

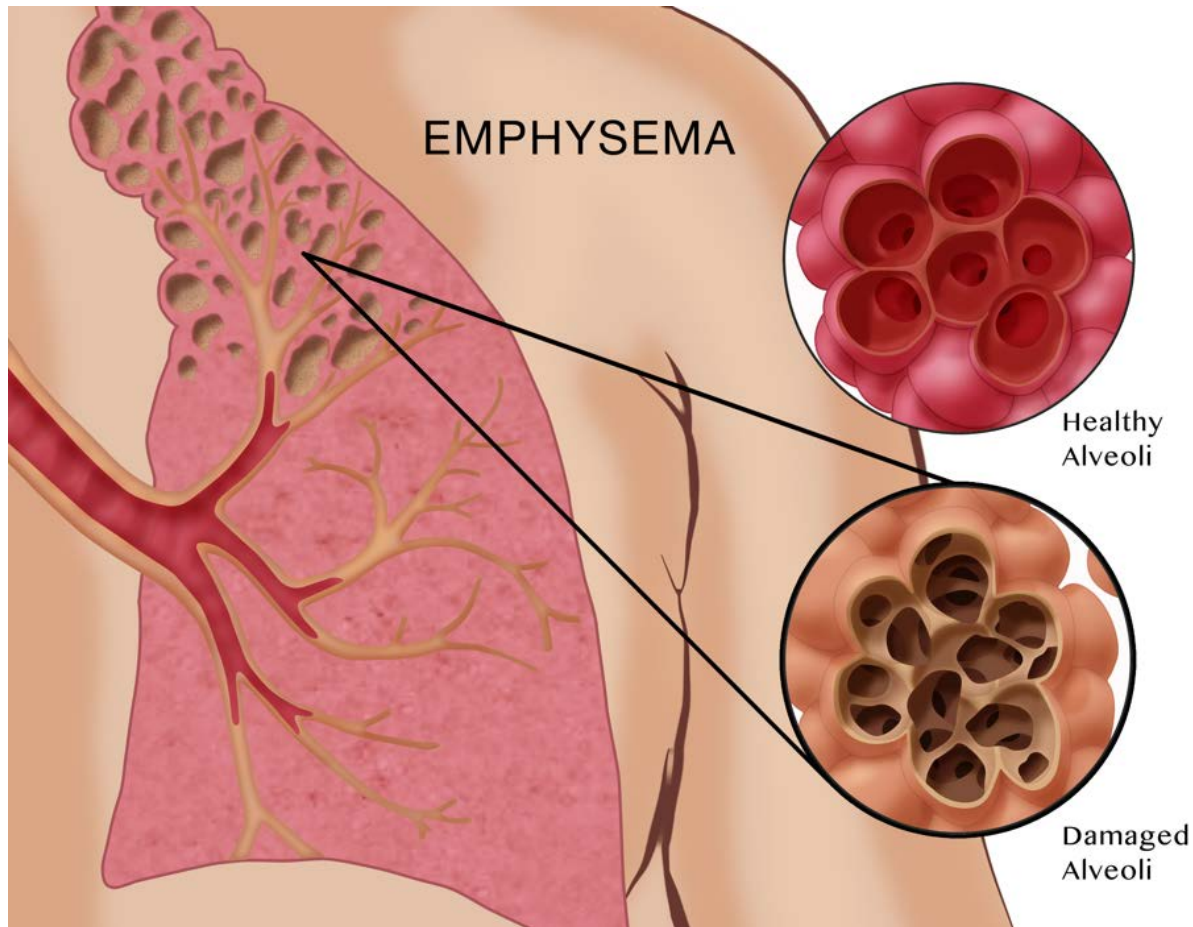
Emphysema Disease Background

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Emphysema Affects ~3.5 Million Americans^a



- A subset of COPD
- Abnormal and permanent enlargement of lung air spaces distal to the terminal bronchiole
- Caused by irreversible destruction of alveolar walls
- Damaged alveoli lead to air trapping and hyperinflation

^a CDC FastStats. <https://www.cdc.gov/nchs/fastats/copd.htm>.

Image reprinted from Monica Schroeder. Emphysema, Illustration C027/6604. Science Photo Library Web site.

<http://www.sciencephoto.com/media/703653/view/emphysema-illustration>. Accessed June 4, 2018.

