



SUMMARY: GOLD BOARD OF DIRECTORS MEETING

Marriott Heathrow Hotel, London, England

February 18-19, 2011

Participants: R. Rodriguez-Roisin, *Chair*; F. Martinez, *Vice-Chair*, A. Anzueto, J. Bourbeau, T. DeGuia, D. Hui, M. Mishima, D. Nugmanova, A. Ramirez, R. Stockley, J. Vestbo. Observer: J. Wedzicha. GOLD: S. Hurd, C. Lenfant.

I. Welcome and General Information

Dr. Rodriguez-Roisin welcomed members to this annual meeting of the Board of Directors (formerly Executive Committee); the agenda is attachment 1. He announced the rotation from the Committee of Dr. Christine Jenkins, and acknowledged the important contribution that she has made to GOLD as a participant from the implementation of the program in 1998. The Chair announced the rotation of two members representing organizations, Dr. Chris van Weel (WONCA) and Dr. Maria Montes de Oca (ALAT) and welcomed their replacements, Dr. Damilya Nugmanova (representing WONCA), and Dr. Alejandra Ramirez (representing ALAT). He also announced that Dr. Fernando Martinez has accepted to serve as *Vice Chair* of GOLD.

The minutes from the January 2010 meeting were approved. All members were asked to complete the “Annual Disclosure Form” for the period January – December 2010 (attachment 2).

II. GOLD Organization and Resources

As an introduction to this segment, Dr. Rodriguez-Roisin emphasized that decisions made during this meeting will have implications for the future of the initiative. All members were urged to share ideas and suggestions not only related to past issues but to recommending processes to be used for future directions.

A. Proceedings resulting in changes in the administration of GOLD

Members were informed by mail in November 2010 that GOLD experienced a difficult situation requiring input from a law firm in Seattle, Washington. As a result, GOLD severed its relationship with Medical Communications Resources, Inc. (MCR) and its President Dr. Larry Grouse. This separation has required development of new partnerships, e.g., with a printing/shipping distribution company and a web-hosting group. This transition has taken considerable time and effort and remains an ongoing exercise. It is important to underscore, however, that the settlement agreement signed by MCR and GOLD provides the full rights and responsibilities for all GOLD trademarks, copyrights, websites and other intellectual property developed by GOLD members.

Printing/Distribution: A printing/shipping company in Portland, Oregon has been identified and is working on the 2010 updated documents. The *Global Strategy for Diagnosis, Management and Prevention of COPD* (updated 2010) and the 2010 Pocket Guide for Health Care Professionals have been completed and posted on the GOLD website. Costs involved in printing/shipping were presented.

There were considerable discussions about policies for translation of GOLD materials. Members recommended that before the GOLD logo is used on any GOLD translated document that (1) there is an individual identified by GOLD involved with the translation and (2) a “back-translation” is completed and carefully reviewed.

Action: Dr. Bourbeau will develop a “translation policy” for review by the Board.

- Website: The current web-hosting company is in New York. Plans are being put into place to move the site to a company in Portland, Oregon to better allow face-to-face discussions related to posting information and making web-page modifications. This transition is expected to occur this spring. A new company has been identified and preliminary discussions have been held.
- Copyright/trademarks: GOLD owns all its copyrights and trademarks. Members were provided a table to indicate dates for registration renewals.

B. GOLD By-Laws

GOLD conducts its business as a not-for-profit organization under by-laws that were developed and approved by the members in 2005. However, in discussion with the law firm several amendments to the by-laws were recommended. Included among the major changes are:

- The current Executive Committee shall be renamed to Board of Directors.
- The Board shall appoint an Executive Committee comprised of the Board Chair, Vice-Chair, Chair Science Committee and Chair Dissemination/Implementation Committee.
- The Executive Director and Scientific Director will serve as *ex-officio* non-voting members of both the Board of Directors and the Executive Committee.
- There shall be both a Treasurer and a Secretary appointed by the Board of Directors.
- A Nomination Committee is to be formed to identify potential new members for the Board of Directors. It is important to have a broad global representation, while at the same time recognizing the many disciplines to be included.

