



PMI SCIENCE
PHILIP MORRIS INTERNATIONAL

Changes in Biological and Functional Markers after Six Months, in Three Populations: THS 2.2 (IQOS®) Users, Continued Smokers, and Smoking Abstinence

Christelle Haziza, PhD

Manager Clinical Science

Philip Morris International Research & Development

Global Forum on Nicotine - June 2018

Clinical Assessment Program

Toxic cigarette emissions



Pharmacokinetics

Nicotine absorption similar to cigarette

5 day confinement reduced exposure

Exposure to toxicants is reduced
Exposure to nicotine is similar

90-day ambulatory reduced exposure

Exposure response 6 months + 6 months ambulatory

As actually used, exposure to toxicants is reduced, which leads to changes in clinical risk endpoints

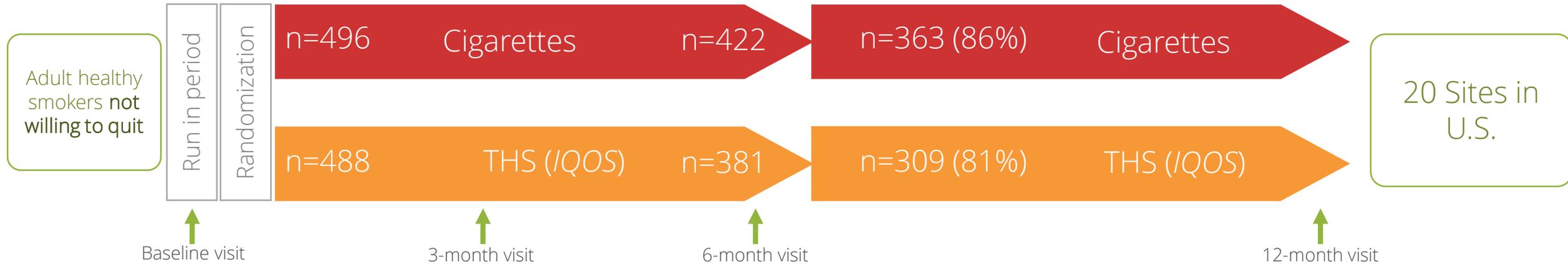
Smoking cessation 12 months ambulatory

Study Design

Exposure Response Study

ZRHR-ERS-09-US (Clinical trials.gov: NCT026396381)

ZRHR-ERS-09-EXT (Clinical trials.gov: NCT02649556)



Smoking Cessation Response Study

SA-SCR-01 (Clinical trials.gov: NCT02432729)



Exposure Response Study

Primary Objective and Co-Primary Endpoints



Smoking cessation

Epidemiologic link to smoking-related disease?

Affected by smoking status

Reversible upon smoking cessation



Co-Primary Endpoints Representative of Pathomechanisms

Lipid metabolism

HDL-C

Clotting

11-DTX-B2

Endothelial function

sICAM-1

Acute effect

COHb

Inflammation

WBC

Oxidative stress

8-epi-PGF_{2α}

Lung function

FEV₁%pred

Genotoxicity

Total NNAL

Assess the changes across a set of the “8 co-primary clinical risk endpoints (CRE)” in smokers who switch from smoking cigarettes to using THS (*IQOS*) as compared with those continuing to smoke cigarettes for six months



Statistical Analysis

Success criteria:

To establish that the risk profile of THS (*IQOS*) is modified compared to cigarettes

- 1 All co-primary endpoints shift in the direction of cessation
- 2 ≥ 5 out of 8 CREs are statistically significant (Hailperin-Rüger Approach)

Primary analysis:
THS (*IQOS*) as actually used ($> 70\%$)

Establish modification of risk

Smokers' health profile
Study-wise $\alpha=0.05$
Test-wise $\alpha=1.5625\%$

Modification of risk
is established if

$\geq 5/8$ significant CREs

Results of the study can be contextualized
using the effects for smoking cessation

