

RESPIRATORY EFFECTS OBSERVED WHEN USING THE TOBACCO HEATING SYSTEM (THS) COMPARED WITH CONTINUED SMOKING

Presentation at the Meeting of Pulmonary Specialists Organized by the InSpiro Foundation

November 17th 2018

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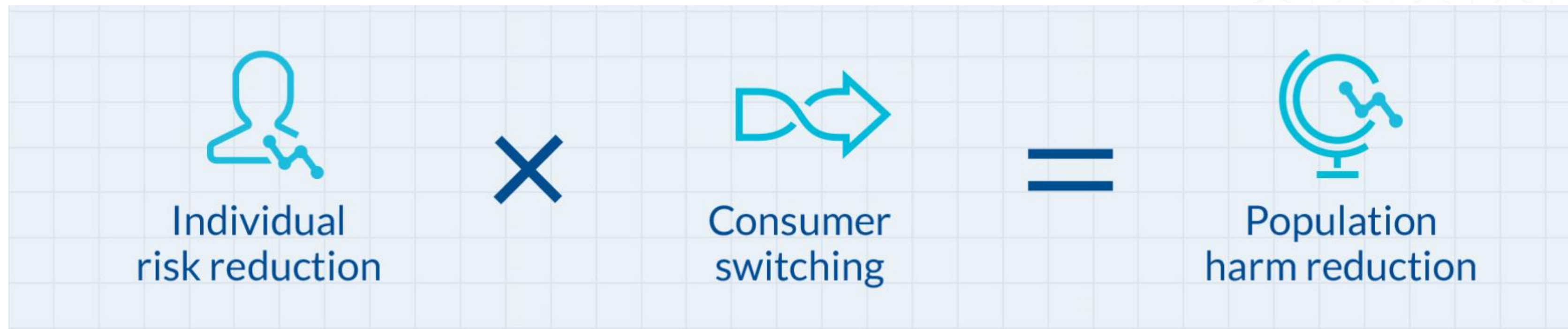
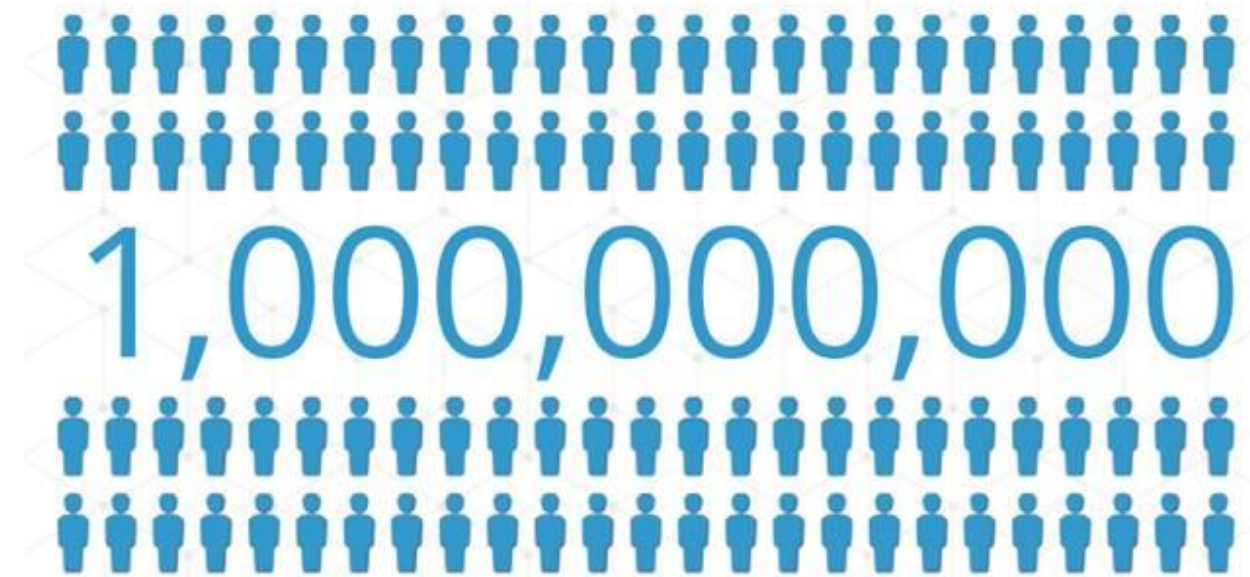
Patrick Vanscheeuwijck

Reduced Risk Products (“RRPs”) is the term PMI uses to refer to products that present, are likely to present, or have the potential to present less risk of harm to smokers who switch to these products versus continued smoking. PMI has a range of RRPs **in various stages of development, scientific assessment, and commercialization.** Because PMI’s RRPs do not burn tobacco, they produce far lower quantities of harmful and potentially harmful compounds than found in cigarette smoke.

