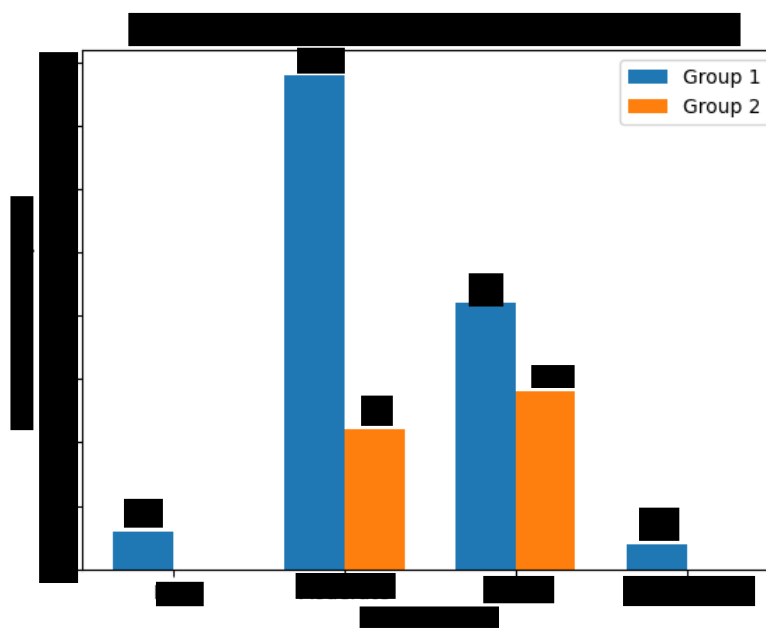
[REDACTED]

[REDACTED]

Table 16: Comparison of fev1 severity between study group (N=90)

FEV1 severity	Study Group		Chi square	P value
	Group 1 (N=65)	Group 2 (N=25)		
None	1	1	0.000	0.999
Mild	1	1		
Severe	1	1		
Very severe	1	1		

Graph 22: Comparison of fev1 severity between study group (N=90)



DISCUSSION

DISCUSSION

Distribution of treatment groups (ICS vs non-ICS)

[REDACTED]

[REDACTED]

Comparison of gender distribution between study groups

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Comparison of age group distribution between study groups

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Comparison of occupation distribution between study groups

[REDACTED]

[REDACTED]

[REDACTED]

Comparison of smoking history between study groups

[REDACTED]

[REDACTED]

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[REDACTED]

Comparison of baseline characteristics between study groups

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Comparison of number of exacerbations in one year between study groups

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Comparison of baseline absolute eosinophil count (AEC) between study groups

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Comparison of hospitalization between study groups

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[REDACTED]

Comparison of absolute eosinophil count (AEC) at follow-up between study groups

[REDACTED]

[REDACTED]

[REDACTED]

Comparison of follow-up parameters between study groups

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STRENGTHS AND LIMITATIONS

STRENGTHS AND LIMITATIONS

Strengths of the Study

- **Prospective study design:** [REDACTED]
[REDACTED]
[REDACTED]
- **Hospital-based real-world population:** [REDACTED]
[REDACTED]
- **Biomarker-guided analysis:** [REDACTED]
[REDACTED]
- **Comparison of ICS and non-ICS regimens:** [REDACTED]
[REDACTED]
[REDACTED]
- **Multiple clinically relevant outcomes assessed:** [REDACTED]
[REDACTED]
[REDACTED]
- **Repeated eosinophil measurements:** [REDACTED]
[REDACTED]
- **Use of validated assessment tools:** [REDACTED]
[REDACTED]
- **Appropriate statistical analysis:** [REDACTED]
[REDACTED]
- **Phenotype-oriented interpretation:** [REDACTED]
[REDACTED]
- **Addresses an important clinical question:** [REDACTED]
[REDACTED]

Limitations of the Study

- Single-center study: [REDACTED]
- Relatively small sample size: [REDACTED]
[REDACTED]
- Non-randomized treatment allocation: [REDACTED]
[REDACTED]
- Unequal group sizes: [REDACTED]
[REDACTED]
- Limited follow-up for lung function change: [REDACTED]
[REDACTED]
- AEC used as sole biomarker: [REDACTED]
[REDACTED]
- Adherence to inhaler therapy not objectively measured: [REDACTED]
[REDACTED]
- Hospitalization causes not subclassified: [REDACTED]
[REDACTED]
- Potential impact of comorbidities not fully explored: [REDACTED]
[REDACTED]
- Exacerbation definition relied on clinical records: [REDACTED]
[REDACTED]

CONCLUSION

CONCLUSION

This one-year hospital-based prospective study evaluated the role of blood eosinophil-guided inhaled corticosteroid (ICS) therapy in patients with COPD, with a focus on exacerbation outcomes, lung function, symptom scores, and eosinophil dynamics. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SUMMARY

SUMMARY

This hospital-based one-year prospective study was conducted to evaluate the role of blood eosinophil-guided inhaled corticosteroid (ICS) therapy in patients with chronic obstructive pulmonary disease (COPD). [REDACTED]

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