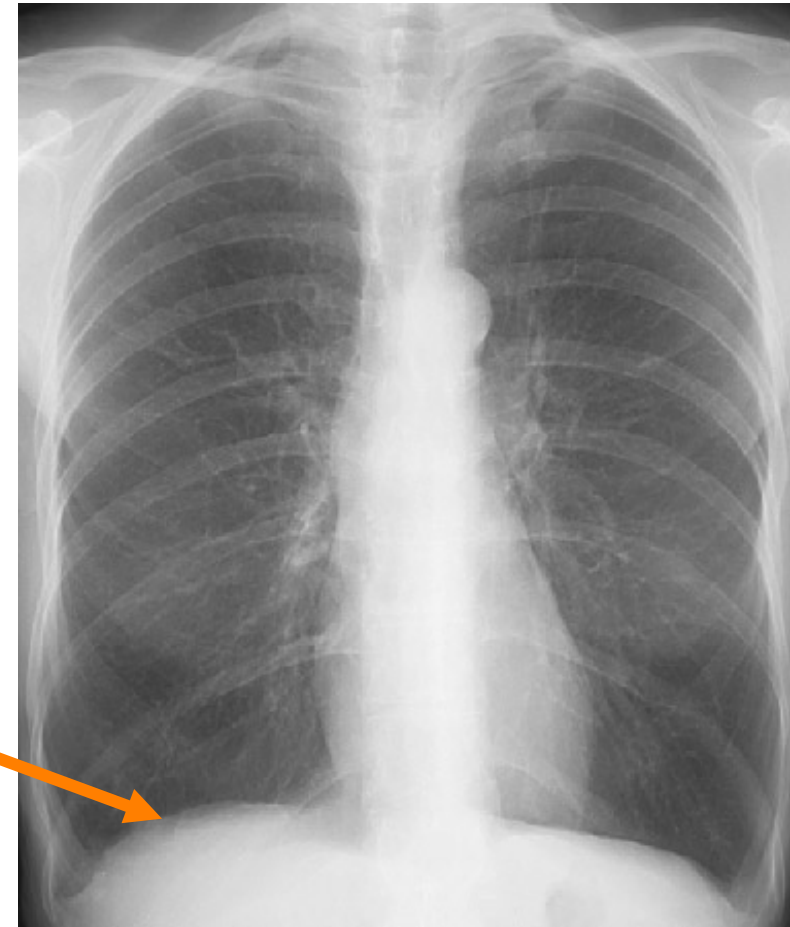
The Clinical Picture of Emphysema

- Breathlessness
- Cough
- Wheezing
- Loss of weight
- Barrel chest
- Sleep problems
- Lung infections



