

European Respiratory Society

Annual Congress 2012

Abstract Number: 3016

Publication Number: 4731

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: COPD - management **Keyword 2:** Bronchoscopy **Keyword 3:** Imaging

Title: Heterogeneous and homogenous emphysema both respond to lung volume reduction coil treatment

Dr. Dirk-Jan 14536 Slebos d.j.slebos@umcg.nl MD ¹, Dr. Stefan 14548 Blaas stefan.blaas@klinik.uni-regensburg.de MD ², Dr. Gaëtan 14549 Deslee gdeslee@chu-reims.fr MD ³, Dr. Wolfgang 14550 Gesierich w.gesierich@asklepios.com MD ⁴, Dr. Felix 14551 Herth Felix.Herth@thoraxklinik-heidelberg.de MD ⁵, Dr. Juergen 14567 Hetzel juergen.hetzel@med.uni-tuebingen.de MD ⁶, Dr. Martin 14572 Hetzel martin.hetzel@rkk-stuttgart.de MD ⁷, Dr. Romain 14573 Kessler romain.kessler@chru-strasbourg.fr MD ⁸, Dr. Charles-Hugo 14574 Marquette marquette.ch@chu-nice.fr MD ⁹, Dr. Michael 14575 Pfeifer Michael.Pfeifer@klinik.uni-regensburg.de MD ², Dr. Franz 14576 Stanzel Franz.Stanzel@lkhemer.de MD ¹⁰ and Dr. Christian 14577 Witt christian.witt@charite.de MD ¹¹. ¹ Pulmonary Diseases, University Medical Center, Groningen, Netherlands ; ² Pulmonary Diseases, Klinikum Donaustauf, Germany ; ³ Pneumologie, Hopital Maison Blanche CHU, Reims, France ; ⁴ Pulmonary Diseases, Asklepios, Gauting, Germany ; ⁵ Pneumologie, Thorax Klinik, Heidelberg, Germany ; ⁶ Pulmonology, UKT University Hospital, Tuebingen, Germany ; ⁷ Pneumologie, Krankenhaus vom Roten Kreutz, Stuttgart, Germany ; ⁸ Pneumologie, CHRU de Strasbourg- NHC Hopital Civil, Strasbourg, France ; ⁹ Pneumologie, Hopital Pasteur, Nice, France ; ¹⁰ Pulmonary Diseases, Lungenklinik, Hemer, Germany and ¹¹ Pulmonary Diseases, Campus Charite Mitte, Berlin, Germany .

Body: Rationale: The Lung Volume Reduction Coil (LVRC, PneumRx USA) is a bronchoscopic device for the treatment of patients with heterogeneous emphysema. In this study we investigated if the LVRC has potential in the treatment of homogenous emphysema. Methods: Using a post-hoc blinded CT analysis we tested the impact of degree of heterogeneity on 6-month outcome in patients after bilateral LVRC treatment in two recent trials (NCT01220908, NCT01328899). First, digital lobar CT emphysema scores were assessed using the % destruction below -950HU for both lungs. <25% difference between the ipsilateral lobes of both lungs was regarded homogeneous. Secondly, a visual pattern approach was used grading from 0 (no damage) to 4 (bulloous disease). A difference of ≤ 1 point in one of the lungs was regarded as homogeneous disease. Results: 53 patients, 61.8y (± 7.4), FEV1 33.8%pred (± 9.8), RV 246%pred (± 53) RV/TLC 60.6 (± 9.1) were analyzed. Digital CT analyses identified 15 homogenous cases with a Δ FEV1 +7.8% (± 11.9), Δ RV -0.77L (± 0.55), Δ 6MWD +41m (± 85), Δ SGRQ -13.4pts (± 11.3) and 38 heterogeneous cases with a Δ FEV1 +15.9% (± 31.8), Δ RV -0.48L (± 0.83), Δ 6MWD +42m (± 80), Δ SGRQ -10.9pts (± 15.3). The visual approach resulted in 34 homogeneous cases with a Δ FEV1 +10% (± 16), Δ RV -0.49L (± 0.66), Δ 6MWD +44m (± 85), Δ SGRQ -9.6pts (± 12.9), and 29 heterogeneous cases with a Δ FEV1 +18.3% (± 37), Δ RV -0.61L (± 0.85), Δ 6MWD +42m (± 59), Δ SGRQ -13.4pts (± 15.3). Only FEV1 was different ($p<0.01$) between the two phenotypes. Conclusion: LVRC treatment also results in significant and clinically relevant

improvements in patients with homogenous emphysema. These results warrant a prospective evaluation on LVRC in homogenous disease.