# A Multi-Center, Multi-Regional, Study on Biological and Functional Changes

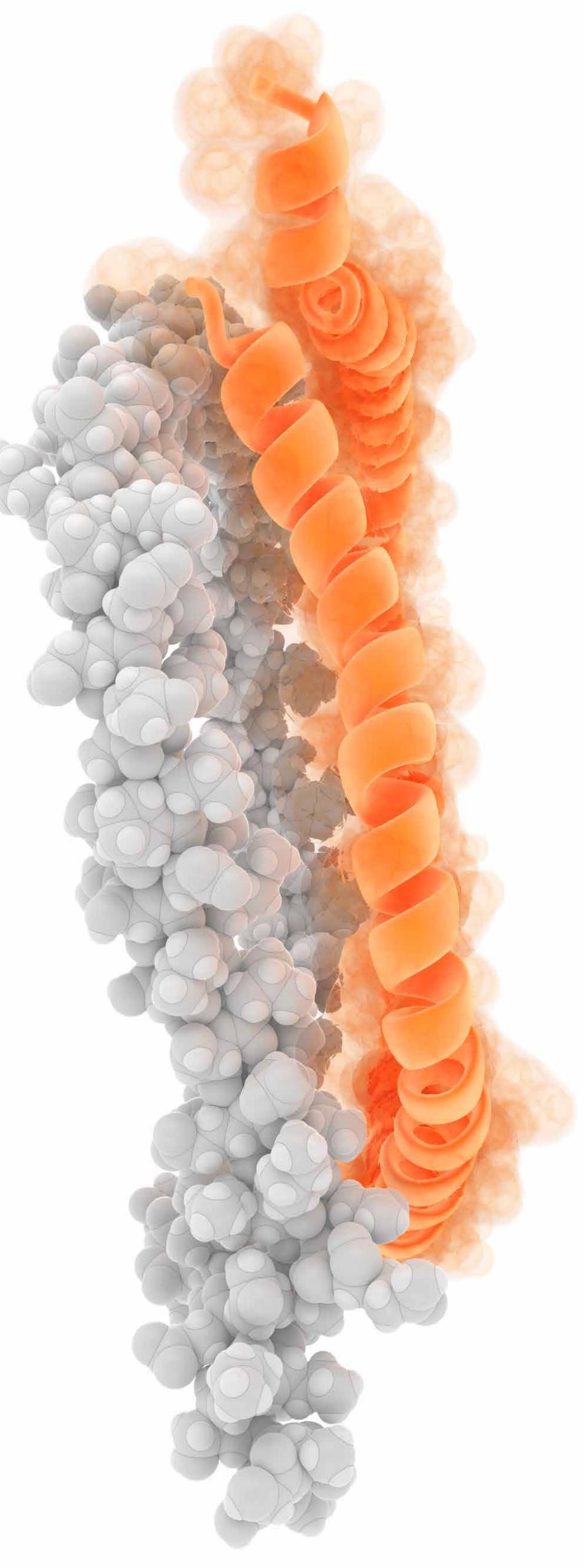
## in Healthy Adult Smokers during One Year of Continuous Smoking Abstinence

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### Introduction and Objectives

The harm from smoking mainly results from long-term exposure to

(CREs) which are linked to pathophysiological pathways of





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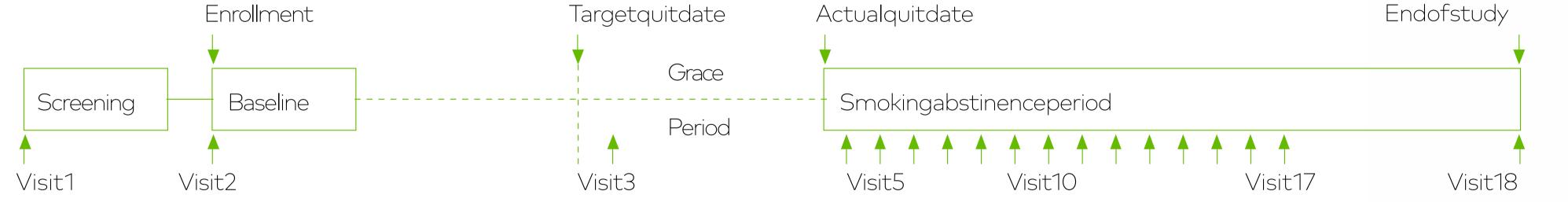
HarmfulandPotentiallyHarmfulConstituents(HPHCs)containedin cigarettesmokegeneratedbythecombustionoftobacco.Smoking Cessation(SC)isthemosteffectivewaytoreducetheharmandriskof smoking-relateddiseasestoarelativerisklevelwhichmayapproach, overtime,thatofnever-smokers.InmostSCstudies,themainfocus isonthesuccessfulquittingrateoftheSC/approachtreatmentused. However,onlylimitedinformationonshort-tolong-termfunctional/ biological changes following SC is available in the literature.

The overall aim of this study was to assess over a one-year period of continuous smoking abstinence the reversibility of the harm related to smoking by assessing changes of Biomarkers of Exposure to HPHCs (BoExp: CO in exhaled breath along with 8 urinary BoExp compounds) and Clinical Risk Endpoints smoking-related diseases. Selected CREs were associated with cardiovascular diseases (lipid metabolism, inflammation, platelet function, oxidative stress, endothelial dysfunction, metabolic syndrome, acute cardiovascular effect); respiratory diseases (spirometry); and genotoxicity (total NNAL). These BoExp and CREs were selected according to epidemiological evidence that the endpoints are associated with smoking-related diseases, sensitive to smoking status, and the expectation that these effects are reversed by SC over a period of time within the study duration.