Tobacco Harm Reduction

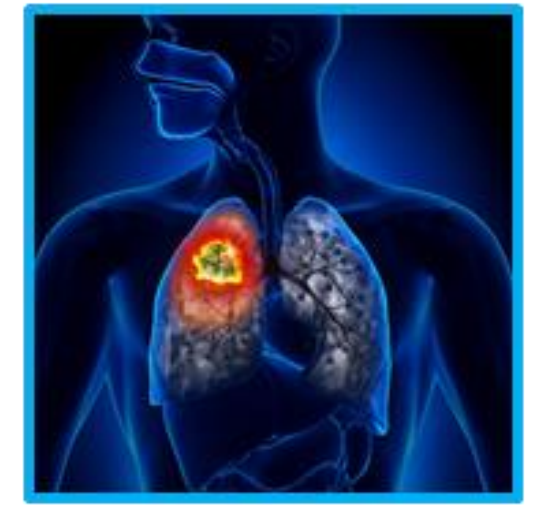
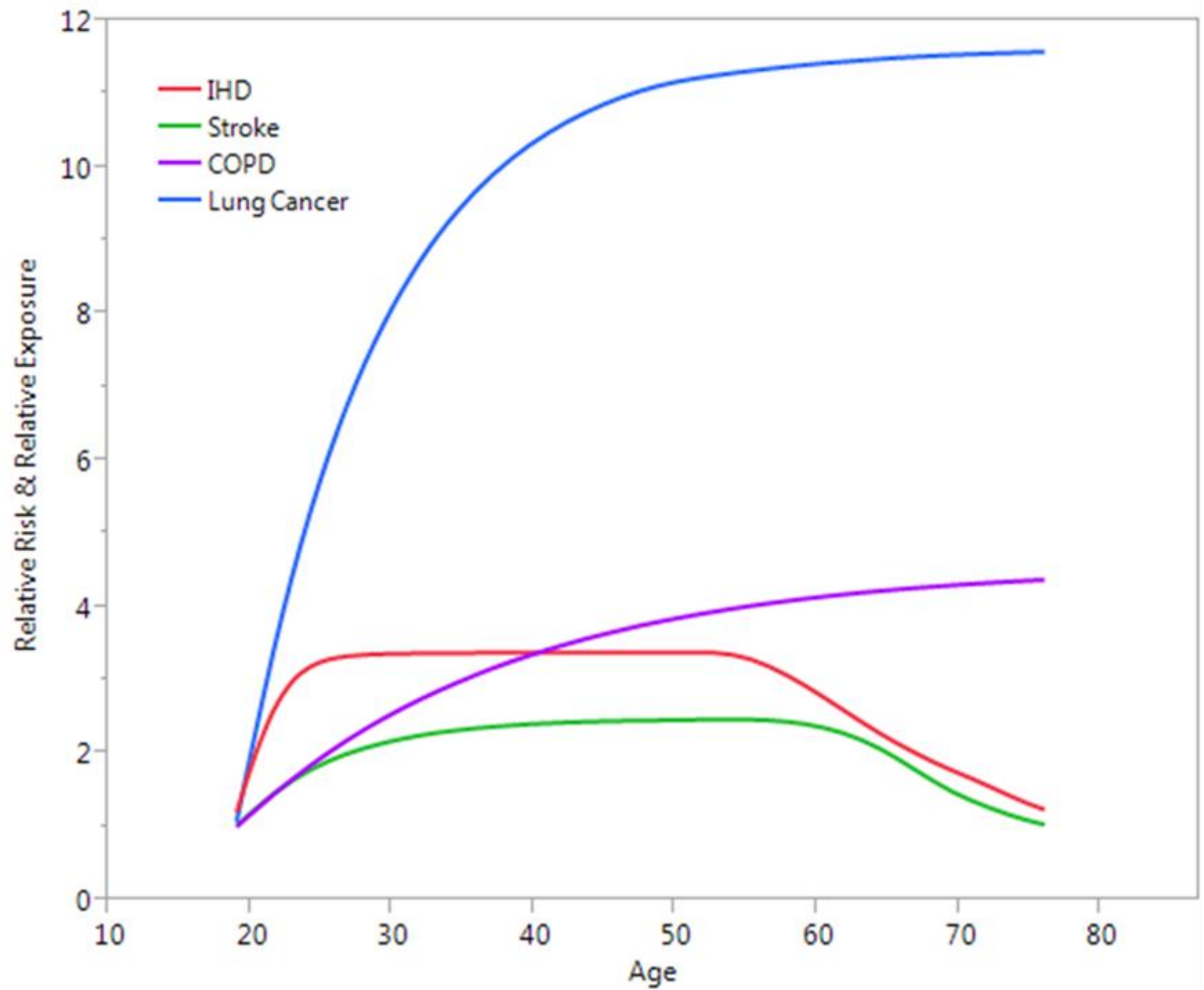
What Is the Objective of Harm Reduction?

- Smoking is addictive and causes a number of serious diseases
- Worldwide, it is estimated that more than **1 billion people** will continue to smoke in the foreseeable future*
- Offering smoke-free alternatives to adult smokers is a sensible, complementary addition to existing tobacco control strategies



Successful harm reduction requires that current adult smokers be offered a range of Reduced Risk Products they can fully switch to, should they decide not to quit.

Excess Risk of Smoking-Related Disease

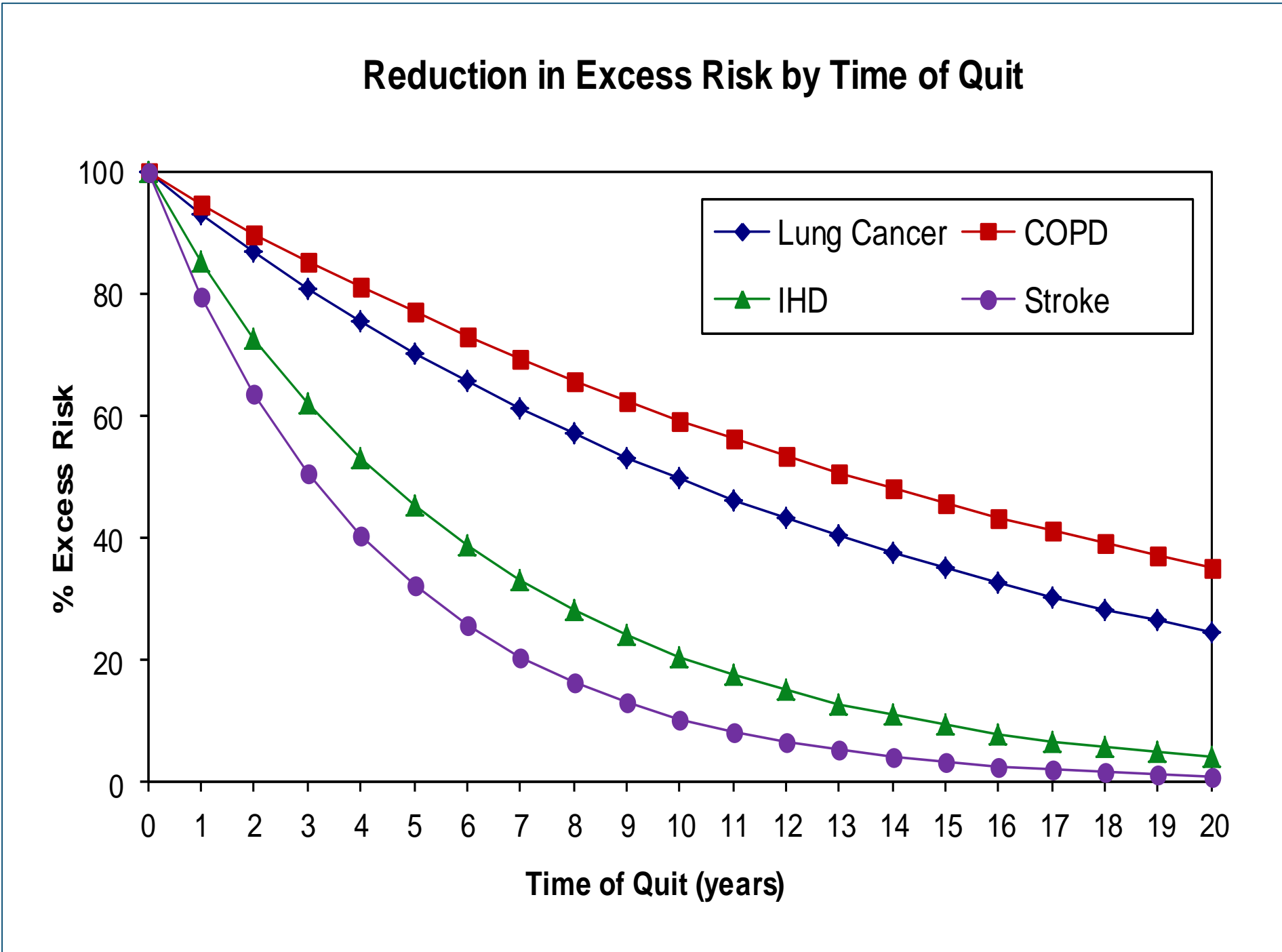


Disease-Specific Relative Risk ^[1] (By Age)

