

# Case series of long-term macrolide therapy effect on eosinophil counts in COPD

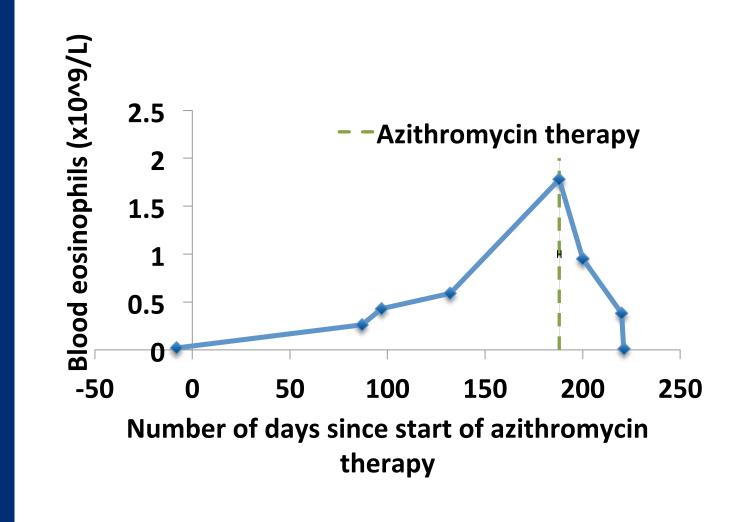


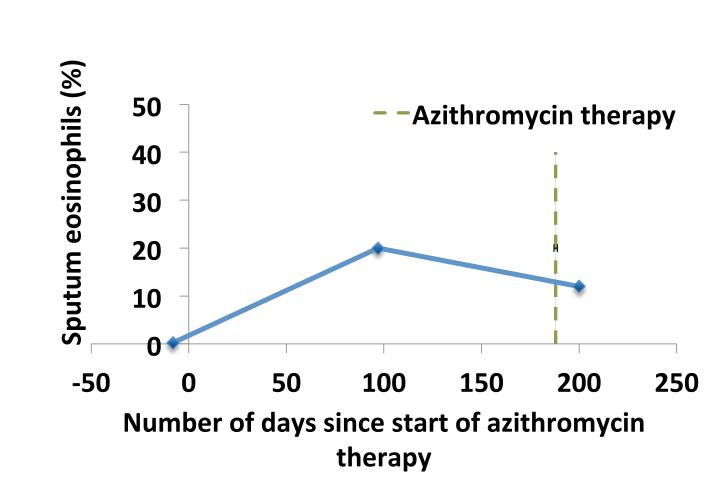
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### Background

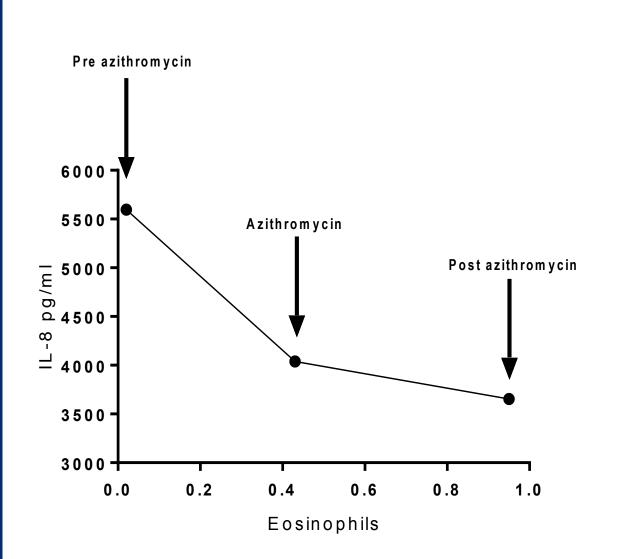
- Long-term macrolide therapy is a treatment option in COPD patients with frequent exacerbations, but treatment response is heterogenous. The modulation of inflammation by macrolides is not fully understood.
- Interestingly after an exceptional response to macrolide therapy in a patient with COPD at our centre, we noted that the peripheral blood eosinophil (PBE) count increased steadily while on macrolide therapy [Figure 1].
- The same patient's sputum eosinophils before, during and after azithromycin therapy were measured [Figure 2].





Figures 1 and 2 show the peripheral blood eosinophil count and sputum eosinophils from the start of azithromycin therapy (day 0), during and after azithromycin therapy

• Sputum mediator analysis using Luminex platforms was performed on the same patient's sputum samples from before, during and after azithromycin therapy [Figures 3 and 4].