Each member of the Board of Directors was provided a written copy of the new by-laws. Changes recommended will be incorporated and a new copy sent to members for further consideration. The Chair plans to convene a special meeting of the Board on Saturday May 14, 2011 from 7:30 am to 9:30 am in Denver (the site of the annual meeting of the ATS) to further discuss, modify as necessary, and approve the implementation of the amended by-laws. Once approved they will be posted on the GOLD website.

As part of the discussion related to the by-laws, members reviewed the current Conflict of Interest (disclosure statement) used by GOLD for the past several years. They also received, and discussed, a publication of the American Thoracic Society (AJRCC 2009;180:564-80) titled “Managing Conflict of Interest in Professional Societies.”

Action: The Board endorsed the continued use of the current GOLD disclosure statement that should be updated annually.

Members discussed rules for participation of GOLD Board Members in other COPD related activities. All concurred that as academic scientists and physicians, they must be allowed to make their own decisions related to acceptance of invitations. However, they recommended that an invitation to speak as a representative of GOLD should be discussed with the GOLD Chair or Vice-Chair.

C. Financial Resources

A summary of the financial resources available for the period July 1, 2010 through June 30, 2011 was provided, along with the expenditures from July 1 to December 30, 2010. One of the critical tasks that will be required of GOLD will be to develop a new process for raising funds required to meet program goals. In developing this process, several principles must be maintained. Members of a GOLD committee must not be directly involved in requesting financial support; an individual/organization not connected with GOLD should be hired to interact with organizations providing resources to GOLD.

The Chair indicated that during the GINA Board Meeting in January 2011, a recommendation was made to change the name of sponsor (and sponsorship) to partner (and partnership). Members recommended that a better name would be donor, providing a strong message that financial resources provided to GOLD/GINA are unrestricted educational grants with no commitments requested or required. This terminology will be discussed with GINA, with the GINA/GOLD lawyers, and with the donors.

The GINA Board of Directors suggested that an individual might be hired as a fund-raiser. However, in discussions of this issue, GOLD recommends that a business firm be contacted, one with expertise in fund-raising in addition to developing business proposals and business plans.

Action: The Board recognized that a GOLD management structure would have to be developed to accomplish the many tasks ahead. They recommended that the Chairs of GOLD and GINA Board of Directors identify a process to develop a business structure and a plan to raise resources. Documents with proposed action plans and resources required for the 12-month period beginning July 1, 2011 should be developed for both organizations.

D. Other Considerations

The Board recognized the value of the GOLD structure with representatives from five organizations: ATS, ALAT, APSR, ERS and WONCA. The Chair emphasized that the

Presidents of these organizations were kept informed of the legal issues faced by GOLD (and GINA) and urged the current representatives of these groups to meet regularly with the leadership of these professional societies to update them on the work of GOLD and to encourage interaction and collaboration. The representative of ATS, Dr. Antonio Anzueto indicated that he has been offered time on an upcoming ATS Executive Committee meeting to present an update of the GOLD mission/management structure. Other Organization representatives were urged to take similar actions.

Action: GOLD leaders should prepare slides and one/two page statement about the objectives of GOLD, its structure and some of the proposed future directions.

E. Summary: With the many new responsibilities, the Board recommended identification of a company with expertise in business planning to work with GOLD leaders. They also

III. GOLD Science Committee

Dr. Jorgen Vestbo, Chair GOLD Science Committee, provided the major changes being considered for the revision of the *Global Strategy for the Diagnosis, Management and Prevention of COPD*, scheduled for release in late 2011. The Committee has implemented the project with the goal to make the document short (not a textbook), global (aimed at the clinician without expert knowledge on COPD) and with messages that are as clear and simple as possible. It is not a document for respiratory specialists.

