

**IK-7002-COPD-006**

# **INO IN GROUP3 PH PATIENTS WITH COPD ON LTOT**

**11<sup>th</sup> March 2015**

**FLUIDDA**



# STUDY DATA

An Exploratory, Two-Part, Clinical Study to Assess the Effect of Pulsed, Inhaled Nitric Oxide (iNO) on Functional Pulmonary Imaging Parameters in Subjects with World Health Organization (WHO) Group 3 Pulmonary Hypertension (PH) Associated with Chronic Obstructive Pulmonary Disease (COPD) on Long-Term Oxygen Therapy (LTOT)

- Part 1:  
Acute Treatment, 1 treatment with study drug  
for at least 20 minutes not to exceed 90 minutes
- Part 2:  
Acute treatment; 2 treatments with study drug –  
each treatment for at least 20 minutes; each  
treatment not to exceed 90 minutes

Treatment Visit Evaluations



Randomization

Subject lying down  
for  $\geq 20$  minutes

Contrast  
Administered

Baseline  
Scan #1  
(TLC)

Baseline  
Scan #2  
(TLC)

Baseline  
Scan #3  
(FRC)

Upper  
Airway  
Scan

Dose 30 mcg/kg IBW/hr  
iNO for  $\geq 20$  minutes

Contrast  
Administered

Treatment  
Scan  
(TLC)

test/retest

iNO assessment

**Baseline Phase**

Room air + LTOT

**Treatment Phase**

NO + LTOT + Room air

- 4 patients

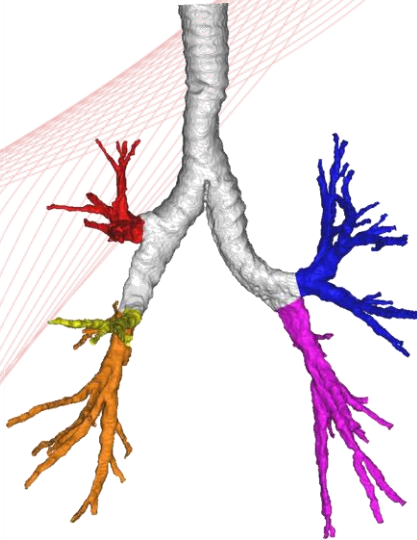
- Patient 1: Female, 67Y, 25.5 pack years, 18 year of LTOT 24h/day
- Patient 2: Male, 68Y, 90 pack years, LTOT since end 2014 24h/day
- Patient 3: Female, 76Y, 25.8 pack years, LTOT since mid 2010 16h/day
- Patient 4: Male, 76Y, 50 pack years, LTOT since 2012 24h/day
- Patient 5: Male, 68Y, 57.5 pack years, LTOT since 2011 22h/day
- Patient 6: Female, 79Y, 71.25 pack years, LTOT since 2013 16h/day