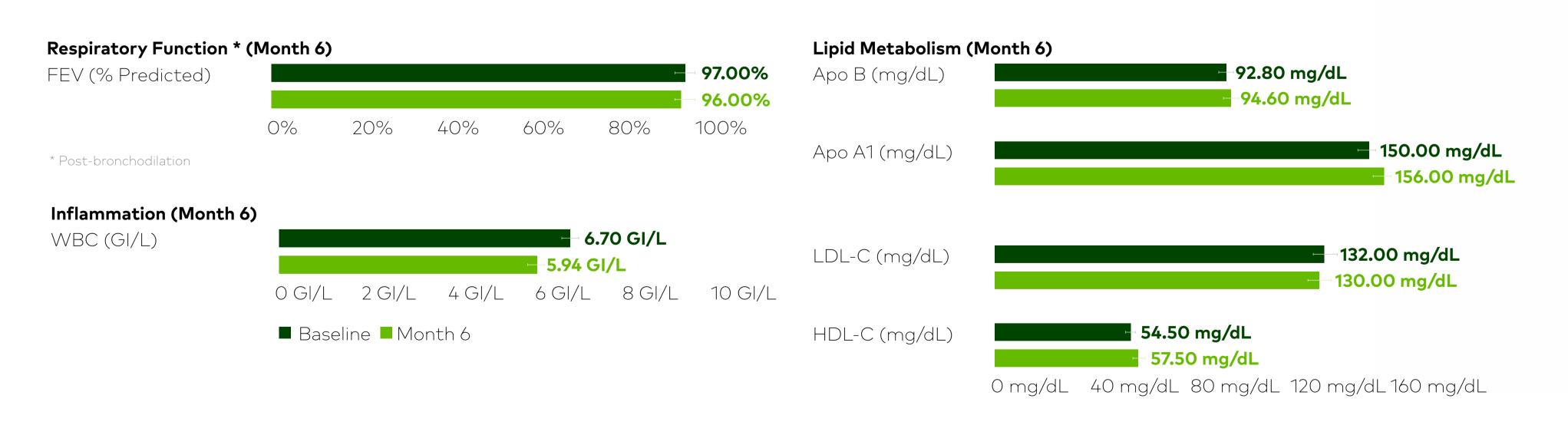
### Methods

This was a multi-region, multi-center, ambulatory studyproducted in the US, UK, Poland, Germany, and Japan, in healthy adultsmokers who were willing to quit smokingakand were asked to continuously abstain from smokingusduring a 52-week (1-year) period. To support the subjectscontexttostopsmoking, Nicotine Replacement Therapy (NRT) was providedcontextatsubjects' request and used as percountry label for up to 3 months.stAdditionally, SC support, including counseling and behavioral support, and analysis of the full study (1 year continuous SC) isongoing. This posteror

presents the data of an interim analysis from data extracted from a subset of 348 subjects of which 272 were continuously smoking abstinentuntilMonth6basedonthefollowingcriteria:self-reported useoftobacco/nicotinecontainingproducts,CObreathtest≤10ppm, cotininetest<100ng/mLinspoturine(Month5onwards),freecotinine concentration<50ng/mLin24-hour-urine(atMonth6).Forthewhole study,atotalof1,185smokerswillingtoquitsmokingwereenrolled, and 436 successfully completed the study after one year (analysis ongoing).



#### Results



ApoA1 – key component of high density cholesterol particles

Pathway	Endpoint	Relative change from baseline	95% CI
Inflammation	hs-CRP (mg/L)	1.33%	14.5, -10.3
	Homocysteine (µmol/L)	-10.4%	-7.58, -13.1
Platelet function	Platelet count (Gl/L)	5.13%	2.94, 7.36
	Fibrinogen (mg/dL)	-1.55%	0.653, -3.71
	11-DTX-B2 (pg/mg creat)	-26.8%	-20.9, -32.3
Oxidative stress	8-epi-PGF <sub>2a</sub> (pg/mg creat)	-18.8%	-14.3, -23.1
	Myeloperoxidase (µg/L)	-6.73%	2.17, -14.8
Endothelial Dysfunction	s-ICAM-1 (ng/mL)	-12.3%	-10.0, -14.6
	Albumin urine (mg/g creat)	-0.665%	10.4, -10.6
Acute Cardiovascular Effect	- COHb (%)	-74.4%	-71.6, -77.0
Genotoxicity	Total NNAL (pg/mg creat)	-96.5%	-97.0, -95.9

#### BoExp % relative change from Baseline (Month 6)

NEQ (mg/g creat)

MHBMA (pg/mg creat)

3-HPMA (ng/mg creat)

-**99.30%** 

**-87.50%** ⊢<u>-</u>

-51.00%

-40%

-20%

0%

CEMA (ng/mg creat) -97.40%

Total 3-OH-B[a]P (fg/mg creat) -65.20% -----

Total 1-OHP (pg/mg creat)

Total NNN (pg/mg creat) -97.10% -100% -80% -60%

#### Conclusions

The6-monthinterimstudyresultsindicatethatcontinuouslystopping smokingleadstoasubstantialreductioninexposuretoHPHCs,subsequentlyresultinginfavorablechangesinCREsreflectingimprovements ofmultiplemechanismsandbiologicalfunctionsincludinglipidmetabolism,inflammationoroxidativestress.Allofthesechangesarelikelyto becontributingtothereductionoftheriskofdevelopingsmoking-related diseases

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