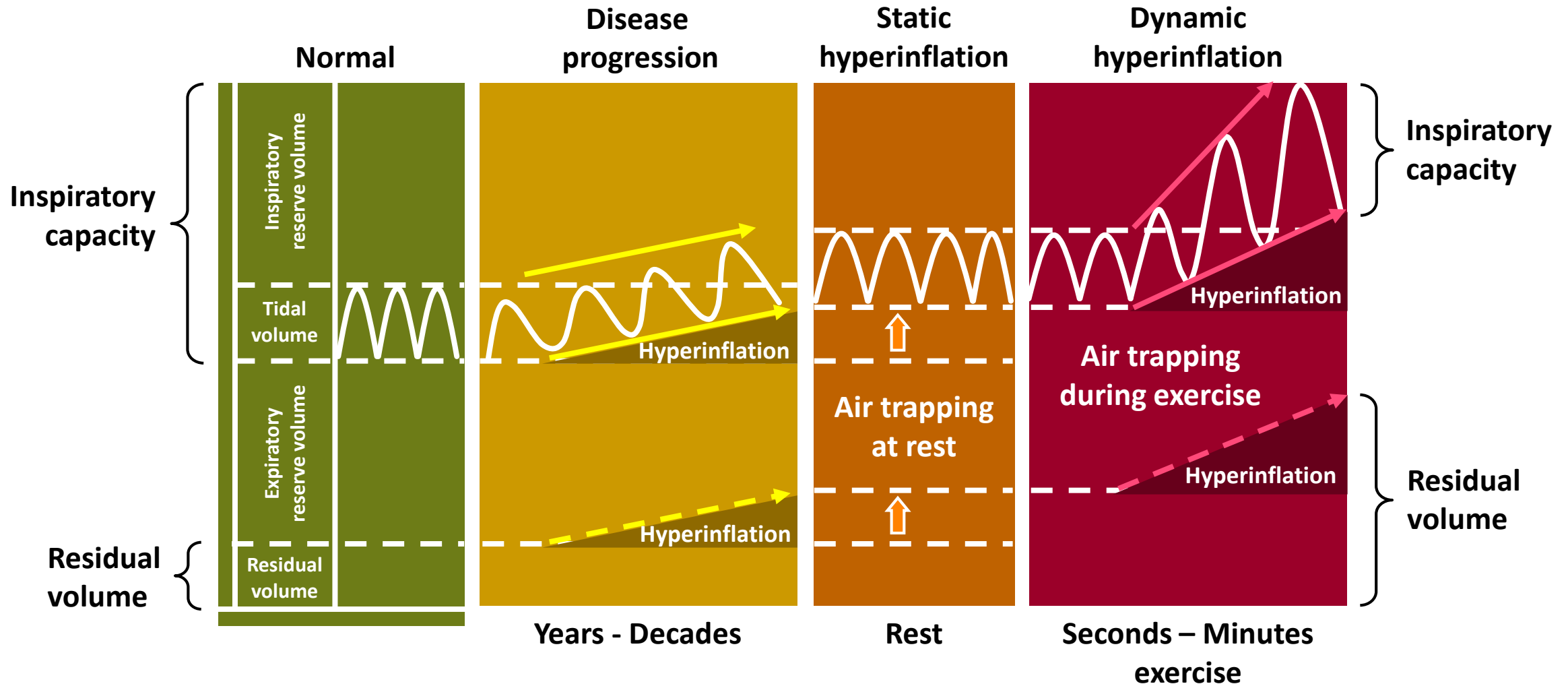
Emphysema and Lung Hyperinflation

- Hyperinflation is a devastating and common complication of emphysema



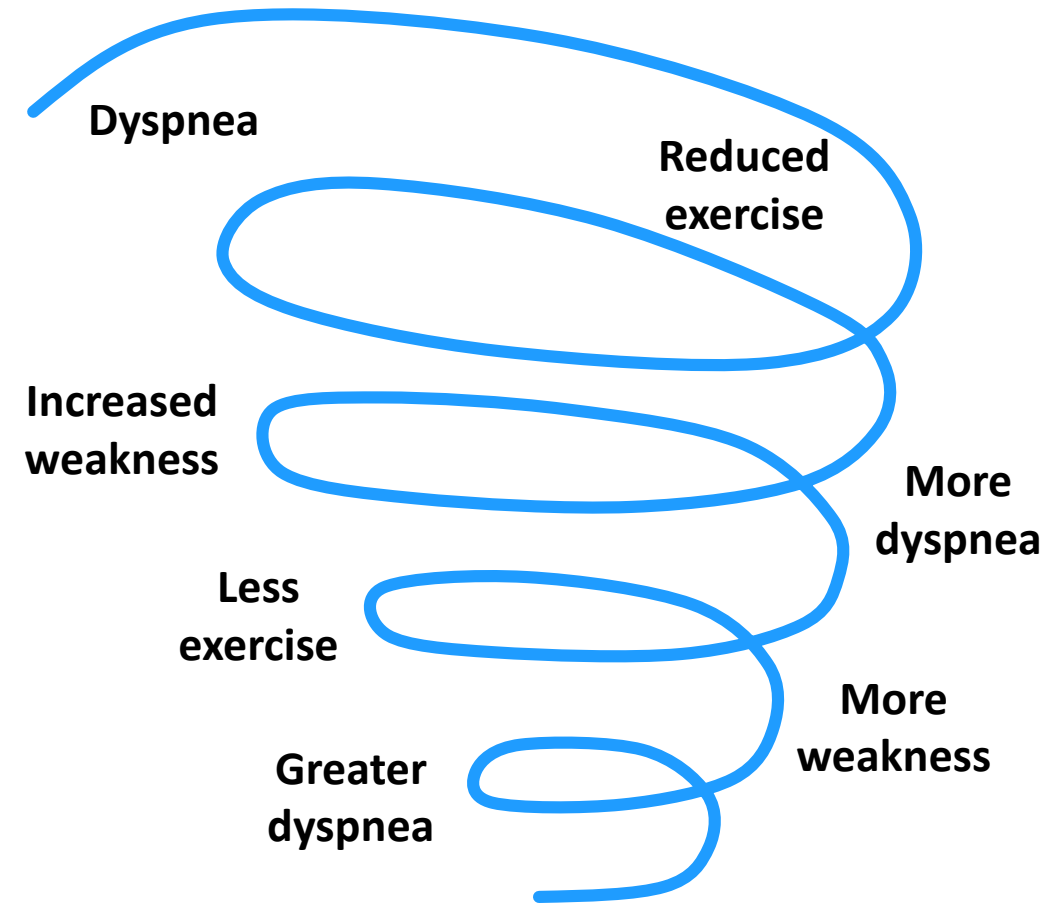
Diaphragm is flattened

Progressive Air Trapping and Hyperinflation Leads to Decreased Inspiratory Capacity