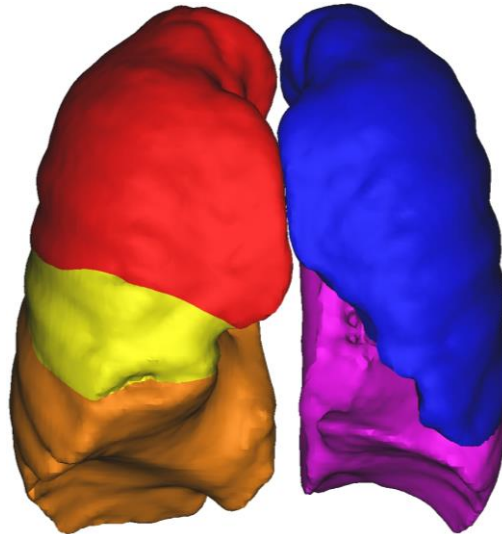
# FRI TECHNOLOGY



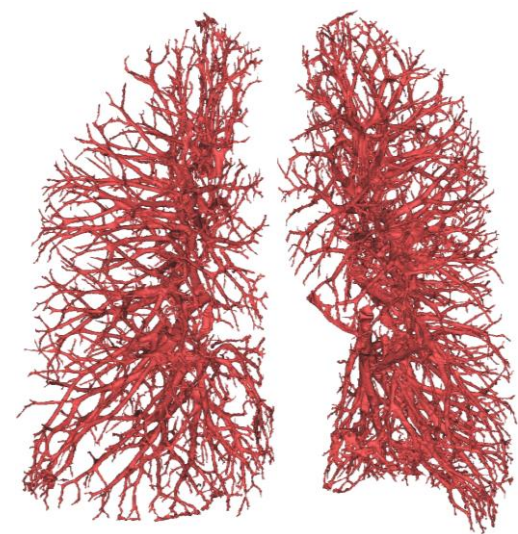
Airway segmentation



Lobe segmentation



Blood vessels segmentation



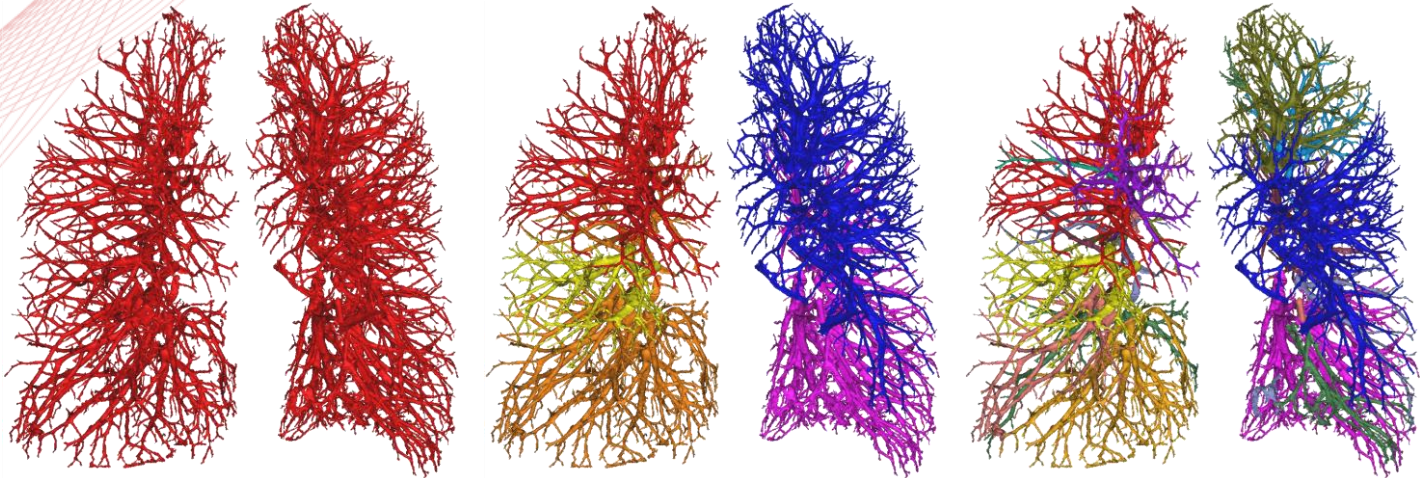
- At baseline: iVaw\_baseline, siVaw\_baseline, iVaw\_retest, siVaw\_retest, iVlobeTLC\_baseline, iVlobeFRC\_baseline, iVlobeTLC\_retest, iVbv\_baseline, siVbv\_baseline, iVbv\_retest, siVbv\_retest
- After NO: iVaw\_post, siVaw\_post, iVlobeTLC\_post, iVbv\_post, siVbv\_post



