

*What's New in My Specialty?*  
**Cystic Fibrosis**

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# Disclosures

*Research Funding:* CF Foundation, NIH/NHLBI, Margolis Family Foundation of Utah.

*Clinical Study Funding:* CFF, Genentech, Gilead, Novartis, Savara and Vertex.

*Current Memberships:* Chest Editorial Board, CFF Clinical Research Study Review

*Consulting:* Gehrson Lehman Group, Genentech and Vertex

# Cystic Fibrosis

Autosomal recessive multi-system disease that requires cross-disciplinary care

First genetic disease to be sequenced

More than 1900 disease causing mutations

About 25,000 living patients

Over 10 million carriers in the US

# CF Transmembrane Regulator (CFTR) Protein

CFTR mutations lead to absent or decreased epithelial chloride transport

Biochemical defect leads to thick mucus

F508del is the most common mutation

G551D, a missense mutation, leads to decreased chloride transport

Disease causing mutations shorten life

# Early Death in CF

Median age at death in 1938 was 6 months

Current median age at death is 27 years

Projected median age

“The expectation of life at birth”

40 years (2014)

# Causes of Death

|                          |     |
|--------------------------|-----|
| Lung disease:            | 68% |
| Lung transplant related: | 12% |
| Liver Disease:           | 3%  |
| Suicide:                 | 3%  |
| Other:                   | 8%  |

# Improved survival

Better treatments

Organized centers for treatment

Better recognition and diagnosis of disease

# Utah Neonatal Screening

Immunoreactive Trypsinogen

DNA screen for most common mutations

Sweat Chloride Test

Referral to the CF Center for guidance



# Making a Diagnosis of CF

## 1) Clinical Syndrome

Unexplained chronic purulent lung disease

Malabsorption syndrome

## 2) Laboratory demonstration of CFTR defect

Sweat Chloride Test

Nasal Potential Difference

## 3) Identification of genetic mutation

# So What's New?

Treatments that target the biochemical defect that leads to clinical manifestations of disease.