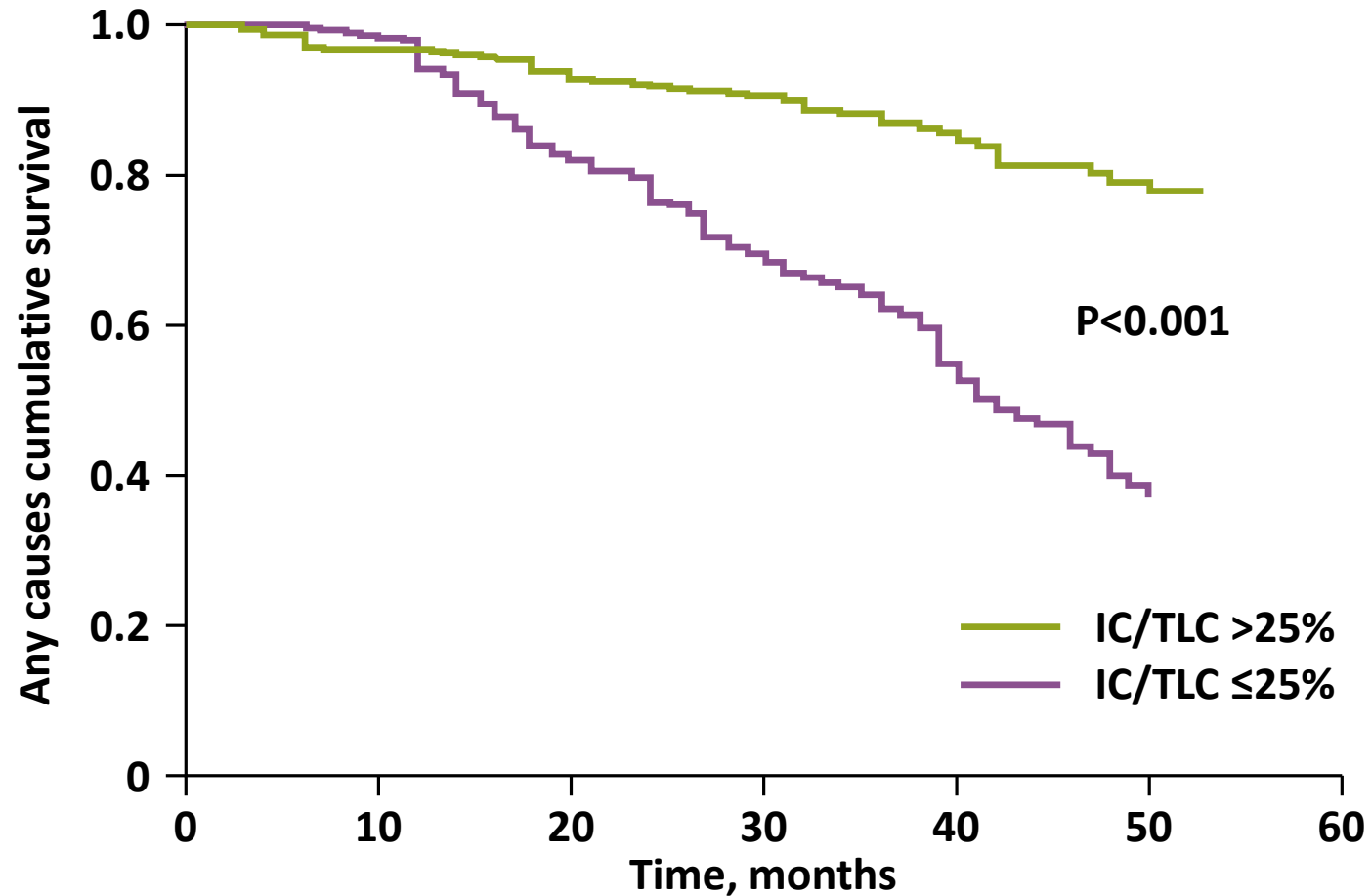
Breathlessness/Dyspnea Caused by Hyperinflation Leads to Significant Morbidity and Poor Survival