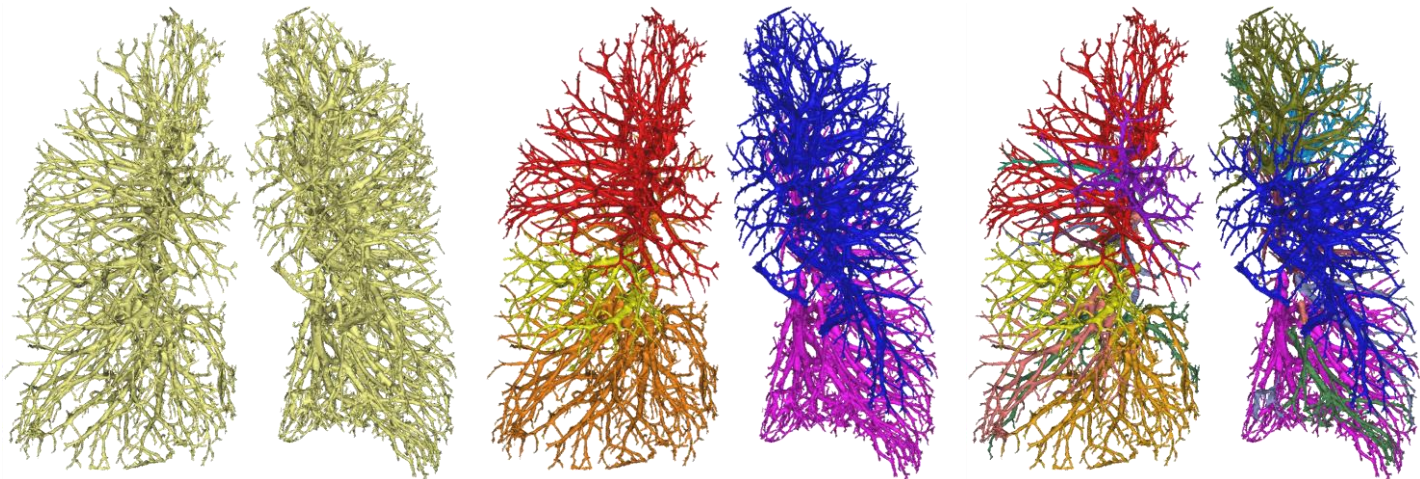
# BLOOD VESSELS

The blood vessel volumes can be calculated for the total model, per lobe or per segment for the pre and post models:

pre

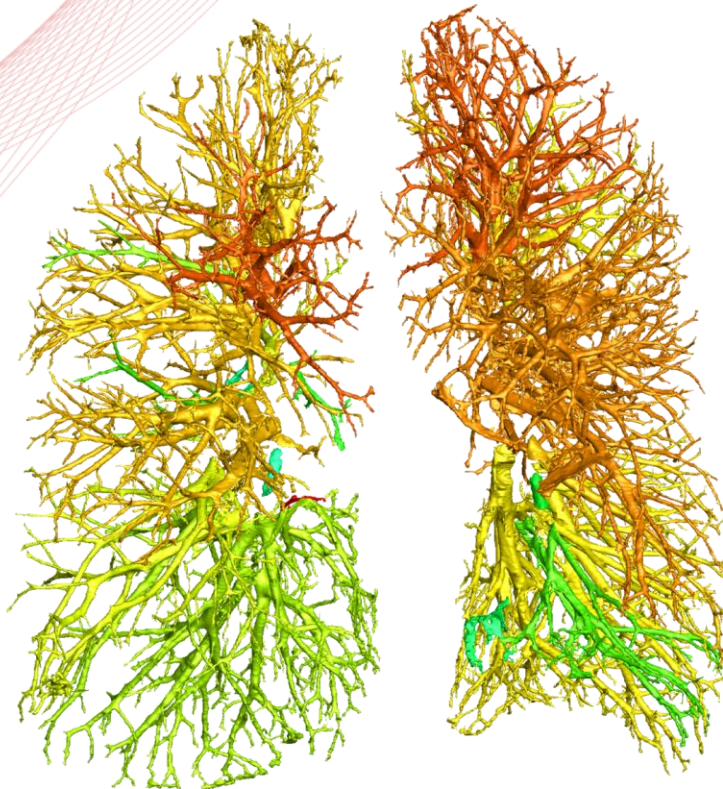
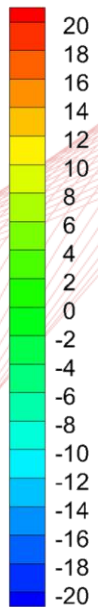


post



# BLOOD VESSELS

Regional iVbv changes [%]



iVbv changes after 20 min of NO inhalation

	Blood vessel volume		
	pre [mL]	post [mL]	change [%]
RUL	13.867	15.727	13.41
RML	5.694	6.473	13.68
RLL	19.890	21.482	8.00
LUL	26.298	30.219	14.91
LLL	24.885	27.666	11.18

# RESULTS



	Blood vessel volume (mL)		Difference (%)
	Baseline	After NO	
Patient 1	106.48	104.24	-2.1
Patient 2	121.76	139.65	14.7
Patient 3	90.63	101.57	12.1
Patient 4	123.81	129.80	4.8
Patient 5	118.42	125.70	6.2

**After iNO**

7.14 ± 6.59%

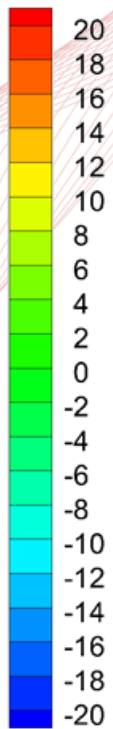
	Blood vessel volume (mL)		Difference (%)
	Baseline	Retest	
Patient 1	100.62	94.00	-6.6
Patient 2	121.88	115.82	-5.0
Patient 3	78.76	80.6	2.3
Patient 4	126.33	127.75	1.1
Patient 5	117.90	118.53	0.5

