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/interpreting-blood-eosinophil-counts-in-copd/85543/

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Interpreting Blood Eosinophil Counts in COPD

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. On this episode, sponsored by GSK, we'll hear from Dr. Diego Maselli, who's a Professor of Medicine at the Long School of Medicine at UT Health in San Antonio. He'll be discussing the clinical significance of blood eosinophil measurements in COPD and the factors that influence their interpretation in practice. Here's Dr. Maselli now.

Dr. Maselli:
Blood eosinophil counts can be very informative. Not only can they help us understand a little bit more about what's happening in the pathways that are activated behind the scenes, but they can help us risk stratify and select some therapies.

For example, patients that have high eosinophils have been linked to poor outcomes. For example, some of the patients with high eosinophils have been shown to have a higher risk of exacerbations. Additionally, blood eosinophils can help us decide if a patient may or may not be responsive to inhaled corticosteroids, and we can also select patients that may be responsive to certain biologics.

Blood eosinophils can vary over time, and there are many things that can affect the levels of blood eosinophils when we measure them. They can vary even throughout the day. So day values may be different than night values. Certain infections and exposures can make the blood eosinophils vary over time. Very importantly, systemic corticosteroids can cause eosinophils to drop or to be down. So, when we're measuring eosinophils, we have to take into consideration if a patient has received systemic corticosteroids. If this happens, it may be reasonable to repeat the blood eosinophils at a later time.

The eosinophilic phenotype or endotype can be defined in different ways. The clinical trials, guidelines, and the GOLD report defines the blood eosinophil phenotype or endotype in COPD in different ways. Some of the clinical trials, for example, have used the threshold of 300 cells per microliter to define type 2 inflammation as evidenced by high levels of eosinophils. Nevertheless, not all the trials have that cutoff. Some of the earlier trials in therapies—for example, anti-IL5 therapies—have used the threshold of 150 cells per microliter.

When we're interpreting eosinophil counts, one of the most important things that we can take from this count is that it's a very useful tool. It provides a lot of information. It's easy to obtain. It's not expensive and can be reproducible. Very often, patients already have blood eosinophil counts measured by their primary care providers or other specialists. It's very easy to obtain, and it can help us not only risk stratify our patients and detect who might be at risk for future exacerbations, but it can also be very useful in selecting therapies that may be beneficial in this group of patients.

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