Main Analysis Population

THS Use

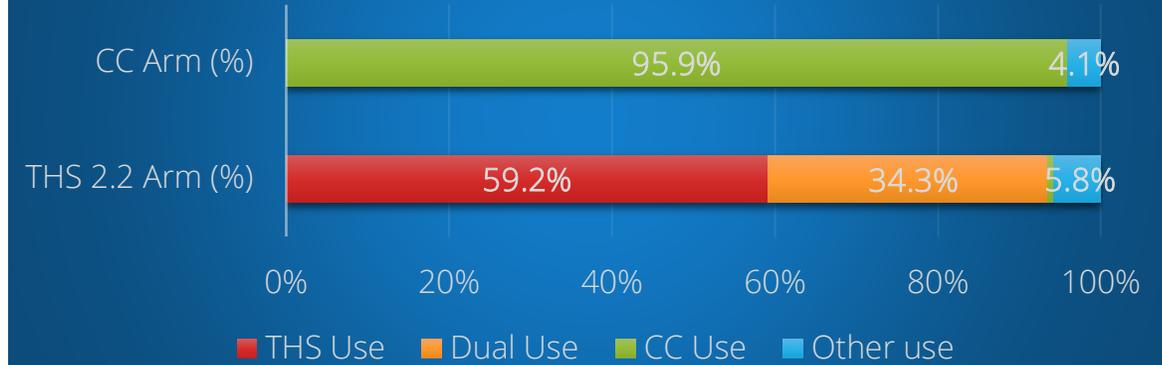
- Randomized product use
- $\geq 70\%$ THS use*

CC Use

- Randomized product use
- $\leq 1\%$ THS use*

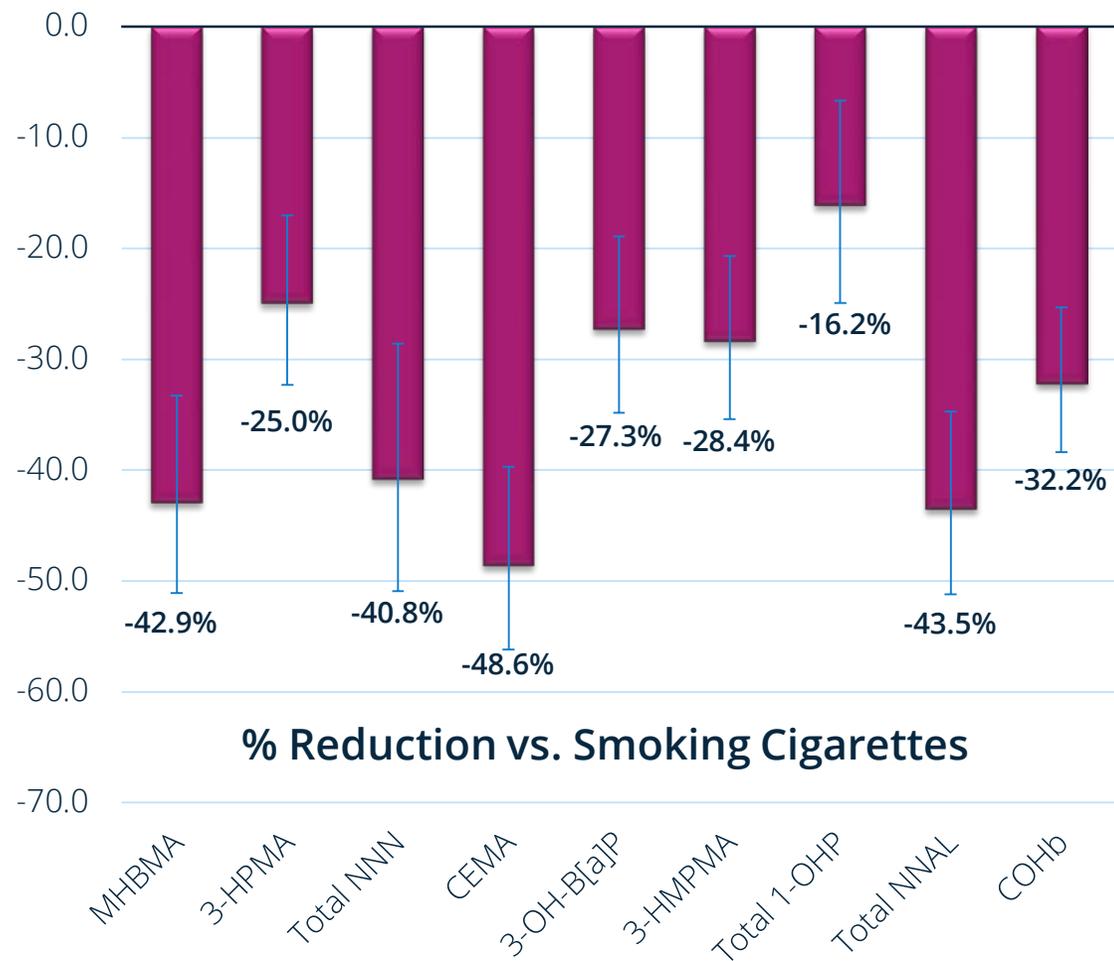
* Calculated over the study and on at least 50% of the study days

