

April 2003 Press Release

Treating Gastroesophageal Reflux Disease May Reduce Need For Asthma Medications In Children

First Study to Assess New Acid Suppressing Drugs in Children with Asthma

(NORTHBROOK, IL, April 8, 2003) - Children who suffer from both asthma and gastroesophageal reflux disease (GERD) may require fewer asthma medications after receiving anti-GERD treatment, says a study published in the April issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that medically or surgically treating GERD in children with asthma reduced the need for total asthma medications by more than 50 percent.

"Many of our patients had never been off of any asthma medication for a continuous three-month period," said lead researcher Vikram Khoshoo, MD, PhD, Pediatric Gastroenterologist, West Jefferson Medical Center, New Orleans, LA. "After being treated for GERD, the majority of our patients reduced their need for certain asthma medications and completely eliminated their need for others."

The study, conducted at West Jefferson Medical Center, is the first of its kind to evaluate the effect of anti-GERD treatment using acid suppressing drugs called proton pump inhibitors (PPIs) on the requirement for asthma medications in older children with persistent moderate asthma. Forty-six asthma patients, ages 5-11, were selected for the study, based on predetermined criteria, including the need for standard asthma medications such as bronchodilators, leukotriene antagonists, and corticosteroids. Upon evaluation, 27 patients showed evidence of GERD and received either medical or surgical anti-GERD treatment.

During 12 months of observation, all patients with GERD receiving anti-GERD treatment showed a more than 50 percent reduction in total asthma medications used, and specifically, a more than 50 percent reduction in bronchodilator use. In addition, 89 percent of patients with GERD required no treatment with inhaled corticosteroids, and no patients required use of leukotriene antagonists during the final six months of observation. Patients receiving no anti-GERD treatment showed no change in the use of total asthma medications.

"Children with persistent asthma often take the maximum amount of medications to maintain their asthma, yet they still end up in the emergency room on a regular basis," said Dr. Khoshoo. "With anti-GERD treatments such as PPIs, we may help to lighten our patients' asthma regimens and eventually reduce the number of emergency room visits and school days missed."

Of the patients with GERD, 18 underwent medical anti-GERD treatment for six months using PPIs and lifestyle changes, and nine patients chose surgical treatment. For patients without GERD, eight patients opted to receive a therapeutic trial of anti-GERD treatment,

while the remaining 11 patients received no anti-GERD treatment. Patients served as their own control over asthma medications but were assessed by a physician for six months prior to anti-GERD treatment and for 12 months posttreatment.

"Treating patients with persistent asthma can be challenging," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians. "While we are still contemplating the relationship between GERD and asthma, anti-GERD treatment may prove to be an effective adjunct treatment option for some of our young patients with asthma."

CHEST is a peer-reviewed journal published by the ACCP. It is available on line each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the U.S. and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.

April 2003 Press Release

Lung Reduction Surgery Proves Beneficial in Long Term

New Five-Year Study Data Show Improved Lung Function and Quality of Life

(NORTHBROOK, IL, April 8, 2003) - Lung volume reduction surgery (LVRS) produces long-term benefits for patients with severe emphysema, says a study published in the April issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that throughout five years after LVRS, patients showed significant improvements in dyspnea (shortness of breath), lung function, and quality of life, while also reporting a high level of satisfaction with the surgery.

"Once patients develop severe emphysema, quality of life is compromised by marked shortness of breath and difficulty in performing everyday tasks. With standard medical therapy, nearly half of these patients will die within three to five years," said lead author Roger D. Yusen, MD, MPH, FCCP, Washington University School of Medicine, St. Louis, MO. "Ours is the largest long-term study showing that LVRS changes the natural progression of the disease, improving lung function and quality of life in the majority of survivors through five years after surgery."