Relative risk of ischemic heart disease (IHD), stroke, chronic obstructive pulmonary disease (COPD), and lung cancer for an adult cigarette smoker

Excess Risk of Smoking-Related Disease

Reduction in Excess Risk Over Time



Disease Risk Half-Life ^[2]
(The time at which half of the Excess risk associated with cigarette smoking has disappeared)

Age (a)	Lung Cancer	IHD	Stroke	COPD
Any age	-	-	4.78	13.32
to 49	6.98	1.47	-	-
50 to 59	10.39	5.22	-	-
60 to 69	10.60	7.48	-	-
70 to 79	12.99	13.77	-	-

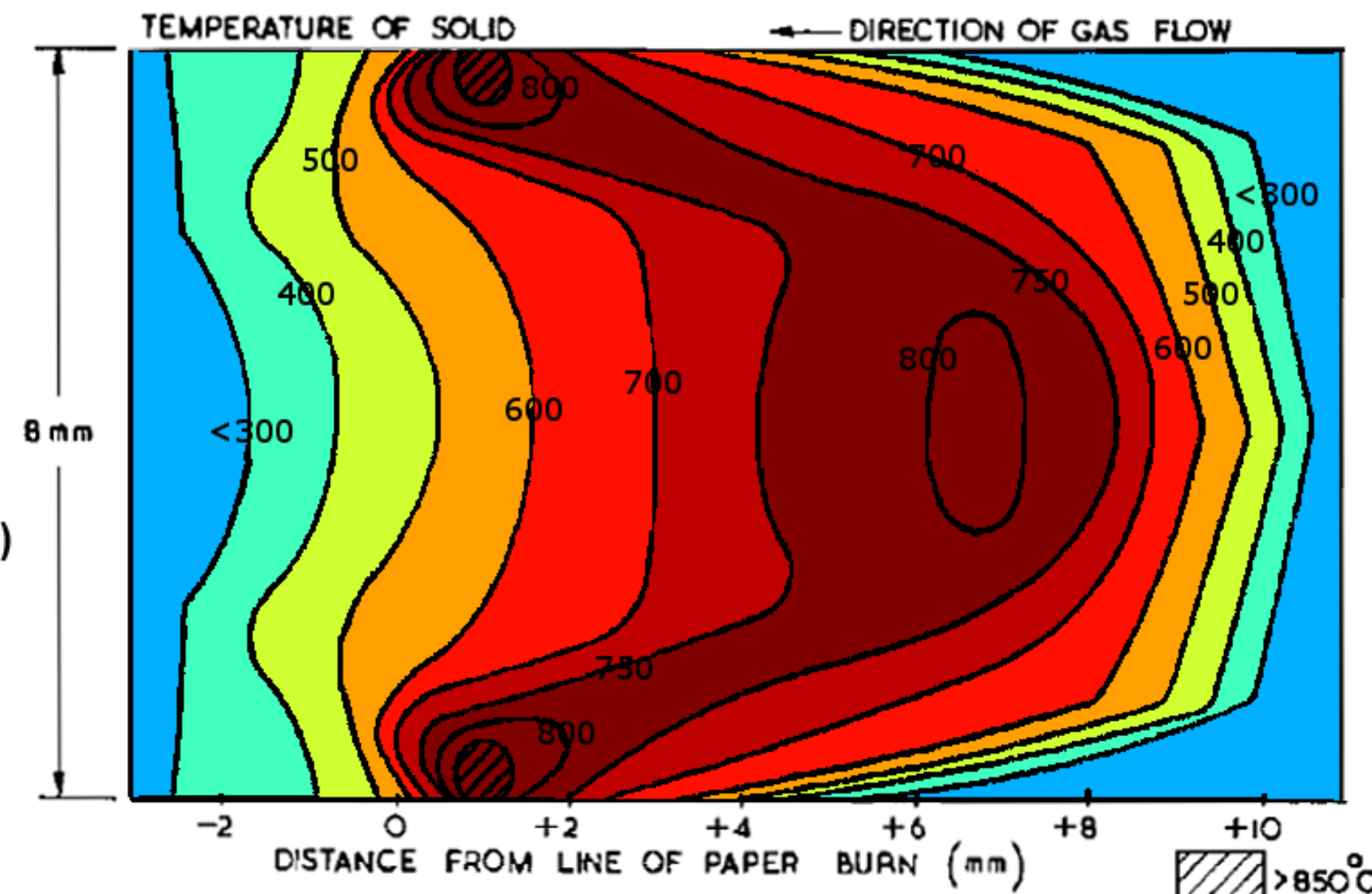
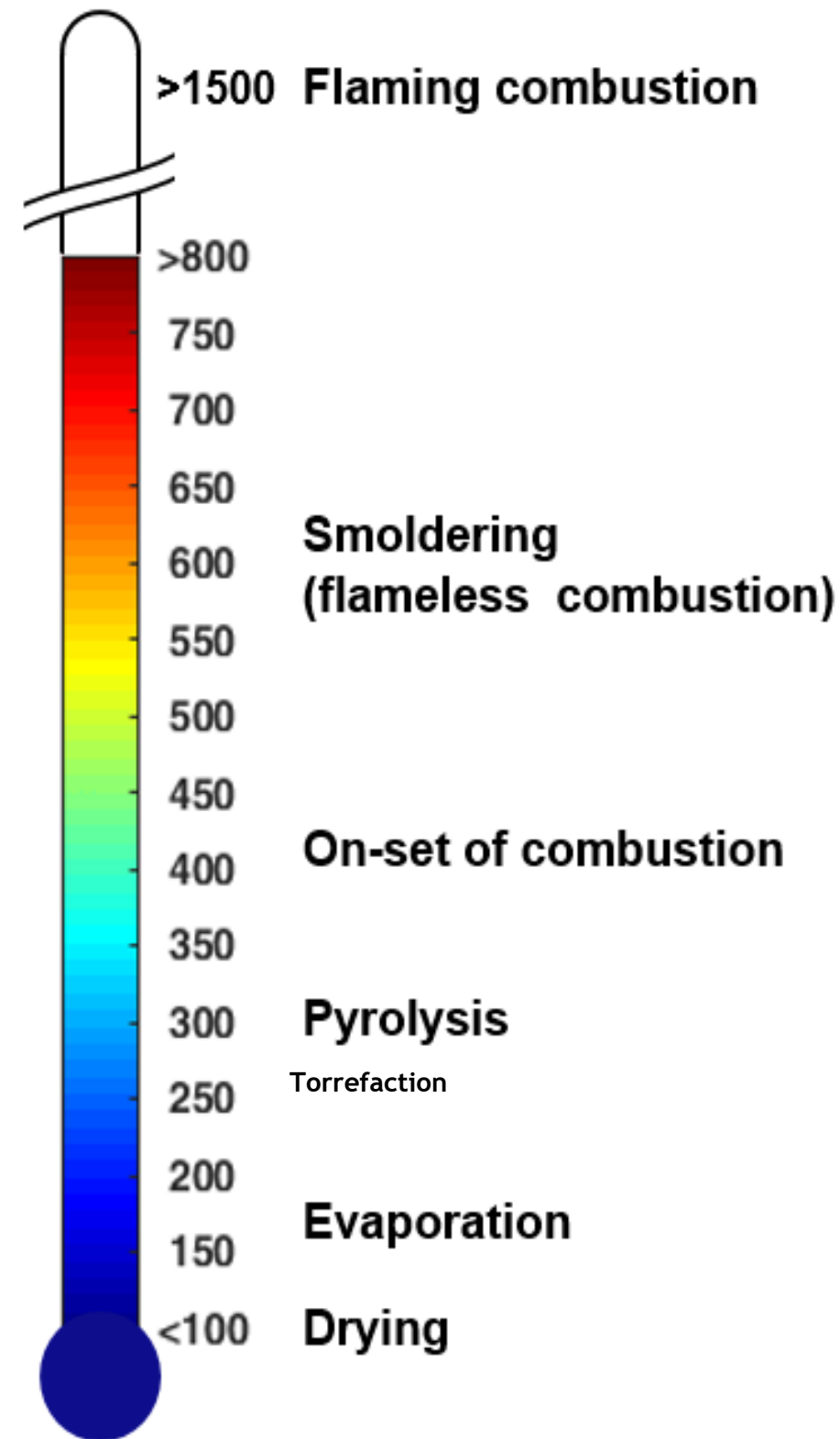
[1] Sources for relative risk: Lung Cancer (Lee 2012), COPD (Forey 2011), IHD and Stroke (Lee 2016)
 [2] Sources for half-life of risk: Lung Cancer (Fry 2013), COPD (Lee 2014), IHD (Lee 2012), Stroke (Lee 2014)