**After  
test/retest**

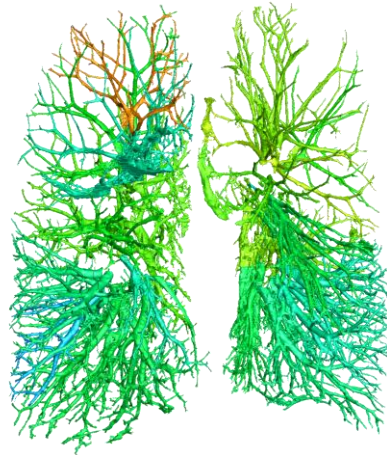
-1.54 ± 3.98%

- iVbv changes after 20 min of NO inhalation

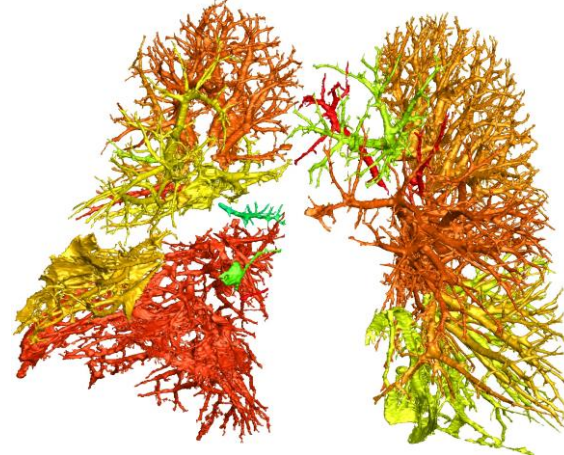
Regional iVbv changes [%]



