



ARCEPOCIII

Annual Review of Congresses EN EPOC

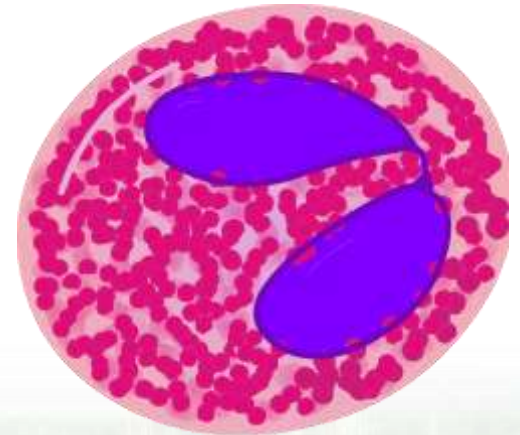
Descubriendo lo nuevo en EPOC presentado en ATS, ERS y SEPAR

ATS - Longitudinal Assessment Of Blood Eosinophil Counts In A COPD Cohort

Burns K, Wrona C, Sethi S

INTRODUCCIÓN

- La inflamación “clásica” de la EPOC implica a los macrófagos, neutrófilos y linfocitos.
- Los **eosinófilos** tienen un papel muy relevante en la EPOC:
 - Predictores de respuesta a glucocorticoides inhalados
 - Datos basados en estudios transversales

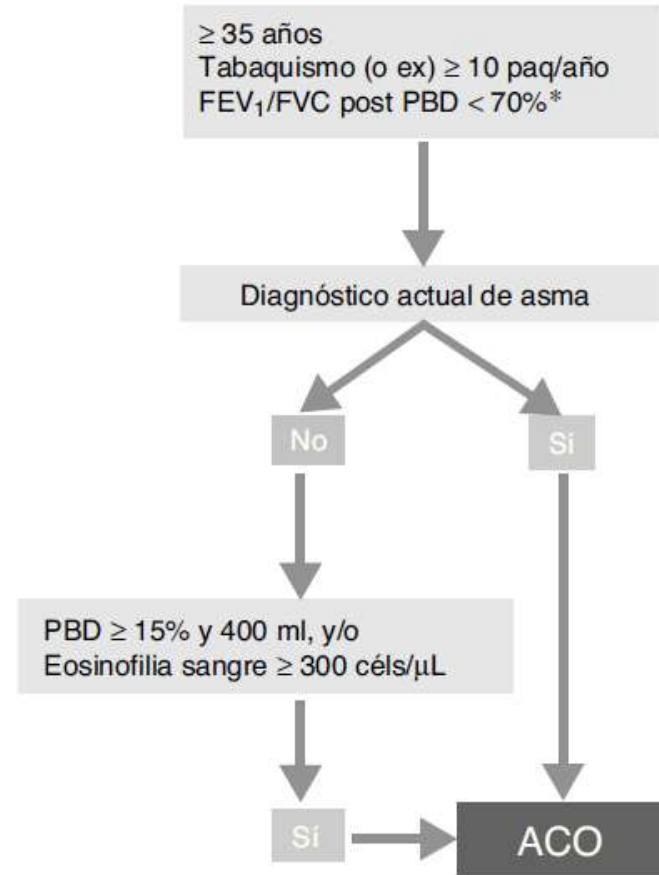


INTRODUCCIÓN

Blood eosinophil count. Post-hoc analysis of two clinical trials in COPD patients with an exacerbation history showed that higher blood eosinophil counts may predict increased exacerbation rates in patients treated with LABA (without ICS).^{65,66} Furthermore, the treatment effect of ICS/LABA versus LABA on exacerbations was greater in patients with higher blood eosinophil counts. These findings suggest that blood eosinophil counts are 1) a biomarker of exacerbation risk in patients with a history of exacerbations and 2) can predict the effects of ICS on exacerbation prevention. Post-hoc analysis of other clinical trials have reported that the effects of ICS on exacerbation prevention are associated with blood eosinophil counts.^{67,68} One large COPD cohort study showed an association between higher blood eosinophil counts and increased exacerbation frequency,⁶⁹ although this was not observed in a different cohort.⁷⁰ Differences between studies may be related to different previous exacerbation histories and ICS use. Prospective clinical trials are required to validate the use of blood eosinophil counts to predict ICS effects, to determine a cut-off threshold for blood eosinophils that predict future exacerbation risk in COPD patients with an exacerbation history and to clarify the blood eosinophil cut-off values that could be used in clinical practice. The mechanism for an apparently increased effect of ICS in COPD patients with higher blood eosinophil counts remains unclear.

INTRODUCCIÓN

gesEPOC: ACO



MÉTODOS

- Seguimiento mensual durante 20 años (Universidad de Búfalo) 1994 a 2014.
- Análisis de **eosinófilos** absolutos y de su %.
- < 200 **eosinófilos** (y menos de 2 %) vs. > 400 eosinófilos (y más de 6 %)
 - Datos demográficos
 - Espirometría
 - Exacerbaciones
 - Tabaquismo
- Se consideró pacientes con variabilidad en su número de **eosinófilos**, los que presentaban variación de más de 2 SD.

RESULTADOS

- 182 participantes en los 2 grupos.
- No diferencias en:
 - Edad
 - IMC
 - Paquetes-año
 - Número de exacerbaciones
- Diferencias en:
 - FEV₁ (menor en los pacientes con eosinófilos bajos)
- 72 pacientes presentaron 186 variaciones significativas en su número de **eosinófilos.**

Conclusiones

- Mayor deterioro en la función respiratoria en los pacientes con < 200 **eosinófilos**.
- No encontraron asociación entre **eosinófilos** y exacerbaciones.
- Se encontraron grandes variaciones en el recuento de **eosinófilos**.
 - Se desconoce la causa (¿cambios en tratamiento?)

The image features the Ferrer logo, which consists of a stylized 'F' icon in teal and lime green, followed by the word 'ferrer' in a bold, black, lowercase sans-serif font. The logo is centered in the upper half of the frame. The background is a vibrant landscape of a green field with several stalks of grain in the foreground, set against a bright blue sky filled with scattered white clouds. The entire scene is framed by a solid purple border.

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