The document will have five chapters:

1. Definition and overview
 - Background information about COPD in considerably condensed form.
2. Diagnosis and assessment of disease severity
 - Spirometry will be required to make a diagnosis of COPD.
 - Spirometric classification of COPD will be introduced, deleting terminology of stages. The (arbitrary) cut points of 80 % predicted, 50 % predicted, and 30 % predicted will be maintained.
 - The presence of a post-bronchodilator $FEV_1/FVC < 0.70$ will be used to confirm the presence of persistent airflow limitation (Rationale for not using the LLN was presented.)
3. Therapeutic options
 - Description of pharmacologic and non-pharmacologic therapies commonly used for the management of COPD patients.
4. Management of COPD
 - Concept of stage-directed therapy will not be used.
 - In agreement with the 2010 NICE guideline, the GOLD committee concurs: "Many of the new recommendations for treatment are based on the persistence of symptoms (including exacerbations) and not on arbitrary levels of lung function."
 - A plan for introducing therapeutic approaches based on increasing risk, and increasing impact is being developed.
5. COPD and comorbidities

- Will be short and practical with a focus on management of COPD in the presence of a given comorbidity and management of the comorbidity in the presence of COPD
- Major emphasis will be on cardiovascular diseases, osteoporosis and depression

Considerable progress on this project should be made during a writing committee meeting on March 3-4, 2011. The full GOLD Science Committee will have the document for review in Denver in May. It should then be ready to send for outside review during the summer, with completion by the Science Committee in September.

The Board congratulated Dr. Vestbo and members of the GOLD Science Committee for the work they are doing. They were particularly pleased that the Committee had the opportunity to present an overview of the project during a lunch session during the European Respiratory Society annual meeting in Barcelona in Spain, 2010. It was strongly urged that efforts be planned as early as possible for the launch of this revised document.

Action: Board members involved with the Asian Pacific Society of Respiratory will explore the possibility of a session to launch this report at the fall annual meeting in early November 2011 in Shanghai, China.

IV. GOLD Dissemination/Implementation Committee

Dr. Jean Bourbeau chaired the discussion of COPD dissemination and implementation, considered to be a very high priority to achieve an important goal of GOLD: to improve diagnosis, management and prevention of COPD by linking recommendations from the GOLD report to clinical practices in multiple health care systems. The discussion focused on the development of an action plan to meet the many priorities.

The release of a new GOLD report at the end of 2011 provides an outstanding opportunity to launch a vigorous dissemination and implementation plan. Members recommended that the GOLD Science Committee identify key messages from the new report.

The Board considered whether, or not, GOLD should partner with GINA in developing a dissemination and implementation plan. Although the same health care team sees both asthma and COPD patients in many settings, there are several important differences that must be considered. A collaborative effort would avoid duplication of infrastructure and communication (website), coordination and access to consultant experts, and increasing efficiency with shared initiatives.

Action: Dr. Bourbeau will develop the first draft of a linkage plan for the dissemination and implementation of the new GOLD report. This will be further discussed at the ATS meeting. This plan will include target audience and specific message (message identified by the scientific committee), dissemination strategies, timeline and budget). Dr Bourbeau will also meet with Dr. Boulet (Chair GINA D&I Committee) to examine the issues, develop a plan and prepare a budget. To meet the

many demands, it may be required to hire a coordinator with expertise in dissemination/implementation methodology.

GOLD National Leader Questionnaire: Prior to this meeting, Dr. Bourbeau prepared, and distributed to members, a DRAFT questionnaire to send to GOLD National Leaders to learn more about the work they are doing at the local/national level to disseminate and implement COPD management programs and their link with general practitioners/family doctors. The extensive questionnaire does request important information, but members suggested that a simple, one page questionnaire should be developed to implement the project, as this would more likely result in a better return from the GOLD National Leaders who are an important link to defining what will be best approaches to facilitate implementation in their health care settings.

Action: Dr. Bourbeau will develop a simplified questionnaire to distribute in time to receive responses for discussion at the GOLD National Leader meeting in Denver in May. This is considered to be an important first step in a process to learn more about the role of the current GOLD National Leaders in COPD program dissemination and implementation.