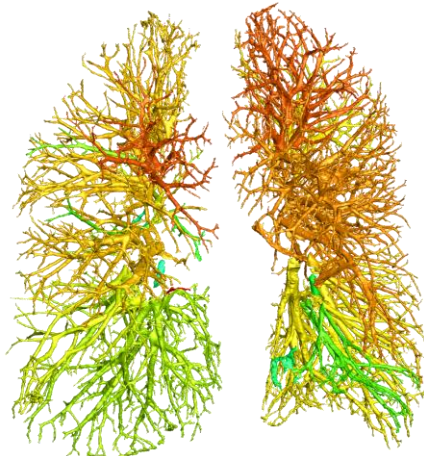
Patient 1



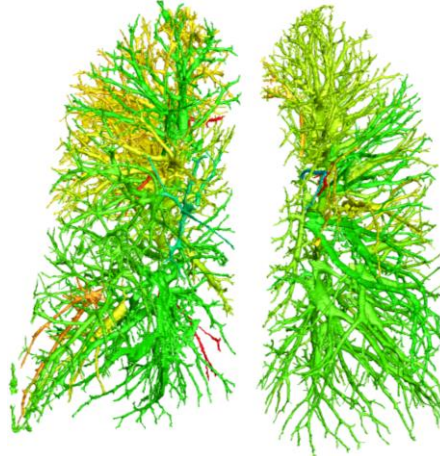
Patient 2



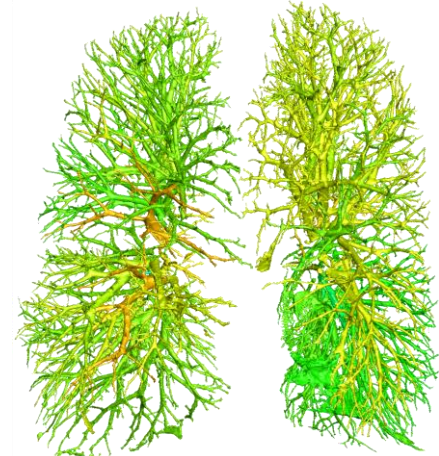
Patient 3



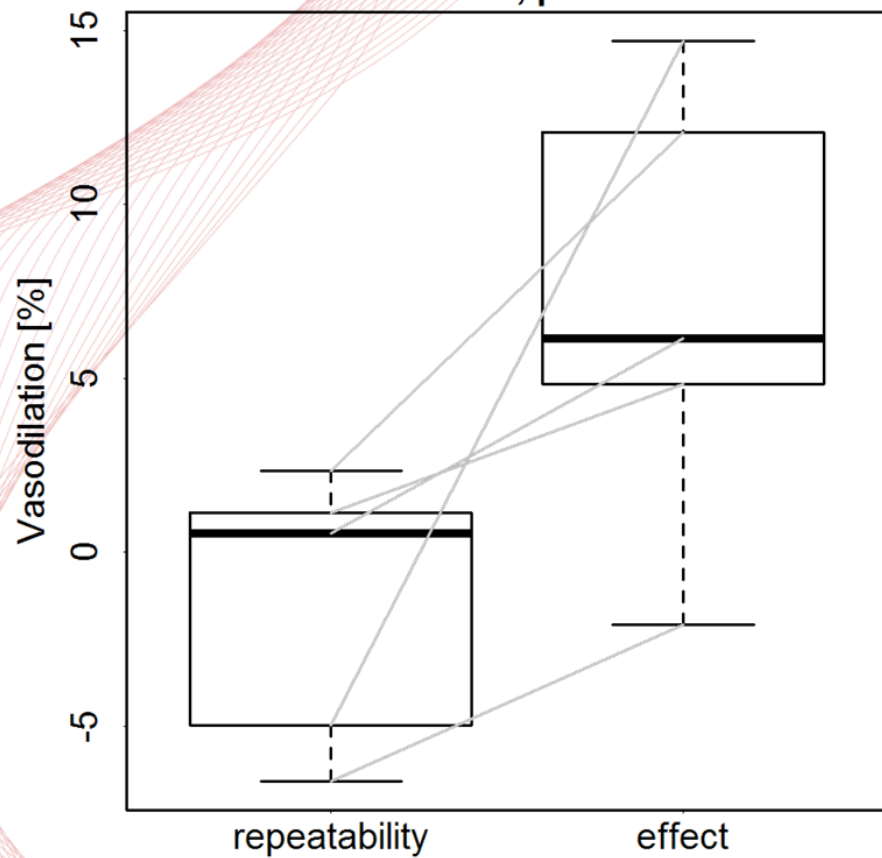
Patient 4



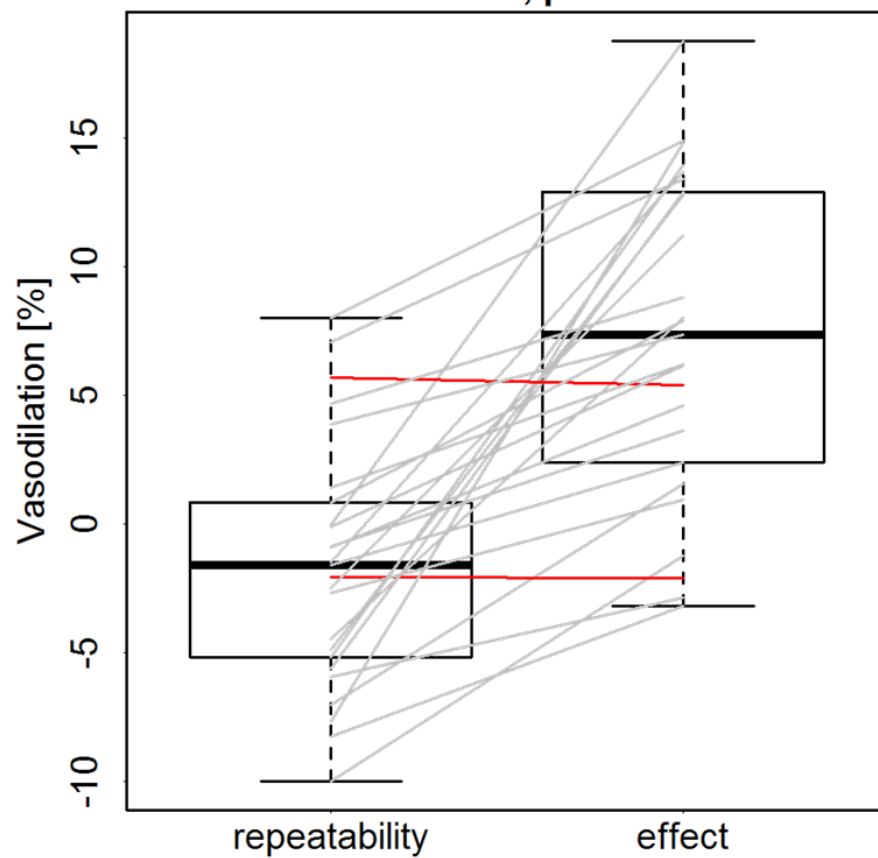
Patient 5



**Paired t-test**  
total iVbv,  $p=0.043$



**$\chi^2$ -anova**  
lobar iVbv,  $p<0.001$



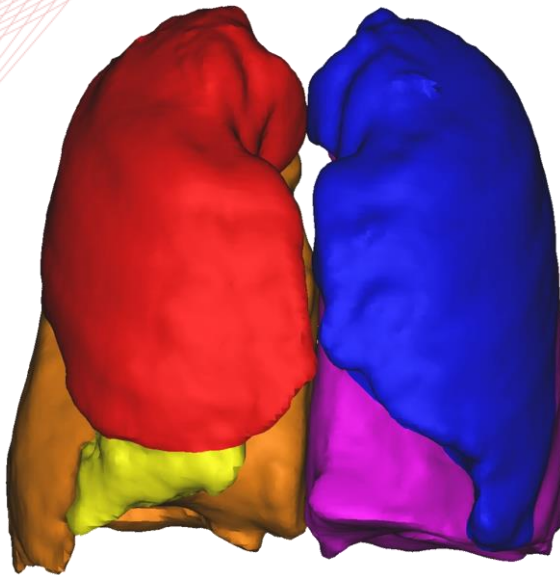


- At baseline (FRC → TLC)