Eliminating Combustion and Reducing Toxicant Exposure

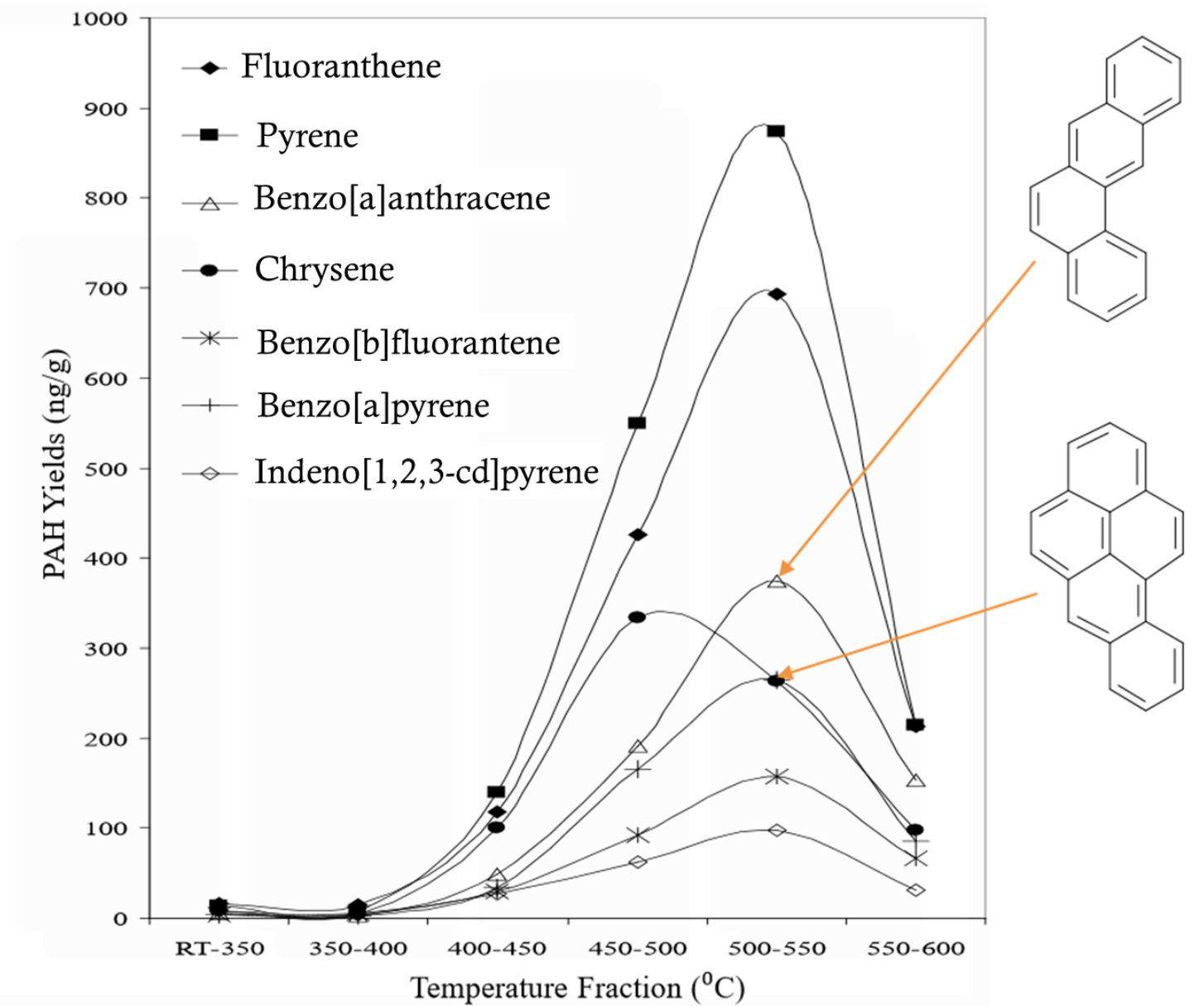
Elimination of Combustion Is Key

Scientific studies have shown that as the temperature of tobacco increases, the levels of harmful chemicals formed increase

Temperature (°C)



Source: Baker R. R., 1975, Temperature variation within a cigarette combustion coal during the smoking cycle, High Temp. Sci., 7, 236-247. Coloration by PMI.