The modified and improved LVRS procedure was developed at the Washington University School of Medicine in 1993 and involves removing diseased lung tissue to allow improved function in the remainder of the lung. The study, conducted at Barnes-Jewish Hospital, St. Louis, MO, evaluated the long-term effects of LVRS on survival, dyspnea, lung function, quality of life, supplemental oxygen needs, exercise capacity, and satisfaction in patients with severe emphysema. From 1993-1998, 200 patients underwent bilateral LVRS and were followed through a five-year study period. Annual survival through five years after surgery was 93 percent, 88 percent, 83 percent, 74 percent, and 63 percent, respectively. Researchers assessed surviving patients using clinical tests and surveys at follow-up time points of six months, three years, and five years after surgery.

Dyspnea scores improved in 81 percent of respondents in the first six months. At three and five years after surgery, respectively, 82 percent and 74 percent of the respondents described dyspnea that was better or no worse than dyspnea prior to surgery. At six months, three years, and five years after surgery, 93 percent, 78 percent, and 69 percent of respondents showed significant improvement in their perceived physical functioning.

Clinical lung function tests showed nearly all patients had improved lung function at six months, while 72 percent and 58 percent sustained improvement at the three- and five-year intervals, respectively. Patients having LVRS also increased their exercise capacity and fewer required supplemental oxygen following surgery. Furthermore, 96 percent, 89 percent, and 77 percent of respondents at the respective follow-up periods had good to excellent overall satisfaction with the surgery.

"The results of this study are long-awaited and quite impressive. Previous LVRS studies publishing long-term data pale by comparison," said Arthur F. Gelb, MD, FCCP, Clinical Professor of Medicine, UCLA School of Medicine, and author of the corresponding editorial. "The findings in this study should help to reinstate Medicare reimbursement for LVRS in patients with severe emphysema with good surgical potential in whom there are no therapeutic alternatives."

Patients selected for the study were former cigarette smokers with disabling dyspnea resulting from emphysema. All patients had physiologic characteristics of airflow obstruction, air trapping and thoracic hyperinflation, and impairment of alveolar gas exchange. Prior to surgery, patients' baseline scores for dyspnea, quality of life, and lung function were determined and compared with follow-up data.

"Severe emphysema is a chronic and often fatal illness that has a limited number of effective treatments," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians. "LVRS may be an additional therapy that significantly impacts patients with emphysema by helping them live longer and better."

CHEST is a peer-reviewed journal published by the ACCP. It is available on line each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the U.S. and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.

May 2003 Press Release

Smoking Rates in Adults with Asthma Exceed National Average

Researchers See Emergency Department Visits as Opportunities for Smoking Cessation Advice

(NORTHBROOK, IL, May 13, 2003) - Cigarette smoking is more prevalent in adults with acute asthma than in adults without asthma, says a study published in the May issue

of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that 35 percent of adults seeking emergency medical care for asthma complications currently smoke cigarettes, as compared to a national average of 24 percent. Study results also indicated asthmatic smokers are more likely to share certain characteristics, including being Caucasian, having a lower household income, and lacking both a primary care physician and private insurance.

The study, conducted by researchers from Long Island Jewish Medical Center, New Hyde Park, NY; Long Medical Center, Baton Rouge, LA; University of California, San Francisco, CA; and Massachusetts General Hospital, Boston, MA, evaluated the prevalence of cigarette smoking among adults presenting to the emergency department with acute asthma and identified the factors associated with current smoking status.

Researchers combined data from four prospective studies of the Multicenter Airway Research Collaboration, in which a total of 1,847 patients with acute asthma were surveyed in 64 emergency departments in 21 US states and four Canadian provinces. Of the patients surveyed, 35 percent were current smokers, 23 percent were former smokers, and 42 percent had no prior smoking history. Previous studies by the Centers for Disease Control and Prevention have indicated that 24 percent of the general adult population in the United States currently smoke. 1

"Cigarette smoke by itself is a lung irritant, and one would think that asthmatics would be the group most likely to avoid cigarettes," said lead author Robert A. Silverman, MD, Long Island Jewish Medical Center, Department of Emergency Medicine. "The fact that so many asthmatics regularly smoke cigarettes may simply reflect how addictive cigarettes are. There are some people who would just rather live with asthma than without their cigarettes."