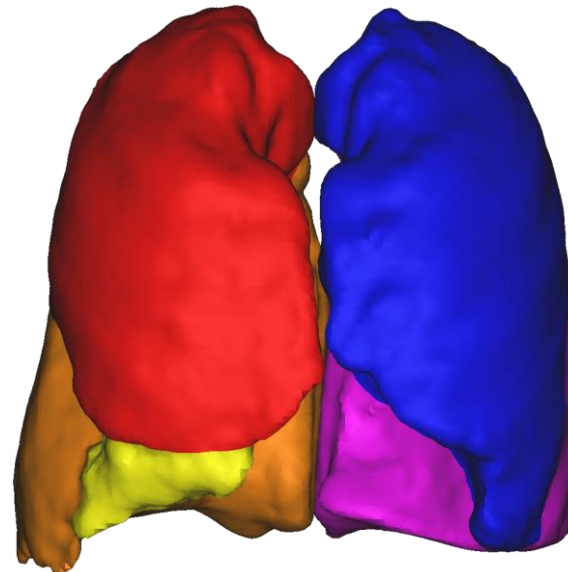
Lobe	Amount of incoming air (%)				
	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
RUL	21.3	23.2	17.0	-13.6	24.8
RML	2.9	2.6	3.4	-5.8	4.5
RLL	28.4	15.4	29.9	78.8	26.0
LUL	19.1	25.0	20.3	-12.7	27.7
LLL	28.2	33.8	29.3	53.8	17.0

FRC scan also  
taken at TLC

- Patient did not exhale



Before NO FRC  
Lung volume = 7.40L



Before NO TLC  
Lung volume = 7.32L

1% difference

- At baseline (FRC → TLC)