Translations of GOLD materials: The current dissemination strategies using publications in scientific journals and posting information on the GOLD website are necessary components to an effective dissemination and linkage plan, but there is a need for a stronger, more focused dissemination initiative to assure “local buy in” by health care providers (opinion leaders). Thus, to meet this goal, multiple translations are mandatory; as GOLD works toward the development of a business plan, inclusion of several major language translations should be included. Where possible, GOLD National Leaders should be included in preparation/review of translated materials to assure accuracy. Members strongly recommended that if the GOLD logo is included on a translated document, a back translation is essential to assure accuracy.

Global Implementation of COPD Programs: Based on key messages identified by the GOLD Science Committee from the 2011 revised documents, members suggested setting some simple targets to follow progress, for example, availability of spirometry, hospitalizations, mortality, awareness of COPD in the community. Based on information obtained from the GOLD National Leader Questionnaire, it may be useful for GOLD to conduct some workshops to identify barriers to implementation and potential solutions.

V. Adjournment and Future Meetings

Dr. Rodriguez-Roisin thanked all the members for their active participation. He encouraged all members to attend, and participate, in the meeting of the GOLD National Leaders at the ATS and ERS (Saturday 10am to 12:00 noon) and the meeting with the donors (Saturday 4:30 to 6:00 pm). Agendas for these meetings will be prepared and distributed.

He also indicated that an agenda would be developed for a special meeting of the GOLD Board of Directors to be held on Saturday, May 14 from 7:30 – 9:30 am in Denver. He hoped that all who plan to be in Denver for the ATS annual meeting will participate as several actions will be taken that have the potential to impact on future directions of GOLD.

In closing Dr. Rodriguez-Roisin again thanked the members who have rotated from the Committee, Dr. Christine Jenkins, Dr. Chris van Weel, and Dr. Maria de Ocha for their most valuable contributions.

Future Meetings:

GOLD Science Committee: Friday, May 13, 1:00 pm -6:00 pm

GOLD Board of Directors: Saturday, May 14, 7:30 – 9:30 am

GOLD National Leaders: Saturday, May 14, 10:00 am–12:00 noon

GOLD/GINA Donors: Saturday, May 14, 4:30 – 6:00 pm

All meetings will be held at Crowne Plaza Denver, 1450 Glenarm Place, Denver Colorado

GOLD Science Committee: Friday, September 16, 1:00 pm–6:00 pm

GOLD National Leaders: Saturday, September 17, 10:00am–12:00 noon

GOLD/GINA Donors: Saturday, September 17, 4:30–6:00 pm

All meetings will be held at Holiday Inn, Amsterdam, DeBoelelaan 2, 1083 HJ Amsterdam, the Netherlands.

GOLD Executive Committee: Friday – Saturday, February 17-18, 2012. London Heathrow Marriott Hotel



Roberto Rodriguez-Roisin
Chair, GOLD Executive Committee

Attachments: Agenda
Annual Disclosure of Interests



January 12, 2011

**AGENDA: GOLD EXECUTIVE COMMITTEE MEETING
London Heathrow Marriott, United Kingdom
February 18-19, 2011**

8:30 am – 12:00 noon

I. General Information

R. Rodriguez-Roisin

- Review Minutes, Amsterdam 2010 meeting
- Review and discuss agenda for this meeting
- Disclosure Statement

II. GOLD Organization and Resources

R. Rodriguez-Roisin
C. Lenfant

- Summarize settlement agreement: GOLD/MCR, Inc/US Health Network
- Impact of settlement agreement on GOLD operations
 - ✓ Printing/shipping
 - ✓ Website hosting/management
- GOLD organization structure
 - ✓ GOLD By-laws: Review current structure and examine possible modifications
 - ✓ Conflict of Interest
- GOLD Unrestricted Educational Grants
 - ✓ Fundraising: process for working with potential donors
 - ✓ Conflict of interest in relation to developing GOLD guidelines and receiving support from profit-making organizations
 - ✓ Resources available for current year
 - ✓ Planning a budget for future activities

1:00 – 5:00 pm

III. GOLD Science Committee

J. Vestbo

Dr. Vestbo and other members of the GOLD Science Committee will provide details of the 2010 update and plans completion of the 2011 revision.