When asked to identify the cause of current asthma problems, only four percent of smokers indicated smoking as a factor. However, 50 percent of current smokers indicated that smoking was typically a factor in making their asthma symptoms worse. Although smoking rates were high in the entire patient group, several demographic and historical factors were associated with current smoking status. When compared to former or never smokers, current smokers more often were between the ages of 30 and 39, Caucasian, lacked a high school diploma, and lived on a lower household income. In addition, the majority of current smokers lacked private insurance and a primary care provider and relied on the emergency department for treatment of acute asthma problems. According to study researchers, the high prevalence of smoking among patients who visit the emergency department with acute asthma provides emergency department physicians and staff with the opportunity to educate patients on smoking cessation and refer these individuals to outpatient programs.

"For some individuals, a visit to the emergency department for a severe asthma attack can serve as a wake-up call to stop smoking and is a prime opportunity for smoking cessation education," said Dr. Silverman. "Just hearing about the dangers of smoking at the right moment is enough to push some people to quit smoking. Not smoking will mean

healthier lungs and easier breathing for asthmatics and, in the long run, will reduce the risk of lung cancer, emphysema, and heart disease."

"Patients who smoke and want to quit are more likely to succeed if they are counseled by a physician," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians. "It is important for all physicians, whether in hospitals or private practice, to identify their patients who smoke and offer them consistent advice on smoking cessation."

CHEST is a peer-reviewed journal published by the ACCP. It is available on-line each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the United States and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.

Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). Atlanta, GA: Centers for Disease Control and Prevention, 1998.

May 2003 Press Release

New Guidelines Offer Recommendations for Interventional Chest Procedures

Guidelines First to Address Physician Competency in Adult and Pediatric Chest Procedures

(NORTHBROOK, IL, May 13, 2003) - The American College of Chest Physicians (ACCP) today released new guidelines outlining the basic skills and competency requirements physicians should have when performing interventional chest procedures in adults and children. Published in the May issue of the ACCP's peer-reviewed journal CHEST, *Interventional Pulmonology Procedures: Guidelines from the American College of Chest Physicians* is the first set of guidelines published in the United States to underscore the importance of competency-based training programs for diagnostic chest procedures and institute recommendations for advanced techniques ranging from bronchoscopy and airway stents, to laser therapy and pleural biopsies.

"Despite the growing number and types of chest procedures performed, training programs lack guidelines that ensure physicians are competent in providing these services," said lead author of the guidelines Armin Ernst, MD, FCCP, Beth Israel Deaconess Medical Center, Boston.

"It is our hope that fellowship program directors will use the guidelines to assess the strengths and weaknesses of their training programs. Adopting uniform practices will offer the highest level of procedural training for physicians and ultimately improve

patient safety," said co-author of the guidelines David Johnstone, MD, FCCP, University of Rochester Medical Center, Rochester.

Developed by the ACCP's Interventional Chest/Diagnostic Procedures NetWork, the guidelines incorporate an extensive review of the literature and reflect the expertise of chest physicians in pulmonology, thoracic surgery, private practice, and academia from the United States and abroad. Reviewed by an independent panel of experts, and ACCP's Health and Science Policy Committee and ACCP's Board of Regents, the guidelines will be evaluated on a regular basis and adjusted to the needs of the community when necessary. The guidelines address 18 diagnostic chest procedures, specifying the number of procedures physicians should perform in order to establish and maintain basic competency. The guidelines also describe specific techniques, indications, contraindications, risks, and personnel and equipment required for each procedure.

"For years, physicians have relied on the 'see one, do one, teach one,' method when learning diagnostic chest procedures. This method is no longer acceptable because it requires little physician training," said co-author of the guidelines Gerard Silvestri, MD, FCCP, Medical University of South Carolina, Charleston. "With the level of training required by the guidelines, there should be fewer complications during chest procedures and patients can rest easier knowing they are being cared for by experienced and competent physicians."