- Decreased exercise performance
- Impaired respiratory muscle and chest wall mechanics
- Decreased quality of life
- Prolonged respiratory failure requiring mechanical ventilation
- Increased mortality



Severely impaired quality of life

Hyperinflation Is Associated With Poor Prognosis



Emphysema Staging

GOLD Staging System^a

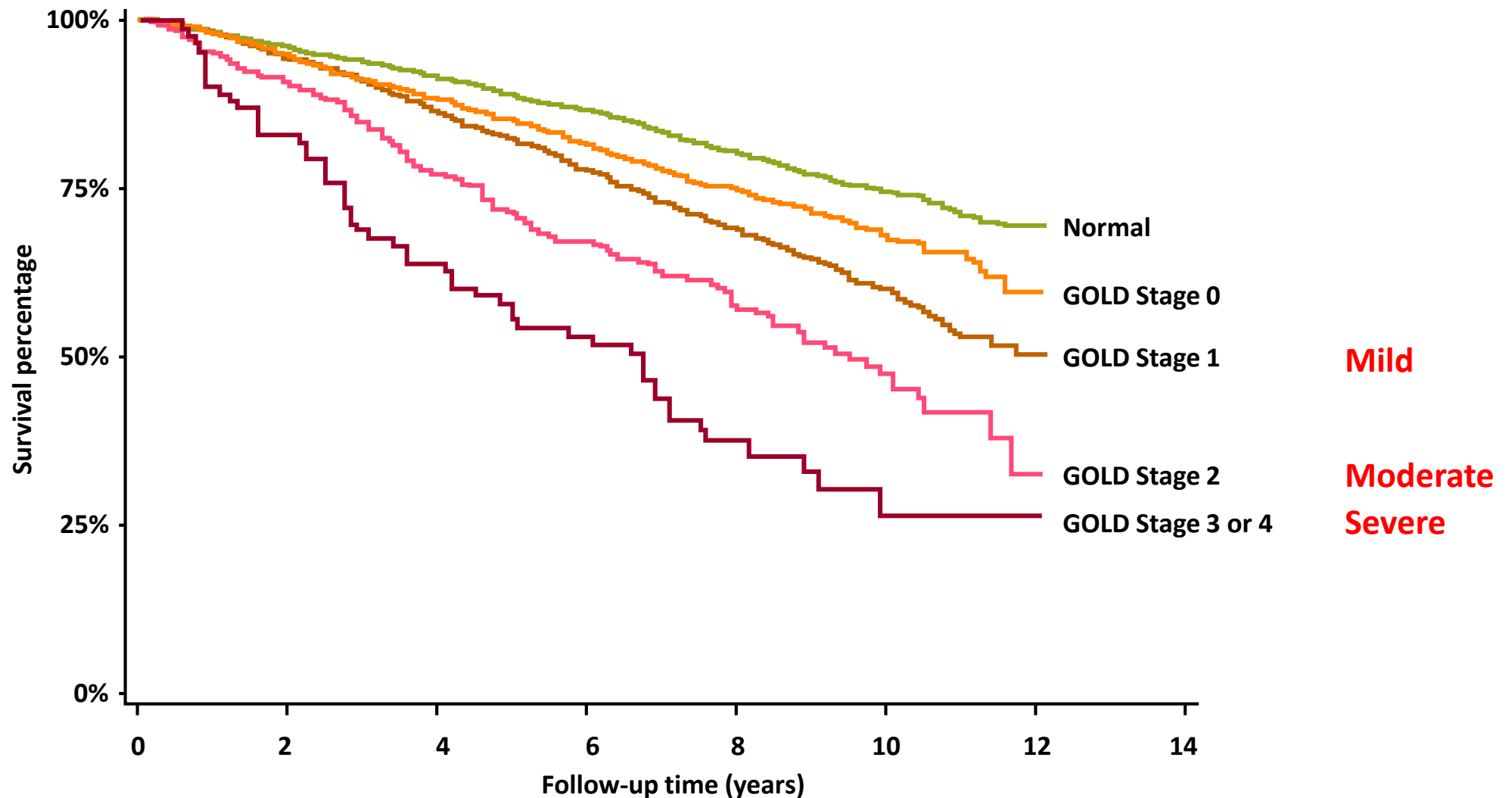
- **Stage 1:** Very mild emphysema with FEV₁ about 80% or more of normal
- **Stage 2:** Moderate emphysema with FEV₁ between 50% and 80% of normal
- **Stage 3:** Severe emphysema with FEV₁ between 30% and 50% of normal
- **Stage 4:** Very severe emphysema with FEV₁ < 30% of normal