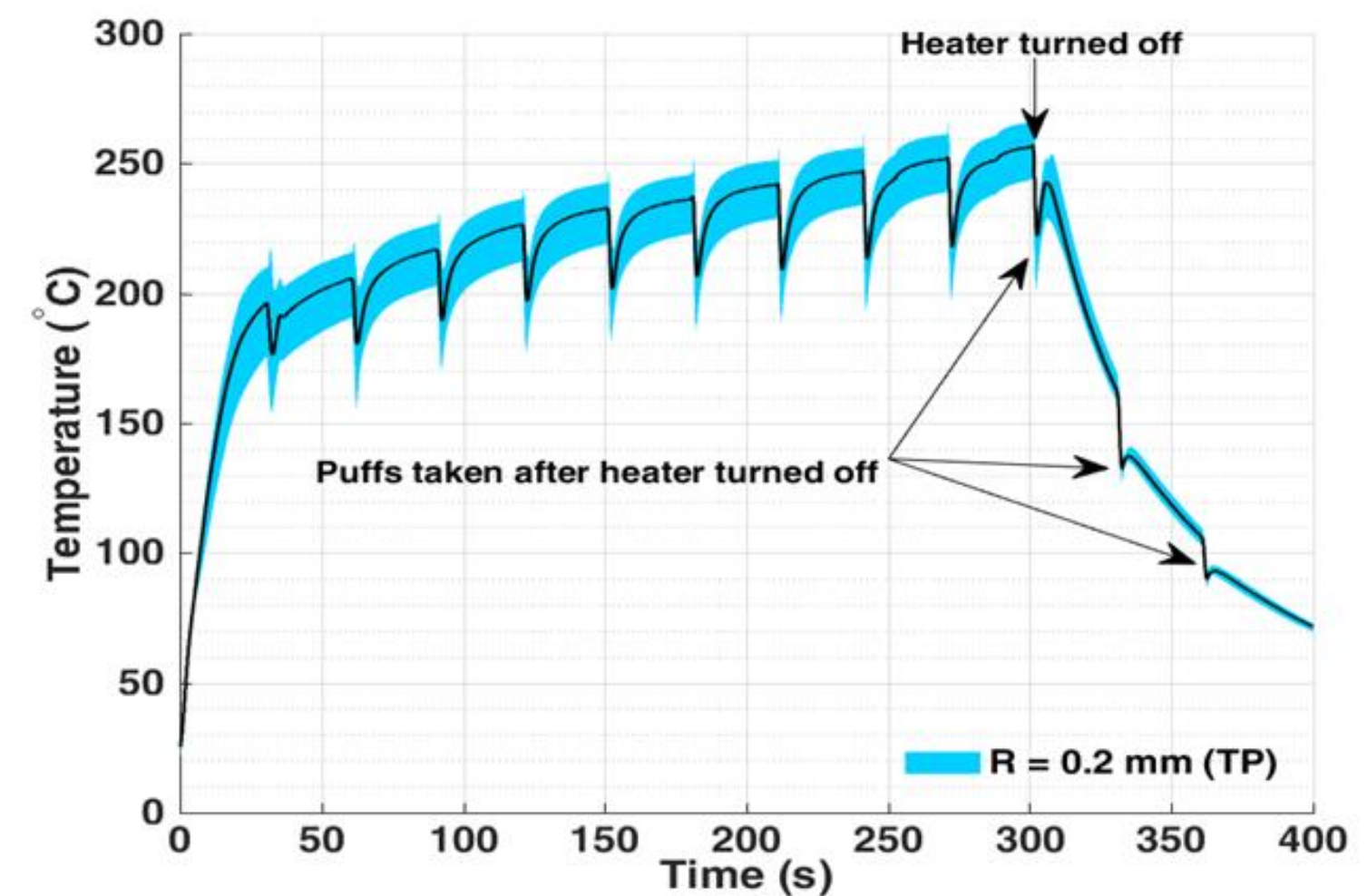
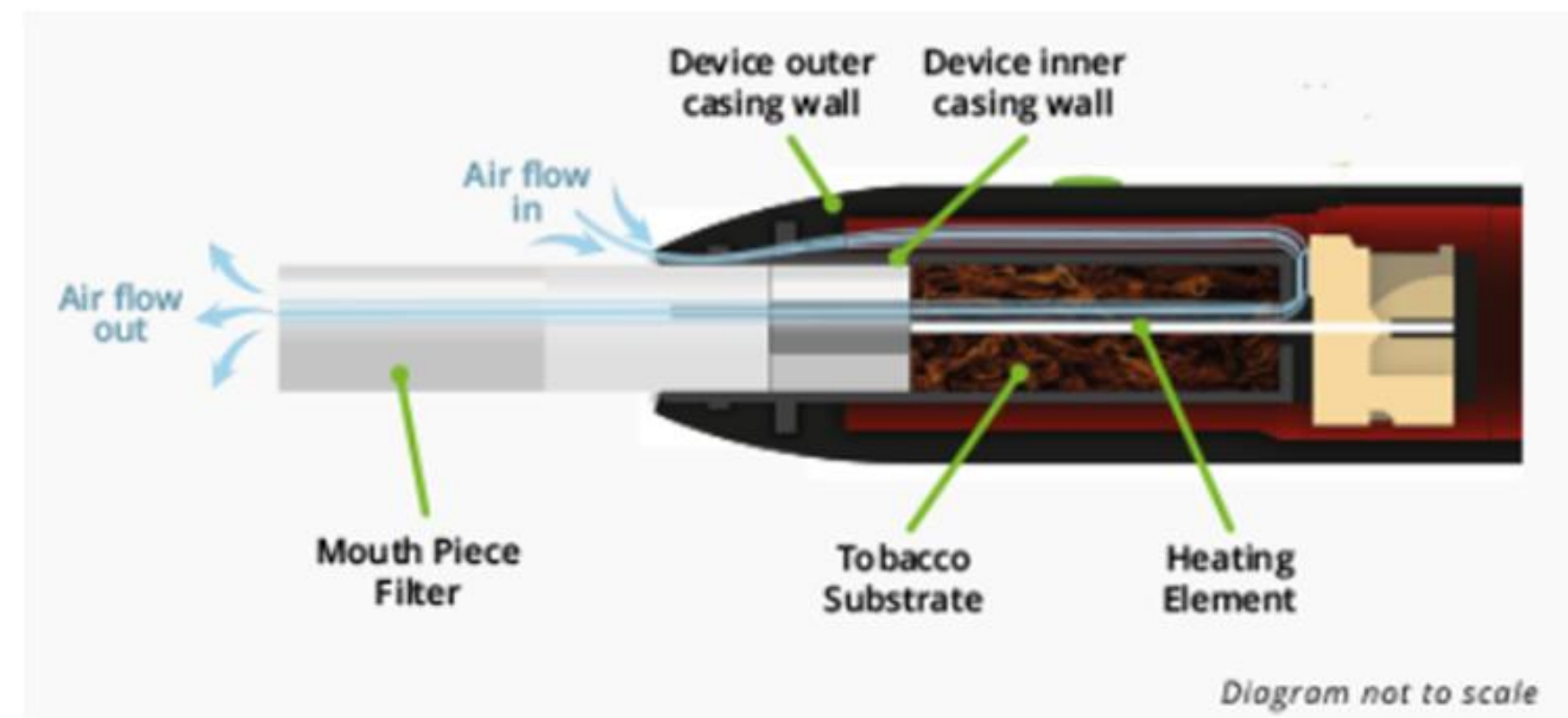


