## **European Respiratory Society Annual Congress 2013**

**Abstract Number: 200** 

**Publication Number: P2295** 

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Biomarkers Keyword 2: Chronic disease Keyword 3: COPD - management

**Title:** Emphysematous lung sealant (ELS) therapy reduces CRP, an index of inflammation, in patients with severe emphysema (clinicaltrials.gov #NCT NCT00884962)

Dr. Edward 1534 Ingenito edward.ingenito@aerist.com MD <sup>1</sup>, Dr. Oren 1535 Fruchter orenfr@clalit.org.il MD <sup>2</sup>, Prof. Dr Felix 1536 Herth Felix.Herth@thoraxklinik-heidelberg.de MD <sup>3</sup>, Dr. Ralf 1537 Eberhardt Ralf.Eberhardt@thoraxklinik-heidelberg.de MD <sup>3</sup>, Dr. Arschang 1538 Valipour arschang.valipour@wienkav.at MD <sup>4</sup>, Dr. Sherwin 1539 Asadi sherwin.asadi@extern.wienkav.at MD <sup>4</sup>, Prof. Dr Rainer 1540 Bonnet pne@zentralklinik.de MD <sup>5</sup>, Dr. Ihmer 1541 Maeder i.maeder@t-online.de MD <sup>5</sup>, Dr. Axel 1542 Kempa Axel.Kempa@lkhemer.de MD <sup>6</sup>, Prof. Dr Franz 1543 Stanzel f@stanzel.de MD <sup>6</sup> and Prof. Dr Mordechai 1544 Kramer Kremerm@clalit.org.il MD <sup>2</sup>. <sup>1</sup> Medical Affairs, Aeris Therapeutics, Woburn, MA, United States, 01801; <sup>2</sup> Pulmonary Institute, Rabin Medical Center, Petach Tikva, Israel; <sup>3</sup> Pulmonary Medicine, Thoraxklinik, Heidelberg University, Heidelberg, Germany; <sup>4</sup> Pulmonary and Critical Care Medicine, Otto Wagner Hospital, Vienna, Austria; <sup>5</sup> Pulmonary Medicine, Zentralklinik Bad Berka, Bad Berka, Germany and <sup>6</sup> Pulmonary and Critical Care Medicine, Lungenklinik, Hemer, Hemer, Germany.

**Body:** Introduction: C-Reactive Protein (CRP) is a biomarker of inflammation and predictor of mortality in emphysema. Lung volume reduction surgery has been shown to decrease inflammation and CRP 1 year post treatment. Objective: Assess effects of bronchoscopic ELS therapy on CRP 1 year post therapy. Methods: Study NCT00884962 assessed responses to ELS therapy in patients with advanced emphysema. Physiological outcomes and CRP values in 29 patients were evaluated out to 48 weeks. Results: Baseline CRP was elevated (5.3±8.7 mg/L) vs. normal; 16 patients had values indicating "high-risk" (> 3 mg/L). By 48 weeks CRP was significantly below baseline (2.2±3.2 mg/L, n=29, p=0.041); (Figure 1) only 9 patients had persistent "high-risk" CRP values.

BODE Index (BI) also decreased, but changes did not correlate with CRP, suggesting ELS therapy influences outcomes by 2 independent mechanisms: reducing inflammation and improving physiology. Conclusions: ELS is associated with a reduction in CRP in advanced emphysema and may reduce chronic inflammation and mortality risk through a compensatory anti-inflammatory response and/or elimination of inflammed tissue. This observation is now being validated prospectively in a large multi-national randomized controlled trial. 1. Mineo, D. et al., AJRCCM, Vol 181; 806: 2010. 2. Herth F.J. et al., Expert Rev. Med. Devices 8(3); 307: 2011.