~1.2 million^b

^a Global Initiative for Chronic Obstructive Lung Disease (GOLD). *Pocket Guide to COPD Diagnosis, Management, and Prevention. 2017 Report.*

^b Tilert T, et al. *Respir Res.* 2013;14:103; Murphy DE and Panos RJ. *Int J Chron Obstruct Pulmon Dis.* 2013;8:199-208; Mapel DW, et al. *Int J Chron Obstruct Pulmon Dis.* 2011;6:573-581; Hurst JR, et al. *N Engl J Med.* 2010;363(12):1128-1138.

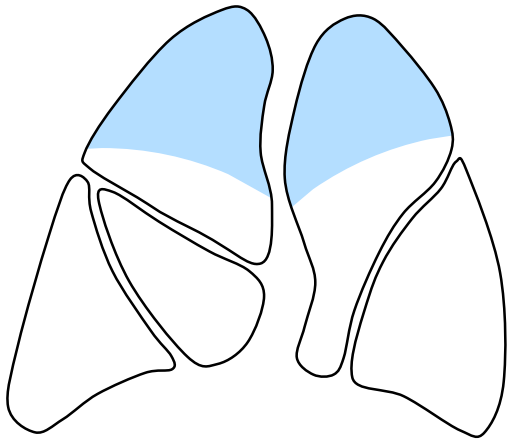
Overall Survival in NHANES III Stratified by Lung Function Impairment (6,261 Participants Age ≥ 50 yr)



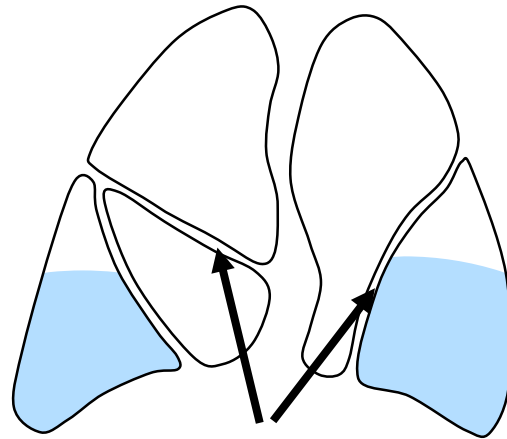
Disease Characteristics of Emphysema

Heterogeneous

Upper lobe



Lower lobe
(basal segment)



