Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/how-blood-eosinophils-can-guide-copd-management/85549/

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How Blood Eosinophils Can Guide COPD Management

Announcer:
You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. MeiLan Han, who's Professor of Medicine and Chief of the Division of Pulmonary and Critical Care at the University of Michigan Health. She'll be discussing the role of blood eosinophil counts in COPD treatment decisions. Here's Dr. Han now.

Dr. Han:
I like to think about blood eosinophil counts in two ways. The first is that it, by itself, is actually an indicator of exacerbation risk. We know that patients who have higher levels of blood eosinophils tend to have more exacerbations or even increased risk of hospitalized exacerbations. But it is important to know that that relationship is a little imperfect, and it also can be modified by whether a patient is on an inhaled steroid.

For me, I don't necessarily sit there and think, "Oh, gosh, the patient's eosinophil count is high. I should be worried," if, for instance, the patient was actually feeling fine and not having frequent exacerbations. But the other thing that blood eosinophil count can be helpful for, generally speaking, is that it really is a marker for type 2 inflammation.

And so the question there is, well, does that matter? And I would say, if the patient is highly symptomatic and having frequent exacerbations, then yes, it does matter. We know that patients with elevated eosinophils are more responsive, both to inhaled and oral corticosteroids. In fact, GOLD now recommends only considering inhaled steroids for patients with blood eosinophil counts of 100 or more. GOLD also recommends, for instance, that if patients who are new to therapy are being considered for an initial start, if the eosinophils are as high as 300, then inhaled steroids—particularly as part of triple inhaled therapy—could be considered as an initial start.

And then finally, where it's probably most important now is that eosinophil counts of 300 or more in association with frequent exacerbations does make patients eligible for biologics. And right now, we have two biologic therapies that are approved in COPD. That's dupilumab and mepolizumab, both of which can help to reduce the frequency of exacerbations. They have good, demonstrated efficacy for patients on triple inhaled therapy, allowing those patients to experience even more risk reduction.

I would say, if you've got a patient and you're seeing them for the first time, it's a great time to get a blood eosinophil count. And if you're seeing a patient back, they're having problems with frequent exacerbations, and you don't have a blood eosinophil count, that's another great time to order it to see if the patient would qualify or potentially be helped by one of the newly approved biologics for COPD.

Announcer:
That was Dr. MeiLan Han talking about how blood eosinophil counts can guide COPD management. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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