Distribution of Randomized Subjects by Product Use Categories



Time Period	Product	THS Use Mean/Day (Min, Max)	CC Use Mean/Day (Min, Max)
Baseline	Cigarettes	18.5 (10.0, 65.0)	19.5 (10.0, 90.0)
Post-randomization	THS	16.5 (3.2, 63.0)	< 0.01 (0.0, 0.44)
	Cigarettes	1.95 (0.0, 14.0)	16.8 (3.0, 43.7)
	Overall Tobacco	18.5 (3.2, 63.5)	16.9 (3.1, 43.7)

Reduction of Exposure



Nicotine Exposure vs. Smoking Cigarettes



Co-Primary Endpoints – Direction of Change

Change from Baseline	THS - Use		Cigarette-Use	
	Mean (95% CI)	Direction	Mean (95% CI)	Direction
HDL – C (mg/dL)	0.74 (-0.95, 2.42)	⬆️	-2.54 (-3.59,-1.49)	⬇️
WBC Count (GI/L)	-0.381 (-0.615, -0.148)	⬆️	0.032 (-0.135, 0.198)	⬇️
sICAM – 1	-2.87% (-5.22, -0.47)	⬆️	0.18 (-1.63, 2.01)	⬇️
11-DTX-B2	-15.6% (-23.0, -7.43)	⬆️	-9.73% (-16.4, -2.49)	⬆️
8-epi-PGF2a	-10.6% (-16.2, -4.64)	⬆️	-4.22% (-8.28, 0.02)	⬆️
COHb	-34.1% (-41.3, -26.2)	⬆️	-3.32% (-7.87, 1.45)	⬆️
FEV1 %pred	-1.34 (-2.15, -0.53)	⬆️	-2.63 (-3.28, -1.97)	⬆️
Total NNAL	-51.9% (-59.0, -43.7)	⬆️	-12.5% (-19.0, -5.63)	⬆️