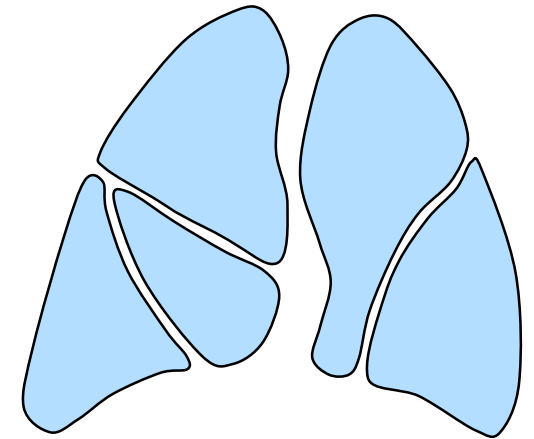
Fissures

Homogeneous

With patchy areas



Completely homogeneous



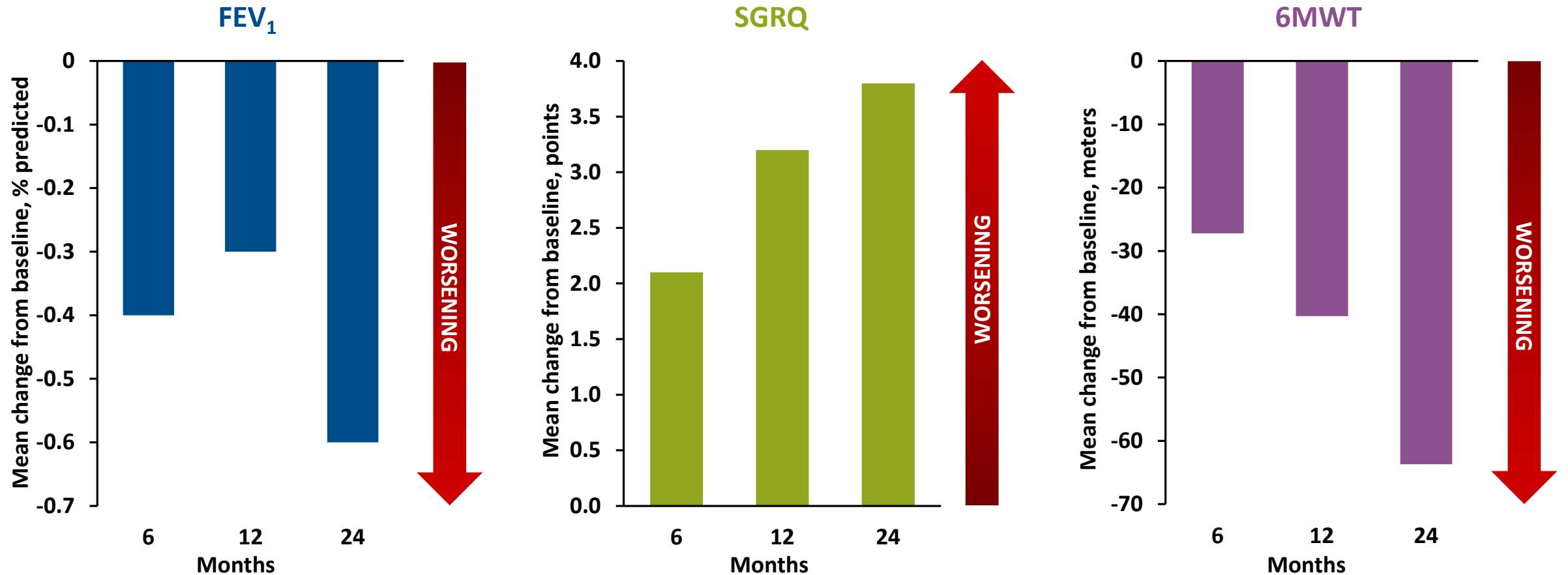
Key Clinical Parameters in the Assessment of Emphysema

Measure/Endpoint	Definition
Lung Function	
FEV ₁	Forced Expiratory Volume in 1 Second
RV	Residual Volume
Quality of Life	
SGRQ	St. George's Respiratory Questionnaire
Exercise Capacity	
6MWT	6-Minute Walk Test

Natural History of Severe Emphysema








Data From NETT Control Group Over 2 Years

Worsening of all clinical outcomes over time



St. George Respiratory Questionnaire Assesses Breathlessness With Activity (Question 11)