Source: McGrath, T.E., Wooten, J.B., Chan W.G. and Hajjaligol, M.R., 2007, Formation of polycyclic Aromatic Hydrocarbons from Tobacco: the "Link" between Low Temperature Residual Solid and PAH Formation, Food and Chemical Toxicology, 45,6,1039-1050

Why Heat Tobacco Rather than Burn It?

The Tobacco Heating System (THS) is designed and has been demonstrated to:

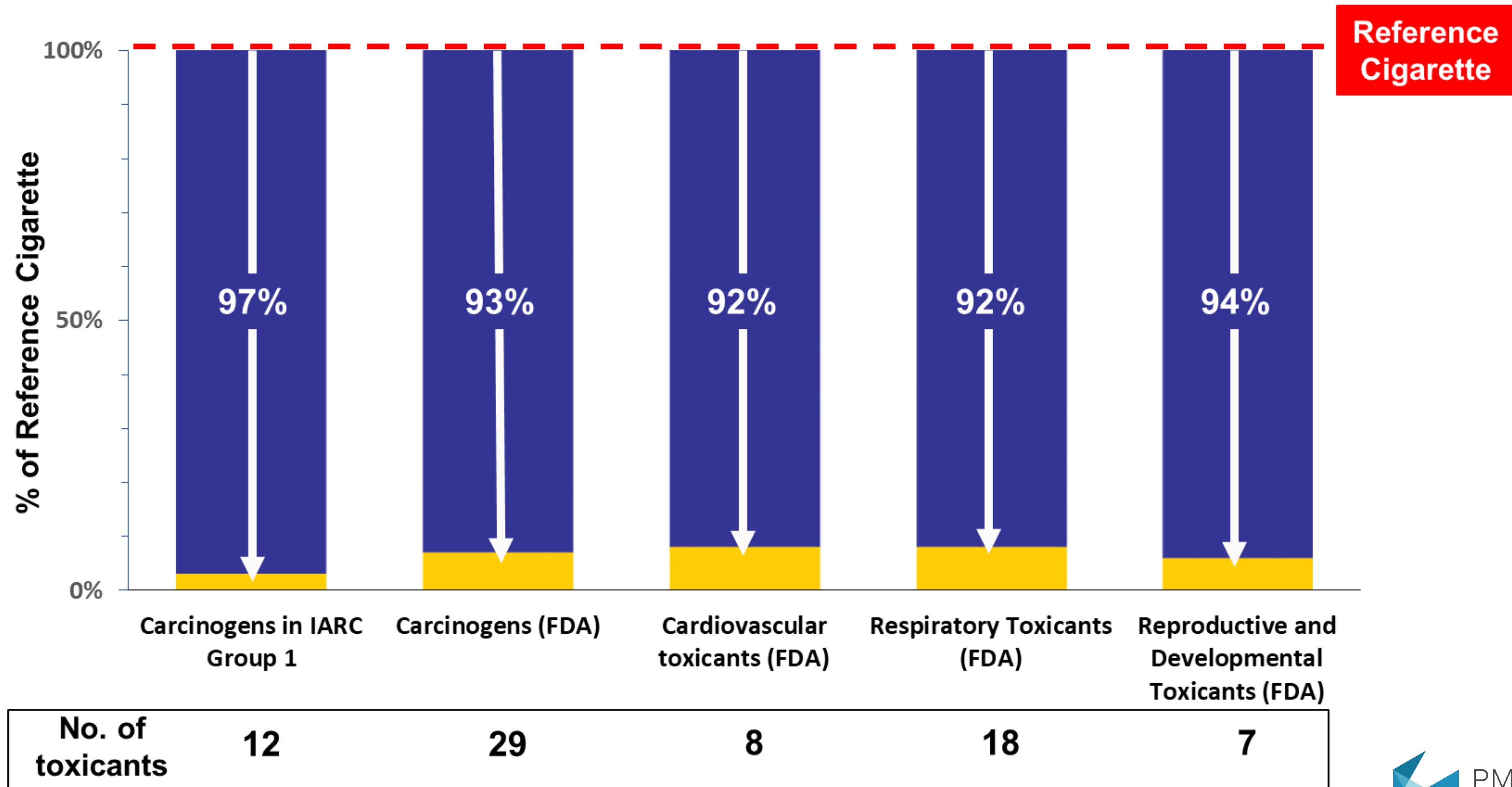
- Heat tobacco without combustion
- Preserve elements of the taste, sensory experience, nicotine delivery profile, and ritual characteristics of cigarettes



