Introduction
During the last decade, the GOLD classification of COPD underwent notable evolution. There is limited evidence how the latest classification approach affects the distribution of COPD patients across the A-D groups.

Aims
Our aim was to assess predictive value of the last three GOLD classification systems – I-IV (pre 2011), A-D (2011–2016) and A-D (2017–present) in relation to the long-term mortality of COPD patients from the CMRD (Czech multicenter research database of severe COPD) cohort.

Methods
CMRD is a multicenter, prospective, observational and non-interventional study of non-selected group of patients with severe COPD (post-bronchodilator FEV1 ≤ 60%). We have analysed the data of 784 patients at 4 years follow-up. Kaplan-Meier survival analysis was performed for the 3 above mentioned GOLD classification systems.

Results
Application of the GOLD I–IV system showed gradual and significant increase in 4-year mortality across the stages (GOLD II 18.7%, GOLD III 28.5%, GOLD IV 38.7%) (p < 0.001). Application of the GOLD A–D system (2011–2016) showed group D being the most populous category (N = 782, 66.6%) with the highest rate of 4-year mortality (N = 167, 30%). Group C patients had lower mortality (N = 39, 17.9%) than group B patients (N = 150, 18.7%) (p < 0.001). Finally, using the GOLD A–D 2017 classification approach resulted in major shifts of patients across groups A–D with group B being the largest (N = 412, 52.5%) compared to group D (N = 293, 37.5%). Similarly, mortality in group B patients was significantly higher (N = 103, 26%) than in group C (N = 13, 23.1%).

Conclusion
Our results show that the current GOLD classification possesses gradual predictive value for long-term mortality. Another important finding is that the adaptation of the 2017 GOLD Update resulted in major shift from group D to B of ca 40% of former group D COPD patients, and also from group C to A. These results are in agreement with Cabrera’s study.1

References