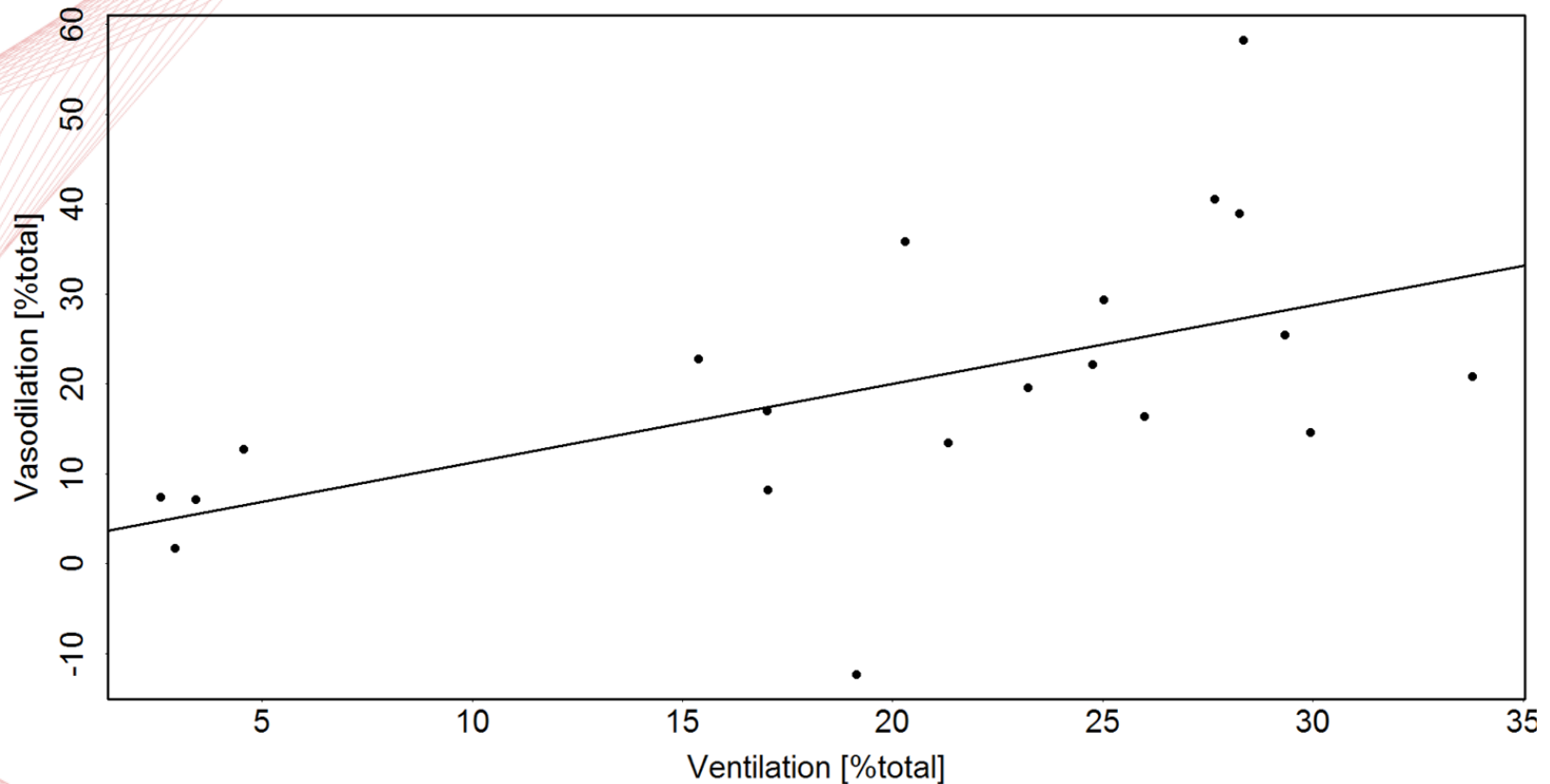
Lobe	Amount of incoming air (%)				
	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
RUL	21.3	23.2	17.0	-13.6	24.8
RML	2.9	2.6	3.4	-5.8	4.5
RLL	28.4	15.4	29.9	78.8	26.0
LUL	19.1	25.0	20.3	12.7	27.7
LLL	28.2	33.8	29.3	53.8	17.0

Patient excluded  
from correlation  
ventilation vs  
vasodilation

# VENTILATION AND VASODILATION

Very good correlation between ventilation and vasodilation **after iNO therapy**:  
regions with better ventilation experience more vasodilation

$\chi^2$ -anova ( $p=0.007$  ;  $\Omega^2=0.30$ )