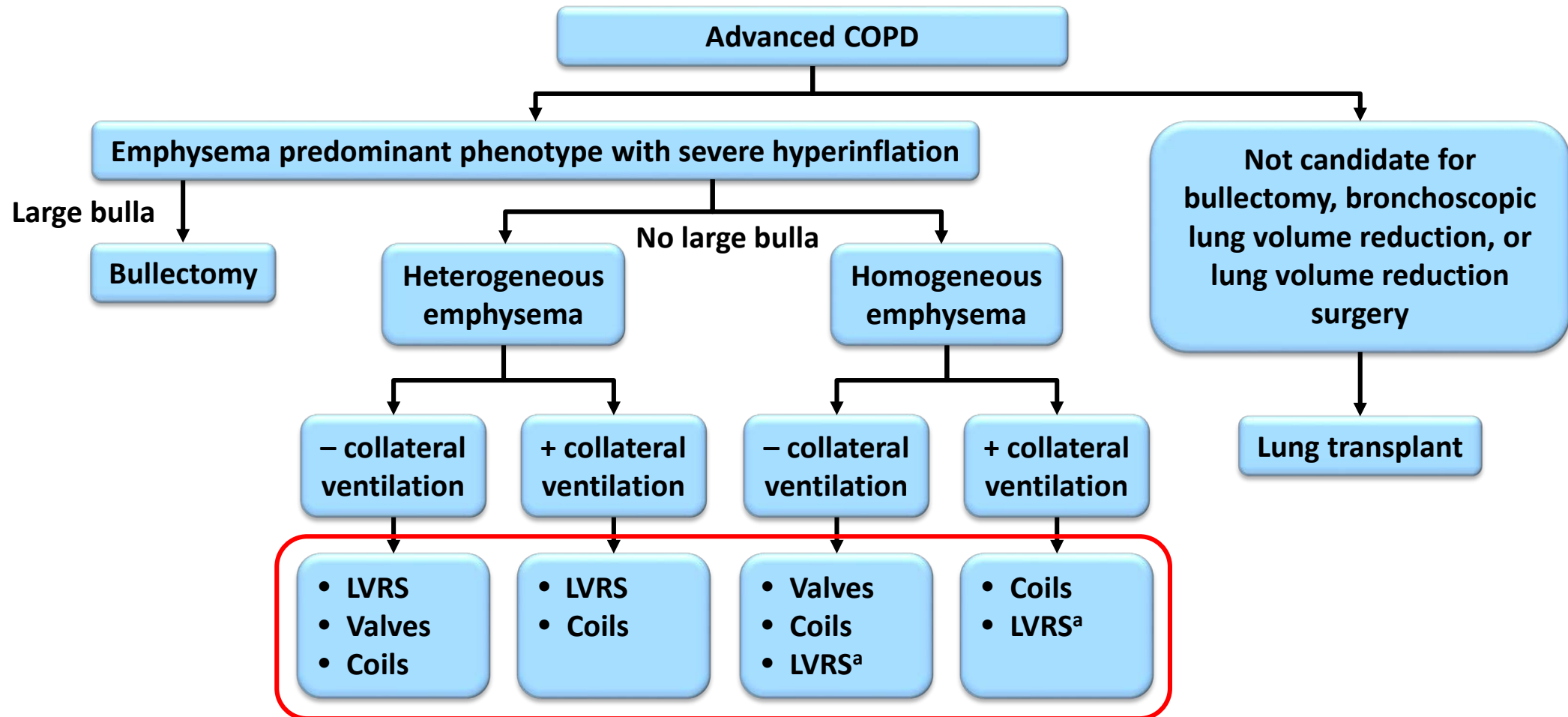
Breathlessness adversely impacts quality of life and limits activities of daily living

I don't feel out of breath doing these activities	I do feel out of breath doing these activities					
						
Sitting or lying still	Washing or dressing yourself	Walking around the house	Walking outside on level ground	Walking up a flight of stairs	Walking up hills	Playing sports or other physical activities

Available Treatment Options Have Limitations in Severe Emphysema

	Pharmacotherapy (SAMA, SABA, LAMA, LABA, ICS PDE-4 inhibitors)	Lung volume reduction surgery (LVRS)	Lung transplantation
Patient population	All emphysema patients	GOLD 3 and 4 Severe hyperinflation No large bulla Upper lobe emphysema	Selected patients with GOLD 4
Level of evidence ^a	Level A	Level A	Level C
Benefits	Limited benefit in severe emphysema	Improves survival, QoL, and functional capacity	Improved QoL and functional capacity
Risks	Minimal	Significant morbidity and mortality	Significant morbidity and mortality
Limitations	Limited clinical benefit	High risk of mortality ~200 procedures/year ^b	Very few patients qualify <1000 transplants/year ^{c,d}

Bronchoscopic Lung Volume Reduction Represents an Option for Severe Emphysema Patients



Adapted from Global Initiative for Chronic Obstructive Lung Disease: Pocket Guide to COPD Diagnosis, Management, and Prevention. 2018 Report.

^a At some but not all centers.

Severe Emphysema Represents a Substantial Unmet Need

- Severe emphysema affects an estimated 1.2 million people in the United States^a
- Lung hyperinflation is strongly associated with patient-centered outcomes: dyspnea, exercise capacity, and daily physical activity^b
- Reducing hyperinflation improves clinical outcomes and quality of life
- Current treatment options for severe emphysema patients are limited
 - Surgical options (LVRS and lung transplant) are limited by patient eligibility, high procedural risks and complications, and increased morbidity and mortality
 - Current pharmacologic options have limited benefit in severe emphysema patients
- ***A nonsurgical lung reduction therapy is needed that is effective in reducing hyperinflation in patients with heterogeneous and homogeneous emphysema and severe hyperinflation***

^a Tillet T, et al. *Respir Res.* 2013;14:103; Murphy DE and Panos RJ. *Int J Chron Obstruct Pulmon Dis.* 2013;8:199-208; Mapel DW, et al. *Int J Chron Obstruct Pulmon Dis.* 2011;6:573-581; Hurst JR, et al. *N Engl J Med.* 2010;363(12):1128-1138.

^b Garcia-Rio F, et al. *Am J Respir Crit Care Med.* 2009;180:506-512.