# Ivacaftor

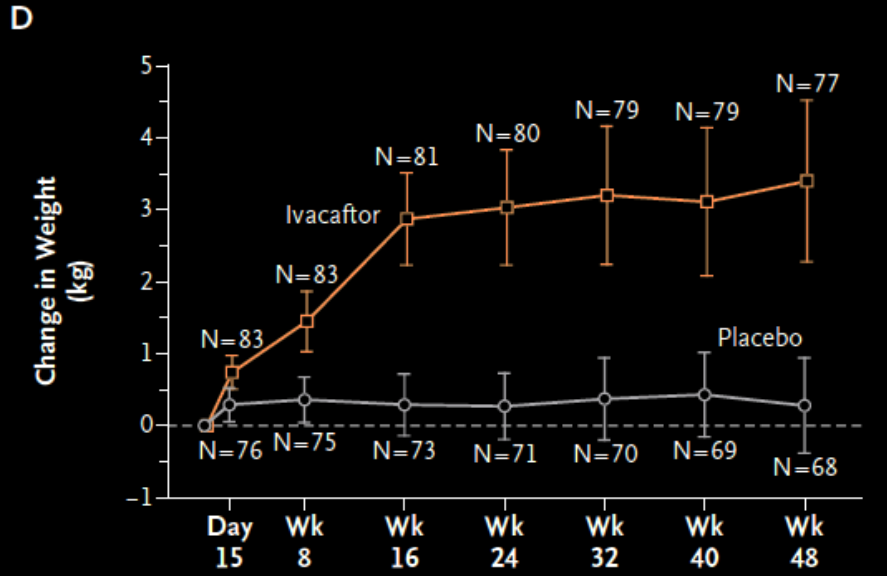
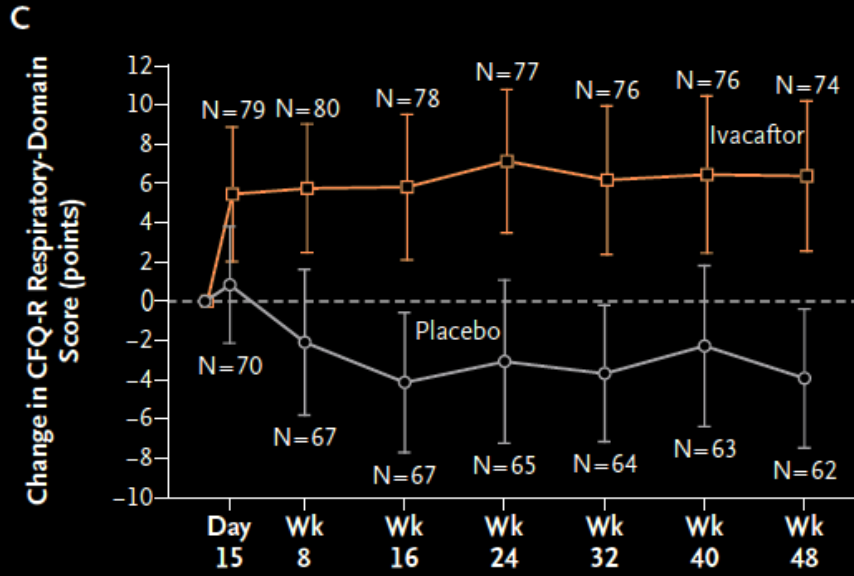
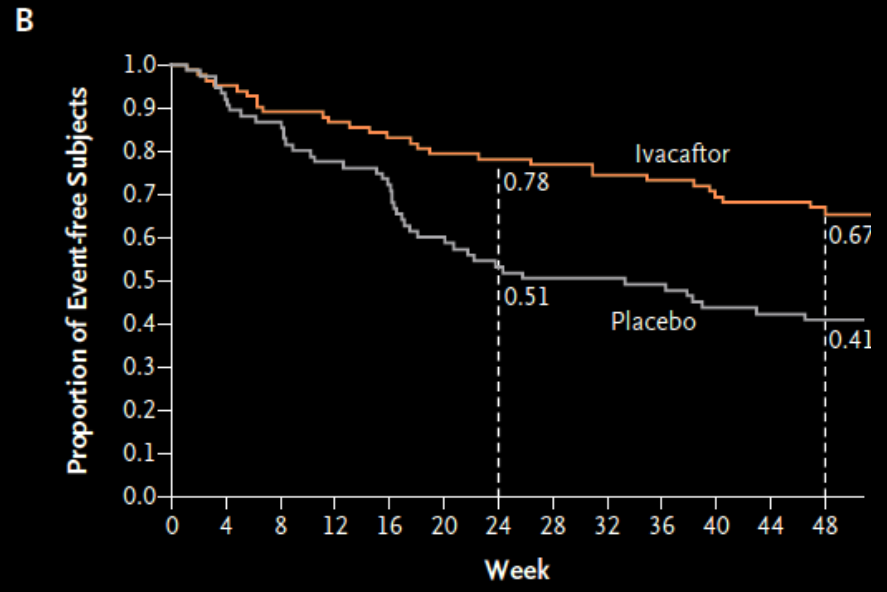
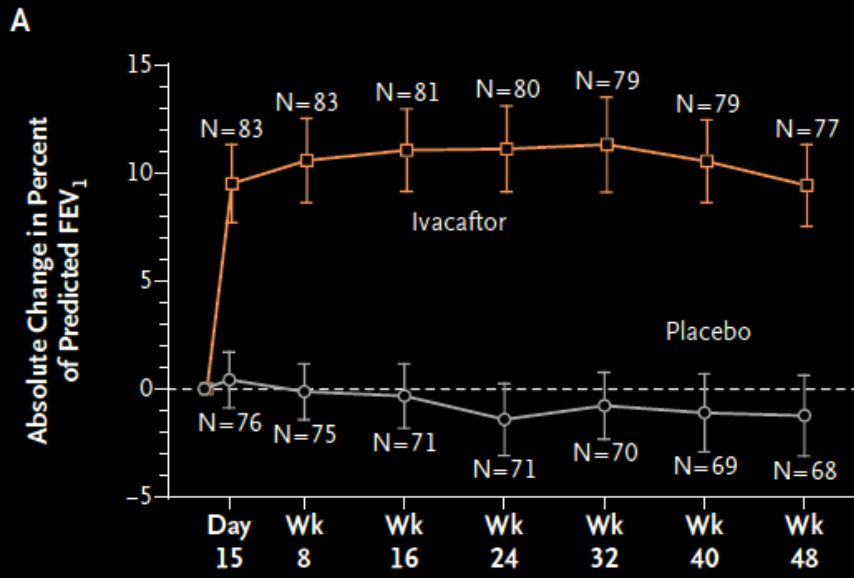
Small molecule “potentiator” of CFTR

Targets G551D mutation

Improves chloride transport

Dramatic results from RCT

Ramsey *et al* *NEJM* 2011;365:1663-1672



# Our Clinical Experience

18 adult patients with G551D mutations in Utah

2 have liver transplants without lung disease

Deferred treatment until lung disease starts

Protecting transplants from ivacaftor toxicities

Adherent patients

Better lungs, arrested disease progression, few admissions

Non-adherent patients

Non-sustained lung function improvement, progressive disease, more admissions

# The Future

Ivacaftor/Lumacaftor combination therapy

Targets F508del/F508del—70% of patients

Press Release June 24, 2014

2.6-4.0 percentage point increase in FEV<sub>1</sub>,  $p \leq 0.0004$

30-39% drop in APE,  $p \leq 0.0014$

Well tolerated

# Summary

CF shortens life by 40 years

Patients die primarily of lung disease

New treatments target the biochemical defect

These are exciting times in CF!