IV. GOLD Dissemination Implementation Committee

J. Bourbeau

Dr. Bourbeau and members of the GOLD Executive will examine steps for dissemination and implementation of COPD management programs.

1. Introduction
 - 1.1 Goals and objectives
 - 1.2 GOLD emphasis shift to “D&I”
2. Review of previous discussions
 - 2.1 2010: Amsterdam; New Orleans; Barcelona
 - 2.2 Increase D&I collaborations of GINA & GOLD
3. GOLD National Leaders survey on D&I (uses and needs)
 - 3.1 Defining common goals in COPD management (outcomes to achieve)
 - 3.2 Requirements to facilitate implementation
4. Dissemination and linkage plan
New GOLD Report (for release late 2011), *Global Strategy for Diagnosis, Management, and Prevention of COPD*
 - 4.1 Introduction (purposes, barriers and strategies)
 - 4.2 Diffusing process “dissemination”
 - 4.3.1 Strategies to target specific user groups (Primary Care Providers, policy-makers, and consumers) and resources required: promoting awareness and adoption
 - 4.3.2 Linkage with organizations (National) and individuals (GOLD National Leaders, and Primary Care Providers)
5. Implementation “GOLD as a facilitator”
 - 5.1 Introduction (single and combined strategies, and practice context)
 - 5.2 Plan for facilitating implementation
 - 5.2.1 Physician-support individual and system
 - 5.2.2 Patient-support self-management education
6. Next steps: GOLD Committees, GOLD National Leaders, Primary Care Providers

SATURDAY, February 19

8:30 am to 12:00 noon: Meeting with Donors

**ANNUAL DECLARATION OF INTERESTS
GLOBAL INITIATIVE FOR CHRONIC OBSTRUCTIVE LUNG DISEASE
EXECUTIVE COMMITTEE
1 January – 31 December 2010**

GOLD participants disclose relationships (personal benefits, shares, and non-personal interests) with profit-making organizations each year using the following definitions.

- 1. *Personal Benefits*** refers to fees for lectures, advisory committees or consultancy services either intermittent or regular, from which a GOLD member benefits personally. This includes ongoing attendance at advisory board meetings.
- 2. *Shares*** refers to any shares in the pharmaceutical industry, excluding unit trusts, pension plans or mutual funds, and it refers to shares held by a GOLD member or family members (spouse/dependent children <18 yrs). The company is to be listed, not the number of shares.
- 3. *Non-Personal Interests*** refers to fees or grants paid to a GOLD Committee member (or the Department/Institution on behalf of a GOLD member) and used for research, education, equipment, salaries, etc.

For each category, items are included in one of two categories: payment or service is valued in excess of \$10,000 (US) but less than \$10,000 and payment or service is valued in excess of \$10,000. The information disclosed by each member of the Executive Committee for the year 2008 is presented in an effort to be as transparent as possible. For more complete background about this process, see “Annual Declaration of Interests: Global Initiative for Chronic Obstructive Lung Disease (GOLD)” on the website at: <<http://www.goldcopd.org>>.

SUMMARY FOR YEAR 2009:

Antonio Anzueto, San Antonio, Texas, US: *Personal Benefits* <\$10,000: Dey, Forest Labs, Sepracor. *Personal Benefits* >\$10,000: AstraZeneca, Bayer-Shering Pharma, Boehringer-Ingelheim, GlaxoSmithKline, Pfizer. *Shares:* none. *Non-Personal Interests* >\$10,000: GlaxoSmithKline, Lilly, Pfizer.

Jean Bourbeau, Montreal, Quebec, Canada: *Personal Benefits* <\$10,000: AstraZeneca, Boehringer-Ingelheim, Novartis, Nycomed, Pfizer. *Personal Benefits* >\$10,000: GlaxoSmithKline. *Shares:* none. *Non-Personal Interests* > \$10,000: AstraZeneca, Boehringer-Ingelheim, GlaxoSmithKline, Novartis, Nycomed, Merck, Pfizer.