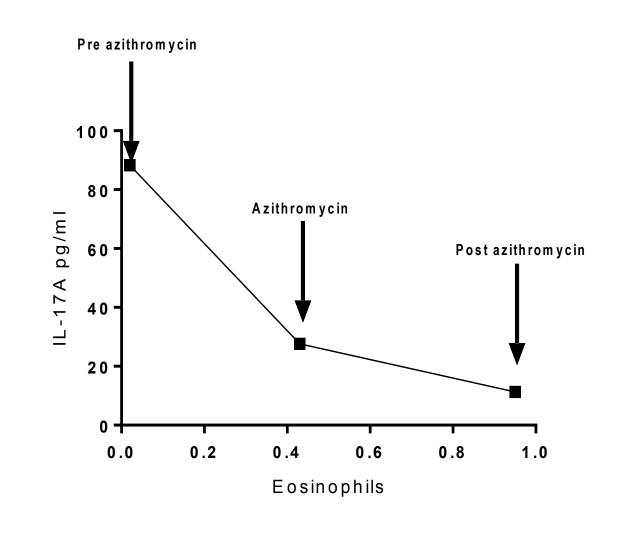
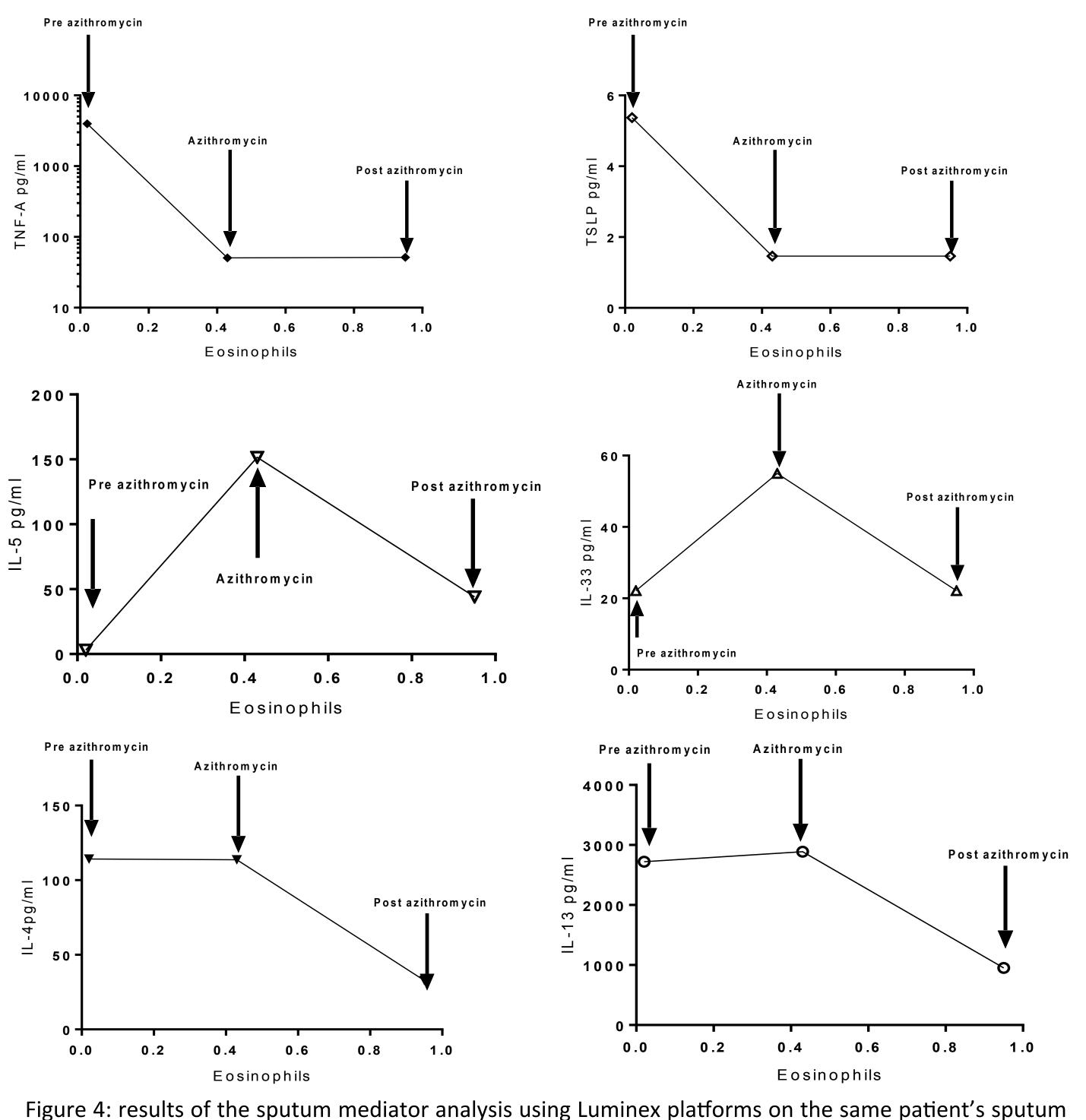


Figure 3 shows the results of the sputum mediator analysis using Luminex platforms on the same patient's sputum samples before during and after azithromycin therapy: IL-8, IL-17A.



#### Aim

samples before during and after azithromycin therapy: TNF-A, TSLP, IL-5, IL-33, IL-4, IL-13.

To review the effect of long-term macrolide therapy on peripheral blood eosinophil levels in COPD patients.