"As physicians, patient safety is our utmost priority. The new interventional pulmonary guidelines will help to reduce the risks associated with chest procedures and improve patient care by providing the medical community with well thought-out recommendations," said ACCP President Udaya B. S. Prakash, MD, FCCP.

The ACCP's Interventional Chest/Diagnostic Procedures NetWork is a clinical network focusing on invasive procedures performed by pulmonary, critical care, and thoracic surgery specialists. The ACCP currently has 26 NetWorks that are interdisciplinary interest groups, providing members with the opportunity for personal and professional alliance with the ACCP.

CHEST is a peer-reviewed journal published by the ACCP. It is available on-line each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the United States and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication. Copies of Interventional Pulmonology Procedures: Guidelines from the American College of Chest Physicians may be ordered by contacting the ACCP at 800-343-ACCP (2227) or 847-498-1400.

June 2003 Press Release

COPD Diagnosis and Counseling Increase Smoking Cessation Rate

Age, Tobacco Exposure, and Lung Function Level May Influence Smoking Cessation Success

(NORTHBROOK, IL, June 10, 2003) - Smokers newly diagnosed with chronic obstructive pulmonary disease (COPD) who receive smoking cessation advice from a physician may be more likely to quit smoking or smoke less than smokers with normal lung function, says a study published in the June issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that 16.5 percent of smokers newly diagnosed with moderate to severe COPD who received smoking cessation counseling remained nonsmokers after one year, as compared to 8.4 percent of smokers with normal lung function. The study also identified several factors related to smoking cessation success, including older age, lower tobacco exposure, and lower lung function level.

"Successful smoking cessation attempts are determined by a smoker's motivation and readiness to quit," said lead author Dorota Gûrecka, MD, PhD, FCCP, Professor of Medicine, Institute of Tuberculosis and Lung Diseases, Warsaw, Poland. "The diagnosis of COPD combined with a strong message from the physician strengthens the motivation and prompts the smoker to move from the stage of readiness to quit smoking to taking action."

Researchers from the Institute of Tuberculosis and Lung Diseases outpatient clinic evaluated how the diagnosis of COPD, as characterized by airflow limitation, combined with physician advice to stop smoking, would affect the smoking cessation rate. Nearly 1,200 patients, including 659 current smokers, were screened for COPD using spirometry testing and categorized with either airflow limitation (AL) or normal lung function (NLF). All patients who smoked, regardless of lung function, were advised to quit and counseled on the adverse effects of smoking. Of the current smokers, 297 with AL and 261 with NLF were selected to receive a one-year follow-up evaluation which included breathing tests, exhaled carbon dioxide measurement, and a smoking survey. Follow-up evaluations showed 9.3 percent of patients remained nonsmokers after one year, and an additional 8.1 percent quit smoking temporarily and later resumed the habit. Within the subgroups, smoking cessation was maintained in 16.5 percent of patients with moderate to severe AL, 6.4 percent of patients with mild AL, and 8.4 percent of patients with NLF. All patients who continued to smoke showed a decrease in the number of cigarettes smoked per day, with a significant decrease shown in smokers with AL.

"Smoking cessation is crucial for patients with COPD because continuing to smoke will accelerate the progression of the disease," said Dr. Gûrecka. "However, even smokers with normal lung function should be targeted for smoking cessation advice in order to avoid developing COPD and other diseases, such as lung cancer and heart disease."

Several factors were associated with the success rate of smoking cessation, including older age, lower tobacco exposure, and lower lung function level. Smokers age 55 and older who had started smoking later in life, had smoked fewer pack-years and cigarettes

per day, and had lower lung function were twice as likely to stop smoking and remain nonsmokers than smokers who were younger and had longer tobacco exposure.

"Studies have shown physician intervention has a significant impact on smoking cessation," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians. "Regardless of a smoker's lung function, physicians should advise their patients who smoke on the dangers of tobacco use and advise them on smoking cessation options."

CHEST is a peer-reviewed journal published by the ACCP. It is available on-line each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the United States and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.