All CRE shifted in the same direction as smoking cessation effect

As observed in the literature

Primary Analysis Results – Comparison with Smoking

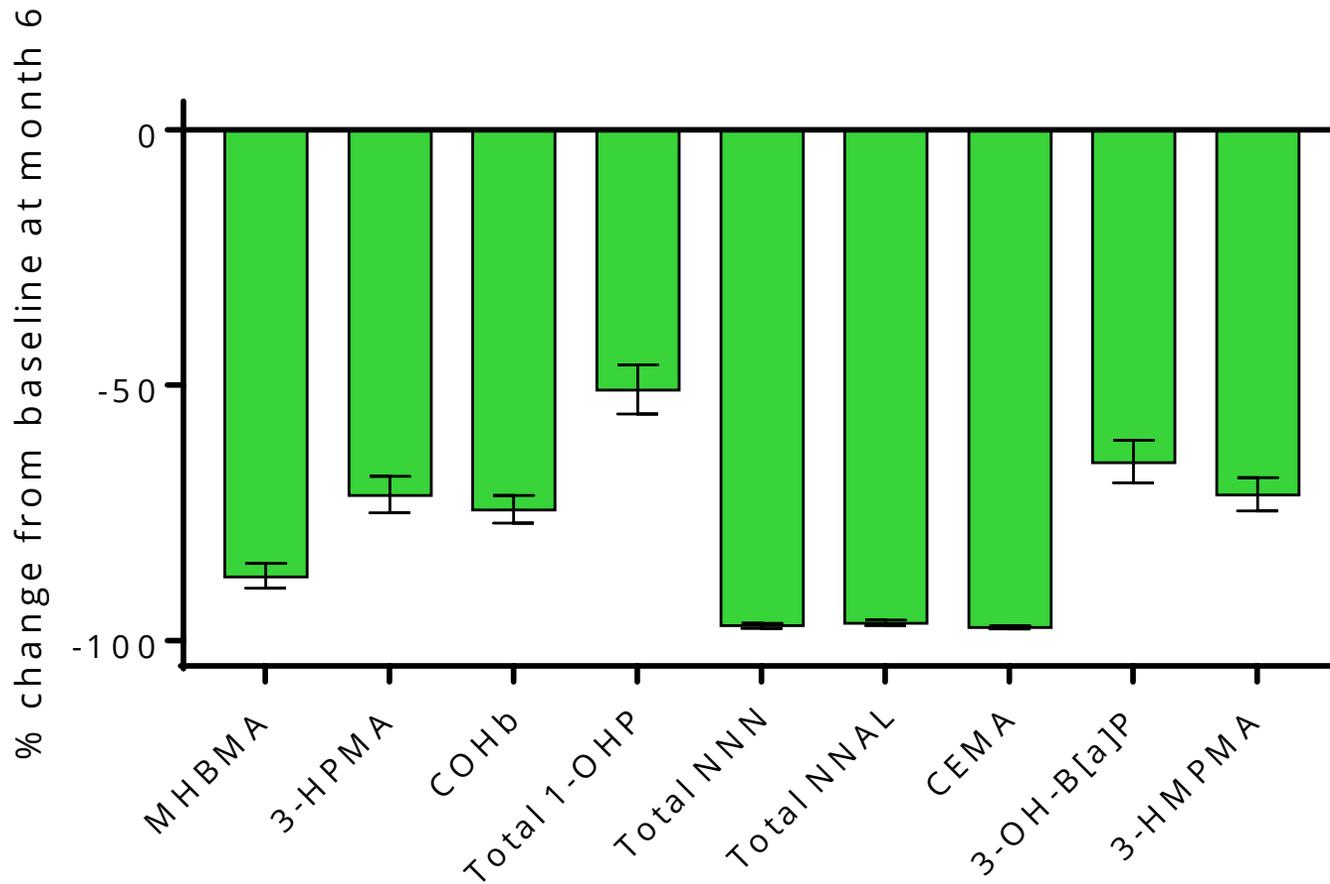
	Type of Change	Observed Change*	Halperin-Rüger Adjusted CI	1-sided p -value (0.0156)	Statistical Significance
HDL-C	Difference	3.09 mg/dL	1.10, 5.09	< 0.001	✓
WBC Count	Difference	-0.420 GI/L	-0.717, -0.123	0.001	✓
sICAM-1	% Reduction	2.86%	-0.426, 6.04	0.030	
11-DTX-B2	% Reduction	4.74%	-7.50, 15.6	0.193	✗
8-epi-PGF _{2α}	% Reduction	6.80%	-0.216, 13.3	0.018	
COHb	% Reduction	32.2%	24.5, 39.0	< 0.001	✓
FEV ₁ %pred	Difference	1.28%pred	0.145, 2.42	0.008	✓
Total NNAL	% Reduction	43.5 %	33.7, 51.9	< 0.001	✓

* Observed change presented as LS Mean Difference / Relative Reduction

5 of 8 CREs were statistically significant compared with continued smoking

Smoking Cessation Study

Exposure Reduction



After six months of smoking cessation, all biomarkers of exposure to harmful and potentially harmful constituents (HPHC) were reduced with reductions from baseline ranging between 51% and 97.4%.

Endpoint Changes upon Smoking Cessation

Endpoint	Change from Baseline after 6 Months Cessation	95% CI	Directional Change vs. SA (literature)
HDL-C	2.58 mg/dL	1.38, 3.78	
Total WBC Count	-0.773 GI/L	-0.960, -0.587	
sICAM-1	12.3% reduction ¹	10.0, 14.6	
11-DTX-B2	26.8% reduction ¹	20.9, 32.3	
8-epi-PGF _{2α}	18.8% reduction ¹	14.3, 23.1	
COHb	74.4% reduction ¹	71.6, 77.0	
FEV ₁	-1.24%pred	-2.05, -0.424	
Total NNAL	96.5% reduction ¹	95.9, 97.0	

¹ % relative change from baseline

Takeaways

THS (*IQOS*), as actually used, reduces exposure to HPHCs

THS (*IQOS*), as actually used, changes CREs in the same direction as cessation

THS (*IQOS*) significantly changes the profile of CREs associated with the risk of smoking-related diseases compared with continued smoking

Although smoking cessation is the best option for smokers to reduce their risk of smoking-related disease, switching to THS (*IQOS*) is a better option than continuing to smoke