#### Method

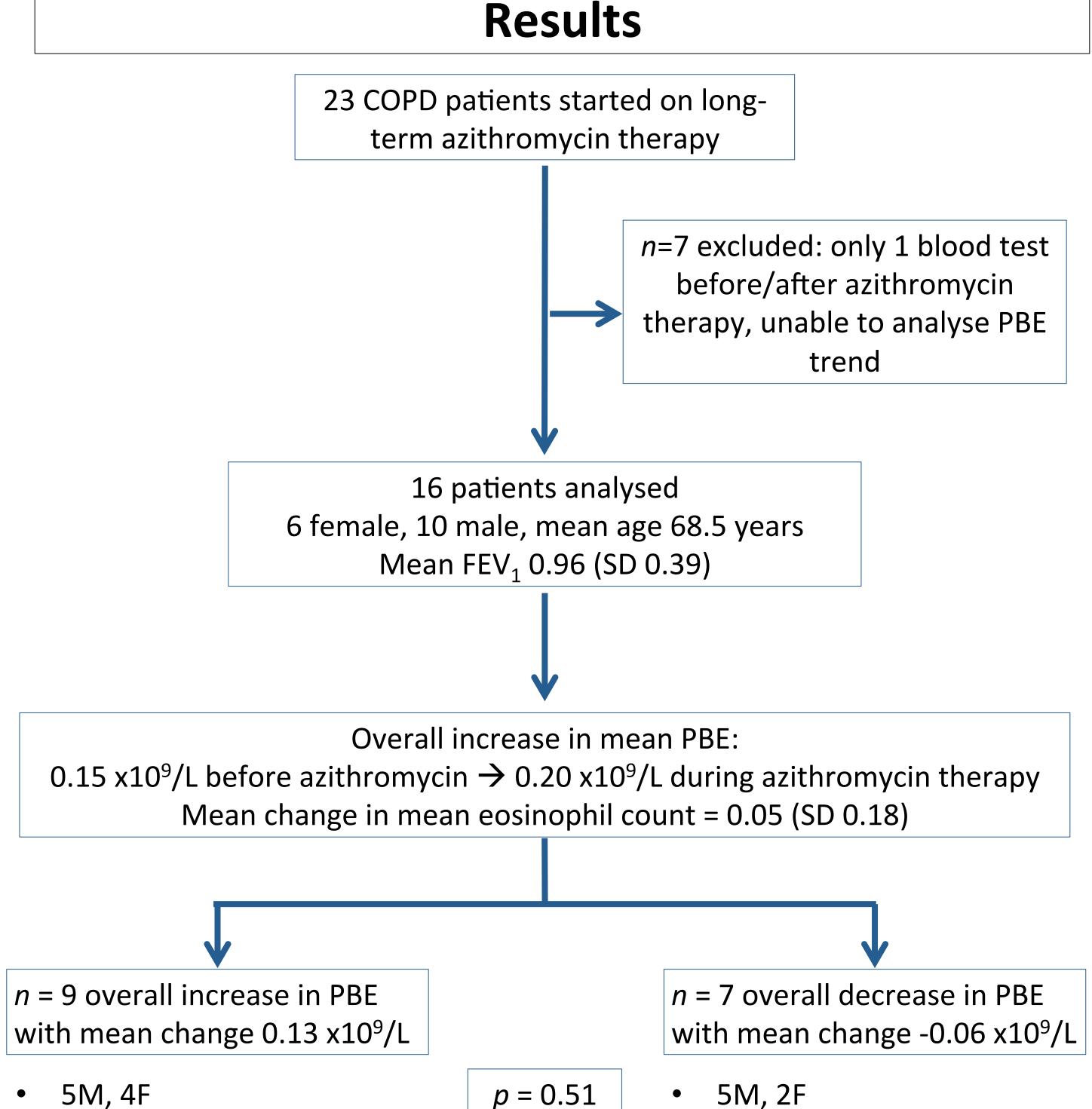
- A retrospective case series review of the effect of long-term macrolide therapy on PBE levels in COPD patients was performed.
- All COPD patients attending COPD clinic at our Trust who were started on long-term macrolide therapy (azithromycin) in 2016 were included, and data was collected from electronic patient records and clinic notes.

## 

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## macrolides 0.95 (SD 0.41) Inadequate data available on

Mean age 68.1 years (SD 8.31)

Smoking status: 1 current

smoker, 6 ex-smokers

Mean FEV<sub>1</sub> at start of

exacerbation.

#### Discussion

p = 0.66

p = 0.55

• Mean age 68.8 years (SD 8.03) p = 0.44

Smoking status: 1 current

smoker,7 ex-smokers, 1

Mean FEV₁ at start of

macrolides 0.97 (SD 0.35)

Reduction in exacerbation

frequency from 15.5/year to

2.1/year (1.29/month to 0.18/

unknown

month).

• Long-term Azithromycin may affect underlying inflammatory COPD phenotypes. Larger studies are required to further investigate this.