Teresita DeGuia, Quezon City Philippines: *Personal Benefits* <\$10,000: AstraZeneca, Boehringer-Ingelheim, GlaxoSmithKline, Novartis, Nycomed, Pfizer, United Lab (Philippines). *Personal Benefits* >\$10,000: Schering-Plough. *Shares:* none. *Non-Personal Interests:* none

David Hui, HongKong PRC: *Personal Benefits* <\$10,000: AstraZeneca, Daiichi-Sanchio. *Shares:* none. *Non-Personal Interests* >\$10,000: Boehringer-Ingelheim, GlaxoSmithKline.

Fernando Martinez, Ann Arbor, Michigan: *Personal Benefits* <\$10,000: Almirall, AstraZeneca/MedImmune, Bayer, Boehringer Ingelheim, France Foundation, Forest, HCRC, MedEd, Merck Sharp & Dohme, Pearl, Pfizer, Prescott. *Personal Benefits* >\$10,000: GlaxoSmithKline, Novartis, Nycomed/Forest. *Shares:* none. *Non-Personal Interests* <\$10,000: Actelion, Gilead, Johnson/Johson. *Non-Personal Interests* >\$10,000: GlaxoSmithKline, Nycomed.

Michiaki Mishima, Kyoto, Japan: *Personal Benefits* <\$10,000: AstraZeneca, Kyorin, Novartis, Otsuka, Schering-Plough, Teijin. *Personal Benefits* >\$10,000: Boehringer-Ingelheim, GlaxoSmithKline. *Shares:* none. *Non-Personal Interests* >\$10,000: Astellas, AstraZeneca, Boehringer-Ingelheim, GlaxoSmithKline, Kyorin, Novartis, Otsuka, Schering-Plough, Teijin.

Damilya Nugmanova: *Personal Benefits* <\$10,000: AstraZeneca, Berlin Chemi Menarini, Boehringer-Ingelheim, GlaxoSmithKline, Novartis, TEVA. *Shares:* none. *Non-Personal Interests* <\$10,000: Boehringer-Ingelheim, GlaxoSmithKline, Novartis.

Alejandra Ramirez, Mexico City, Mexico: *Personal Benefits* <\$10,000: Boehringer-Ingelheim, Novartis. *Shares:* none. *Non-Personal Interests:* none.

Roberto Rodriguez-Roisin, Barcelona Spain: *Personal Benefits* <\$10,000: Boehringer-Ingelheim/Pfizer, Chiesi, GlaxoSmithKline, Kyorin, Merck Sharp & Dohme, Novartis, Nycomed, Procter & Gamble, UCB. *Shares:* none. *Non-Personal Interests* <\$10,000: Almirall, Esteve, SA.

Robert A. Stockley, Birmingham, UK: *Personal Benefits* <\$10,000: AstraZeneca, Boehringer-Ingelheim, GlaxoSmithKline, Nycomed, Talecris Biotherapeutics. *Shares:* none. *Non-Personal Interests* >\$10,000: AstraZeneca, Talecris Biotherapeutics.

Jorgen Vestbo, Hvidore Denmark: *Personal Benefits* <\$10,000: AstraZeneca, Boehringer-Ingelheim, Chiesi, Nycomed, Pfizer. *Personal Benefits* >\$10,000: GlaxoSmithKline. *Shares:* none. *Non-Personal Interests* >\$10,000: GlaxoSmithKline.

Jadwiga A. Wedzicha, London, UK: *Personal Benefits* <\$10,000: Boehringer-Ingelheim/Pfizer, Chiesi, Novartis, Nycomed. *Personal Benefits* >\$10,000: GlaxoSmithKline. *Shares:* none. *Non-Personal Interests* >\$10,000: AstraZeneca, Chiesi, GlaxoSmithKline, Novartis.

All members confirmed no relation to, or income from, the tobacco industry.