

# Imaging of airway remodeling

Learn more about the benefits, limitations, and clinical correlates of imaging techniques available for the assessment of airway remodeling in asthma



# The clinical value of imaging techniques for airway remodeling



Understanding of the course of airway remodeling in patients with asthma is limited, in part, due to a lack of longitudinal data<sup>1</sup>

Invasive techniques such as bronchoscopy are not suitable for the serial assessment of change over time in the airways<sup>2</sup>

Imaging techniques such as hyperpolarized gas MRI are non-invasive and can be carried out serially<sup>3,4</sup>

Advanced imaging technologies may help to address evidence gaps, aiding improved understanding of the pathophysiology of airway remodeling and its clinical significance for patients with asthma<sup>1</sup>



### CT assessment of airway remodeling



#### Benefits<sup>1-6</sup>

- Gold standard in pulmonary imaging
- Airway wall thickness measurements are consistent with histological examinations
- Simple to measure lung parenchymal density and gas trapping
- Allows identification and quantification of mucus plugging

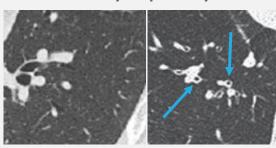
#### Clinical correlates<sup>3,8–14</sup>

- CT-assessed remodeling has been found to correlate positively with asthma severity in adult patients
- CT assessment of gas trapping is associated with asthma severity
- Patients with increased WA% and gas trapping on CT scans may be more likely to exhibit neutrophilic inflammation
- Mucus plugging on CT is associated with reduced lung function, increased exacerbation risk, and increased T2 inflammatory markers

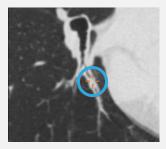
#### Limitations<sup>1,2,6,7</sup>

- Complex and potentially difficult to measure airway dimensions
- Low precision for measuring small airways of <1–2 mm diameter
- Cannot distinguish which specific components of the airway wall are thickened in airway remodeling
- HRCT scanning presents significant radiation exposure

Healthy lung (left) and bronchial wall thickening (right) in a patient with severe asthma as assessed by inspiratory CT<sup>15,16</sup>



Mucus plug in a patient with moderate-to-severe asthma as identified by CT scan<sup>17</sup>



CT, computed tomography; HRCT, high-resolution computed tomography; WA%, wall area percentage

1. King GG et al. *Eur Respir Rev.* 2019;28:180111; 2. Dournes G, Laurent F. *Pulm Med.* 2012;2012:670414; 3. Dunican EM et al. *J Clin Invest.* 2018;128:997–1009; 4. Trivedi A et al. *J Allergy Clin Immunol.* 2017; 139:1–10; 5. Stewart NJ et al. *Br J Radiol.* 2022;95:20210207; 6. de Jong PA et al. *Eur Respir J.* 2005;26:140–152; 7. Manso L et al. *Allergo Immunopathol (Madr).* 2012;40:108–116; 8. Aysola RS et al. *Chest.* 2008;134:1183–1191; 9. Niimi A et al. *Am J Respir Crit Care Med.* 2000;162:1518–1523; 10. Little SA et al. *Thorax.* 2002;57:247–253; 11. Busacker A et al. *Chest.* 2009;135:48–56; 12. Ueda T et al. *J Allergy Clin Immunol.* 2006;118:1019–1025; 13. Gupta S et al. *Thorax.* 2010;65:775–781; 14. Chan R et al. *J Allergy Clin Immunol Pract.* 2023;11:195–199; 15. Santone A et al. *Diagnostics (Basel).* 2021;11:293; 16. van den Bosch WB et al. *Eur Respir Rev.* 2021;30:200186; 17. In House Data, AstraZeneca. DoF REF-176078



## Hyperpolarized gas MRI assessment of airway remodeling



#### Benefits<sup>1-5</sup>

- High spatial and temporal resolution of ventilation defects, which reflect airway narrowing
- Allows longitudinal monitoring of disease with avoidance of exposure of patient to ionizing radiation
- Can provide information not captured by pulmonary function tests

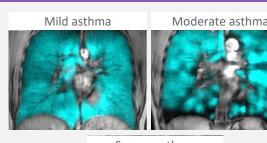
#### Clinical correlates<sup>1-3,7-10</sup>

- MRI ventilation defects are associated with asthma severity and exacerbation risk
- Ventilation defects predict long-term FEV<sub>1</sub> reversibility in mild-to-moderate asthma
- Ventilation defects may also be associated with eosinophilia and poor control of eosinophilic inflammation
- Regions of air trapping and mucus plugging on CT overlap with MRI-assessed ventilation defects

#### Limitations<sup>1,4,6</sup>

- Can only be performed at specialized centers due to availability of hyperpolarized gas
- Airway wall thickness cannot be measured
- Slightly reduced spatial resolution compared with CT scans

Hyperpolarized noble gas MRI static ventilation images of patients with mild, moderate, and severe asthma<sup>2,11a</sup>





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<sup>&</sup>lt;sup>a</sup>As defined by GINA guidelines<sup>11</sup>

CT, computed tomography; FEV<sub>1</sub>, forced expiratory volume in 1 second; GINA, Global Initiative for Asthma; MRI, magnetic resonance imaging

<sup>1.</sup> King GG et al. Eur Respir Rev. 2019;28:180111; 2. Kooner HK et al. Respirology. 2022;27:114–133; 3. Stewart NJ et al. Br J Radiol. 2022;95:20210207; 4. Trivedi A et al. J Allergy Clin Immunol. 2017;139:1–10; 5. Petousi N et al. Thorax. 2019;74:797–805; 6. de Jong PA et al. Eur Respir J. 2005;26:140–152; 7. Mummy DG et al. J Allergy Clin Immunol. 2018;141:1140–1141.e4; 8. Altes TA et al. J Allergy Clin Immunol. 2016;137:789–796.e7; 9. Svenningsen S et al. Am J Respir Crit Care Med. 2018;197:876–884; 10. Eddy RL et al. Radiology. 2019;293:212–220; 11. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2023. Available from: https://ginasthma.org/wp-content/uploads/2023/05/GINA-2023-Full-Report-2023-WMS.pdf. Accessed August 14, 2023

### EBUS assessment of airway remodeling



#### Benefits1-3

- More sensitive method to study bronchial wall thickness than HRCT
- Capability to discriminate between individual layers of the airways;
  allows 3–5 layers to be distinguished
- Access to airways as small as 4 mm

#### Clinical correlates<sup>4,5</sup>

- Thickening of bronchial walls L<sub>1</sub>, L<sub>2</sub>, and L<sub>3-5</sub>, as measured by EBUS, is associated with severe asthma
- PC<sub>20</sub>, a measure of airway hyperresponsiveness, negatively correlates with the thickness of the second airway wall layer in patients with asthma

#### Limitations<sup>1,2</sup>

- Requires bronchoscopy, which carries a risk of bronchospasm
- Standards have not yet been established

#### Measurement of bronchial wall thickness using HRCT and EBUS<sup>1</sup>