R = Radial distance from heater

Reduced Formation of HPHCs by Disease Categories

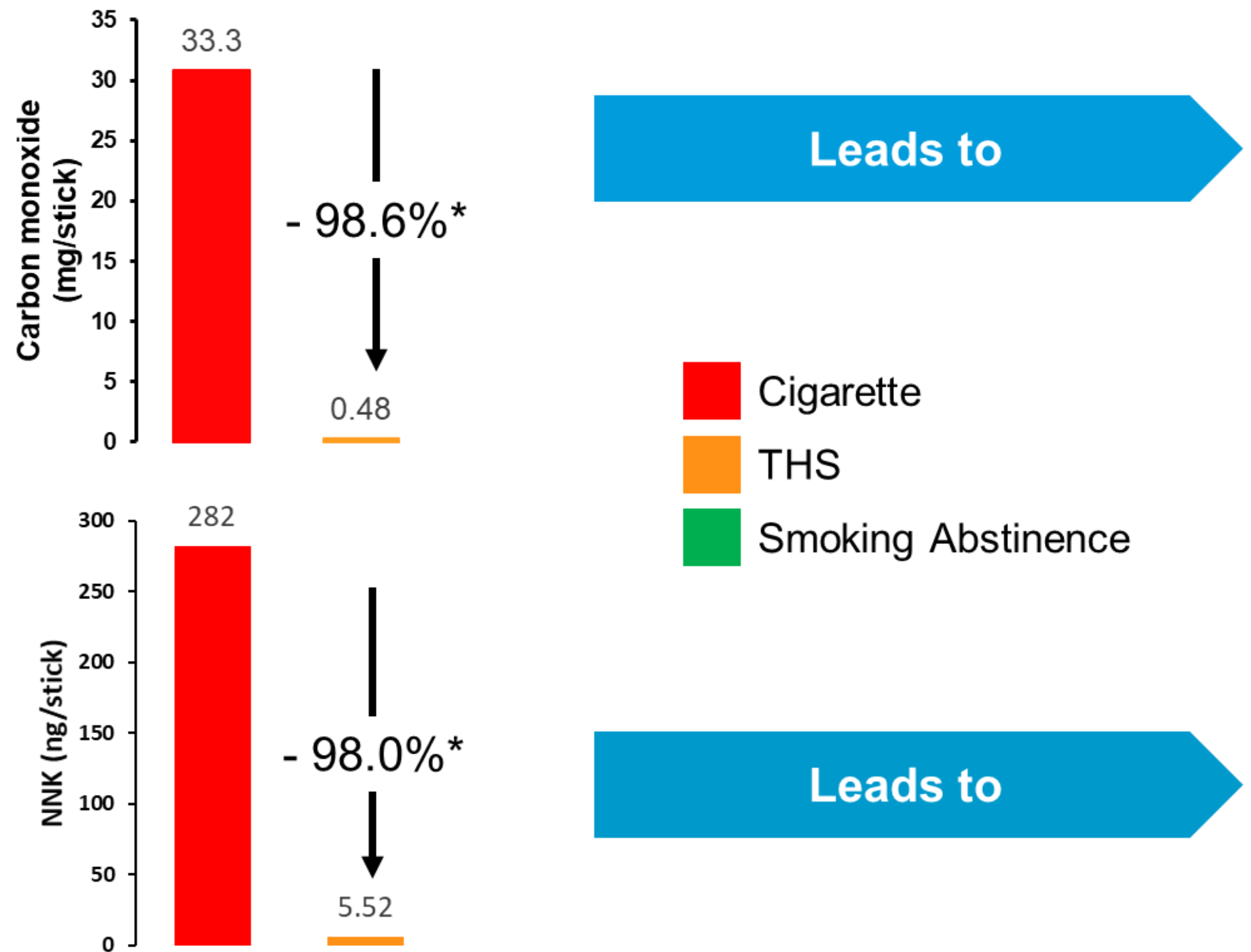
THS 2.2 produces an aerosol that contains on average 90-95% lower levels of harmful and potentially harmful chemicals (HPHC) than a reference cigarette



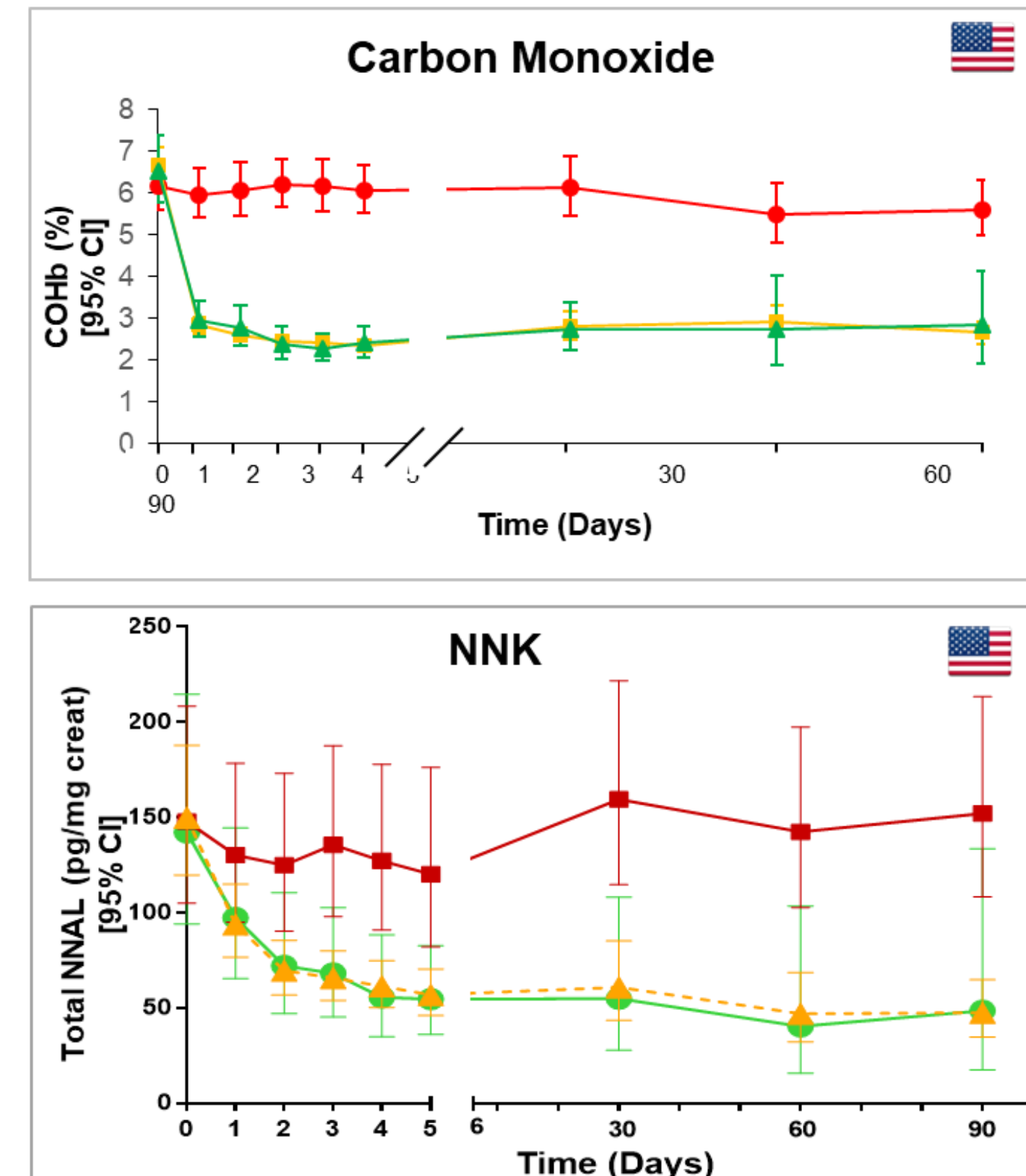
Note: Intense Health Canada's Smoking Regime; Comparison on a per-stick basis; Excludes Nicotine

