The Czech Multicentre Research Database of COPD is a national clinical registry for multicentre longitudinal observational monitoring of severe COPD (post-bronchodilator FEV1 ≤ 60%). The design of this study is based on the official diagnosis and treatment guidelines of The Czech Pneumological and Phthisiological Society (CPPS) of The Czech Medical Association (CZMA). The registry was created in March 2013 and the official launch date was in August 2013 after a period of testing and harmonisation.

### PROJECT OBJECTIVES

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<th>Primary outcome measures</th>
<th>Secondary outcome measures</th>
<th>Other outcome measures</th>
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The outcomes of the registry are essential for the dealings of the Czech Pneumological and Phthisiological Society with national authorities such as the State Institute for Drug Control, The Ministry of Health or Insurance companies.

### METHODS

The electronic database has been designed as an on-line application that is accessible to its users via a web browser after a proper authentication. The system has been developed to serve as a robust base for the collection of data from numerous clinical centres. Any communication between the client and server is realized via the secure protocol HTTPS, using the SSL (Secure Socket Layer) encryption. The system has been developed to serve as a robust base for the collection of data from numerous clinical centres. An agreement on parametric assessment of the practical impact on everyday clinical practice is also very important. An agreement on parametric assessment of the practical impact on everyday clinical practice is also very important.

### RESULTS

After 2 months of enrolment, 125 patients are currently enrolled in the registry (data from 2 December 2013). The COPD project is currently in the initial stage of data collection. Study completion date is estimated on December 2019. Publications of the first outputs (baseline data) are planned in 2014. The analysis will serve for monitoring of patients with COPD and as a basis for publications in scientific journals and conferences. All analytical outputs are subject of approval by the Scientific board of the project.

### CONCLUSIONS

Up-to-date and precise clinical and epidemiological data describing the situation in the Czech Republic is currently unavailable. Additionally there are no data on the representation of different phenotypes among the COPD patients. Registration of parameter % data of patients with COPD as a centralised level pursues not only scientific objectives: its practical impact on everyday clinical practice is also very important. An agreement on parametric assessment of the treatment process has made it possible to establish methodical standards, and to assess treatment response in a methodically correct manner. The system has been designed and continuously developed in a way that makes it possible to extend it, for example to maintain patients with specific riskfactors. Special subgroups focused on maintaining of specific parameters can be easily created.