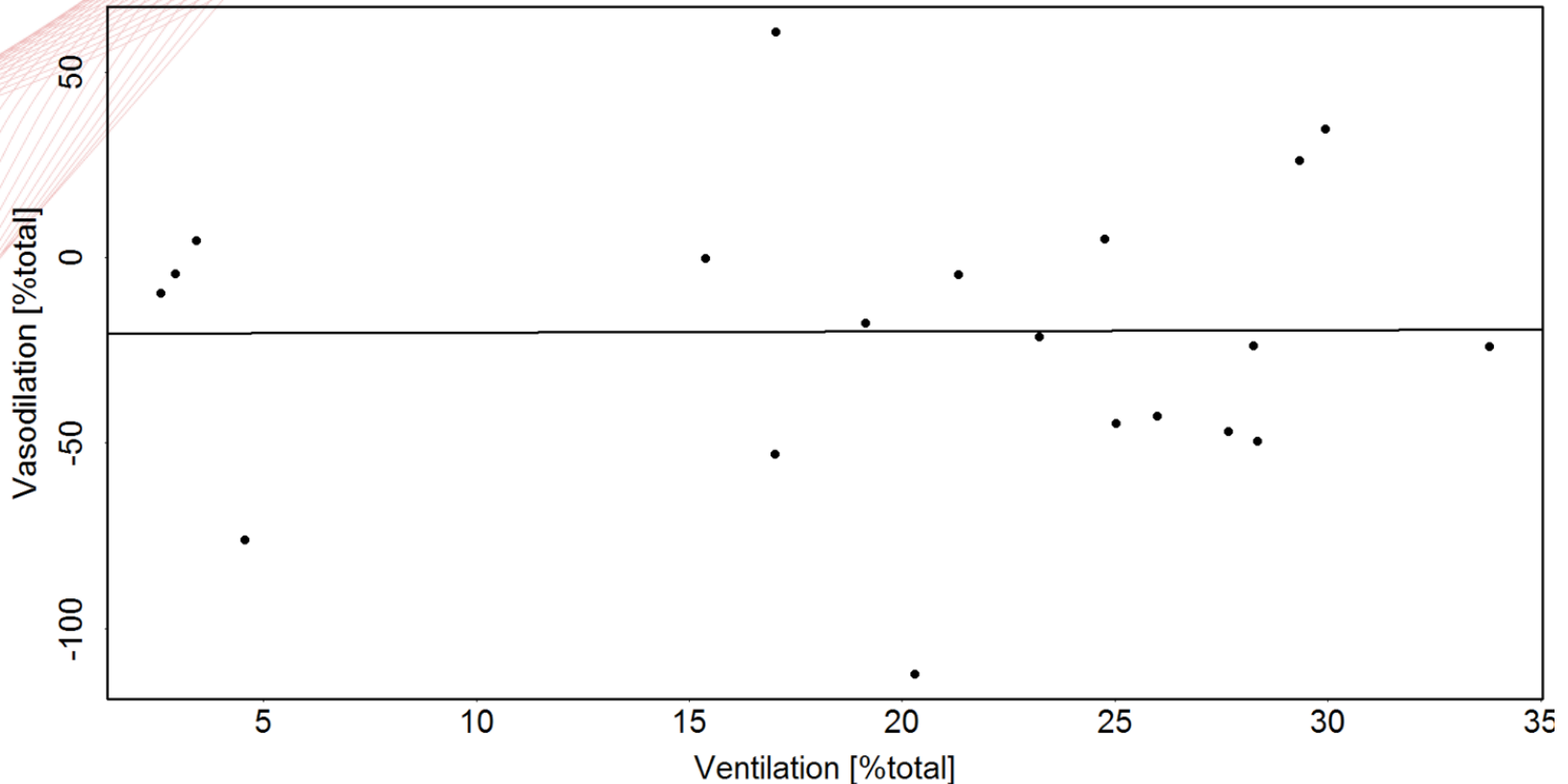
$\Omega^2$  is similar to  $R^2$  but for mixed models

Mixed models correct for the interdependence of lobes (5 lobes in 1 patient)

# VENTILATION AND VASODILATION

No correlation between ventilation and vasodilation **after test-retest**:  
confirmation that the vasodilation is caused by iNO therapy

$\chi^2$ -anova ( $p=0.971$  ;  $\Omega^2=0.00$ )



$\Omega^2$  is similar to  $R^2$  but for mixed models

Mixed models correct for the interdependence of lobes (5 lobes in 1 patient)

	iVlobe TLC (L)			Difference (%)	
	Before NO (baseline)	Before NO (retest)	After NO	Test_retest	Baseline_ After NO
Patient 1	7.82	7.73	7.66	-2.0	-1.0
Patient 2	5.85	6.01	5.87	2.9	0.3
Patient 3	6.13	6.05	6.05	-1.2	-1.3
Patient 4	7.32	7.39	7.22	0.9	-1.4
Patient 5	9.16	9.15	9.02	-0.1	-1.5



# BRONCHIAL TREE

	siVaw (mL/L)		Difference (%)
	Baseline	After NO	
Patient 1	6.66	7.07	6.1
Patient 2	9.82	9.56	-2.6
Patient 3	8.50	8.52	0.2
Patient 4	7.74	7.99	3.3
Patient 5	8.07	8.09	0.2

	siVaw (mL/L)		Difference (%)
	Baseline	Retest	
Patient 1	6.58	6.64	0.9
Patient 2	10.02	10.16	1.3
Patient 3	8.53	8.68	1.8
Patient 4	7.70	7.79	1.2
Patient 5	8.05	7.97	-1.0

- FRI is sensitive tool to detect vasodilation from baseline variability
- iNO causes significant vasodilation in COPD patients with PH
- Vasodilation is highly correlated with ventilation
- Level of vasodilation varies between patients (non-responders, weak responders and strong responders)

- Study the effect of upper airway resistance
- Study the effect of NO + O<sub>2</sub>
- Study the dose response of iNO

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