

Our Mission

We strive to promote excellence in the treatment and study of asthma and airway disease. We emphasize outstanding clinical care, innovative clinical and basic research, and education for patients, community members and health care providers.

September 2007

UI Asthma Center News

In This Issue

- Asthma Center Update
- Featured Publications
- Current Studies

Staff

Director

Joel N. Kline, MD, MSc

Physicians

Richard C. Ahrens, MD, MSc

Mary Beth Fasano, MD, MSPH

Patrick G Hartley, MB, BCh, MPH

Dwight C. Look, MD

*Geoffrey McLennan, MB,BS,
FRACP, PhD*

Miles M. Weinberger, MD

Fellows

Kimberly Baker, MD

Program Assistant

Tony J. Quinlan, MBA

Lead Coordinator

Sandy Reed, RN, MSN, CCRC

Contact Us

(319) 356-3240 or

(877) 428-0635

www.uiasthmacenter.org

uiasthmacenter@uiowa.edu

Clinical Research Center:

1025 Boyd Tower

UI Asthma Center Update

UI Health Fair

Wednesday November 7, 2007 7:30 a.m.-4:00 p.m. is the UI Health Fair. Asthma Center staff will provide free Pulmonary Function Tests and answer questions about asthma and other airway diseases.

Community Outreach

The Asthma Center participated in the Johnson County Fair and Iowa State Fair this summer. Our State Fair display was in the VIP station as part of the University of Iowa's display located in the Varied Industries Building.

Recent Presentations

The **2nd Asthma Center Conference** (May 4, 2007) was extremely successful. The speakers (including invited guests **Dr. Lanny Rosenwasser** and **Dr. Mario Castro**) shared their expertise with an appreciative audience of physicians, nurses, other health-care providers and scientists. "**Point-Counterpoint**" with **Dr. Fasano** and **Dr. Look** was exceptionally popular as was **Dr. Weinberger's "Exercise-Induced Dyspnea in the Teen and Pre-Teen"** and **Dr. Kline's "Not Ready for Prime Time Therapies"**. The venue (Sheraton in downtown Iowa City) was very popular, and will be the location for next year's conference. **Save The Date:** the **3rd Annual Asthma Center Conference** will be Friday May 2, 2008 at the Sheraton in downtown Iowa City.

Drs. Kline, Ahrens, Look, and McLennan presented research findings at the 2007 International Conference of the American Thoracic Society in San Francisco.

We Are Moving!!

The Asthma Center will be moving from Clinic A in BT-1: we will have an interim home in the west end of second floor Boyd Tower (BT 2048-BT2052) before our ultimate destination of C53 GH (5th floor, General Hospital). The moves are expected to be completed later this fall.

Featured Asthma Center Publications

Placebo Response in Asthma is Powerful: A recent multi-center study led by Asthma Center Director **Dr. Joel Kline** examined the placebo response to airway hyperreactivity in asthma. This manuscript, featured as an "Editor's Choice" in the Journal of Allergy and Clinical Immunology (*JACI*, 119:1375-81, 2007) developed from published assertions that only subjective aspects of asthma, such as dyspnea, respond to placebo. This contradicts the collective experience of clinicians and researchers, who have long believed that asthma has a psychosomatic component; recent studies linking "stress" to increased asthma severity support the role of disease-relevant mind-body links. In the randomized, double-blind, study, pretreatment with a placebo inhaler resulted in nearly a doubling of methacholine PC20 (i.e. a 50% reduction in hyperreactivity), almost 1/3 of the improvement with salmeterol inhalation. These findings validate the existence of an objective and large placebo response in asthma and provide a model system to study specific brain pathways that are responsible for processing perceived stimuli to modulate physiologic responses. Understanding the placebo response may also lead to novel therapeutic approaches to asthma and other diseases.

Endobronchial Valve Being Evaluated for Effect on Pulmonary Function in Patients With Emphysema: An ongoing multi-center study (Iowa principal investigator is **Dr. Geoffrey McLennan**) is examining a novel method of treating advanced emphysema (*BMC Pulm Med*, 7:10, 2007). Lung volume reduction surgery has been shown to improve lung function, quality of life, and mortality in some patients with advanced emphysema; this technique, however, is expensive and carries a significant perioperative risk. Now the Endobronchial Valve for Emphysema Palliation Trial (VENT) study is evaluating whether occlusion of a single pulmonary lobe through a bronchoscopically-placed one-way valve may have similar effects with a reduced risk. 270 subjects with severe emphysema (FEV1 < 45% of predicted) have been randomized, after pulmonary rehabilitation, to receive unilateral placement of endobronchial valves or optimal medical management alone. Outcomes of the study will include changes in FEV1, 6-minute walk distance, and symptoms, 180 days after randomization. Results may be available by the end of 2008.

Vocal Cord Dysfunction, Often Misdiagnosed as Asthma, Can Respond to Therapy: Patients with vocal cord dysfunction (VCD) were evaluated in a retrospective study by **Dr. Weinberger** to determine the long-term outcome of this disorder (*Ann All Asthm Immunol*, 96:794-9, 2006); previous reports have only described its diagnosis and treatment. Two distinct types of VCD were observed: exercise-induced (EIVCD) and spontaneous (SVCD). 8/11 patients with SVCD learned to control their symptoms following speech therapy, although patients with EIVCD responded less well. Pretreatment with an anticholinergic inhaler prevented EIVCD in 6 patients. Regardless of presentation, complete absence of symptoms was reported by 26/28 contacted patients, suggesting that eventual spontaneous resolution may be common.

Current Studies and Recruitment

We are always eager to discuss current studies with health care providers as well as potential research subjects. Please contact us! Below are some current studies:

Moderate to Severe Persistent Allergic Asthma: XOLAIR Therapy Trial

- Age 12-75 years; History of moderate to severe asthma for at least one year; Treatment with Advair 500/50 (or equivalent) >8 weeks prior to screening; Baseline FEV1 40% - 80%

Refractory Asthma Trial:

- Age 18-65 years; history of refractory asthma >12 months; FEV1 < 80% predicted
- Subject must have been taking oral corticosteroids (prednisone) for at least 6 months out of the past year OR currently receiving a high dose of an inhaled corticosteroid

COPD: Effects of Inhaled Aclidinium Bromide (200 µg) on Exercise Endurance

- Age 40 years or older; moderate to severe stable COPD; FEV1 ≥ 30% and < 80%; current or former smokers with a smoking history of ≥ 10 pack-years

COPD: Novel Long Acting Bronchodilator (Indacaterol) therapy trial

- Age 40 years or older; Clinical diagnosis of COPD; Current smoker or smoking history > 20 pack-years; **Post**-bronchodilator FEV1 ≥30%, < 80%