Reduced Exposure in Healthy Human Subjects

Levels of HPHCs are Drastically Reduced in THS Aerosol



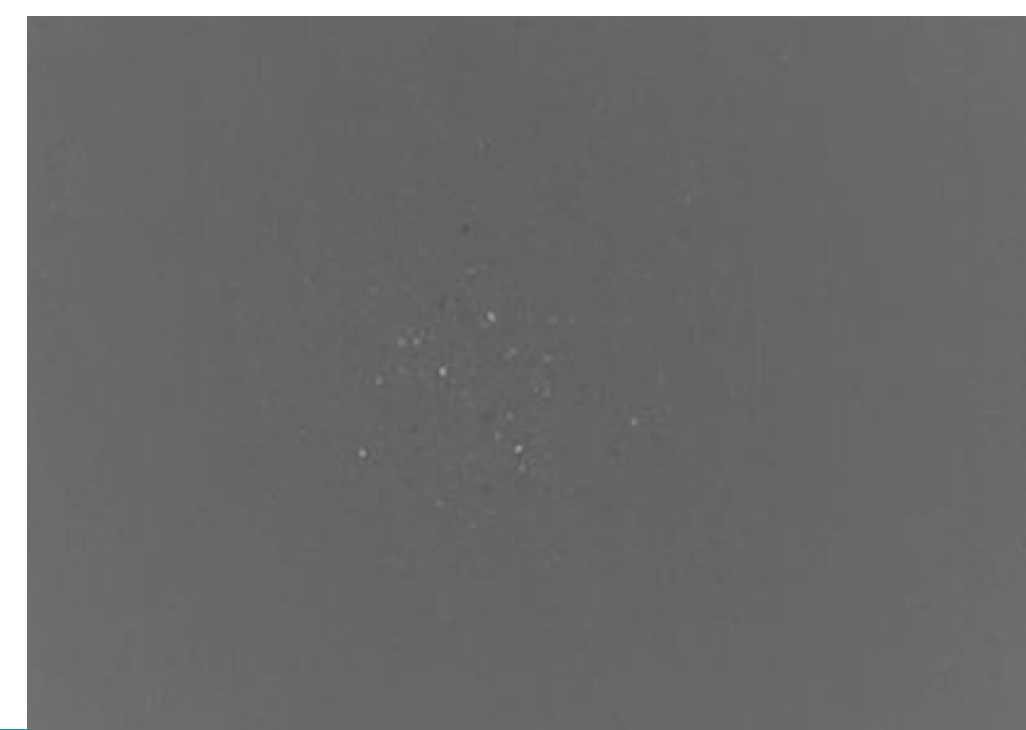
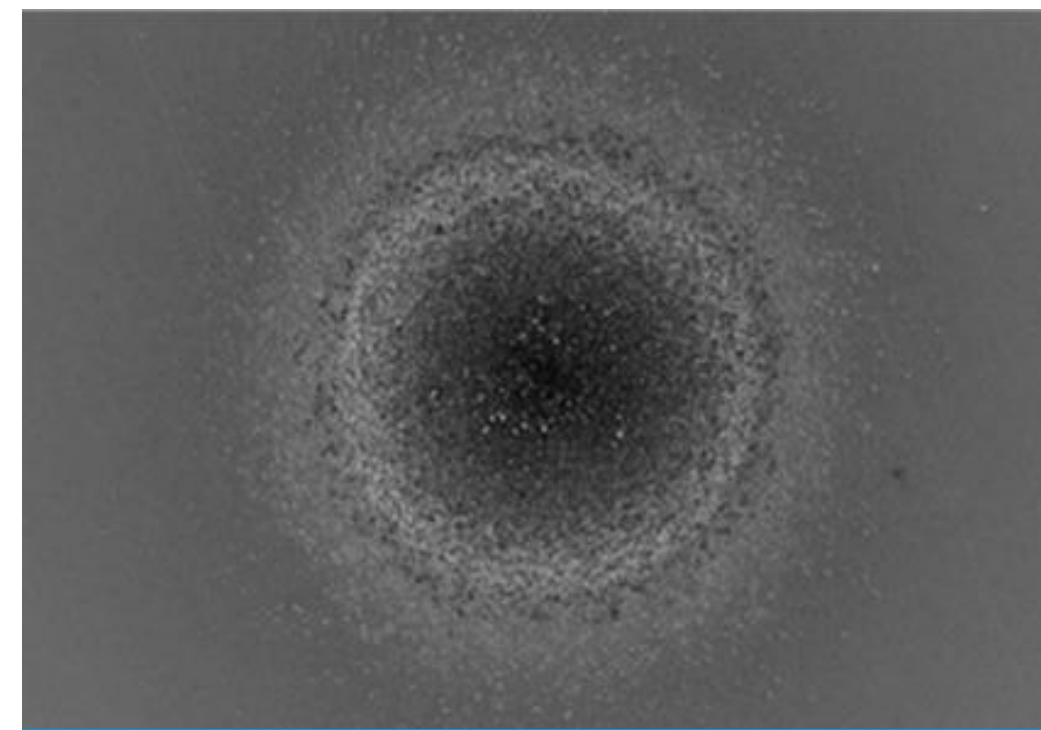
Exposure is Significantly Reduced After Switching to THS



Solid Ultrafine Particle Deposition in the Lung

Cigarette smoke

Carbon-based nanoparticles
 6×10^{11} particles \approx
0.7 mg*

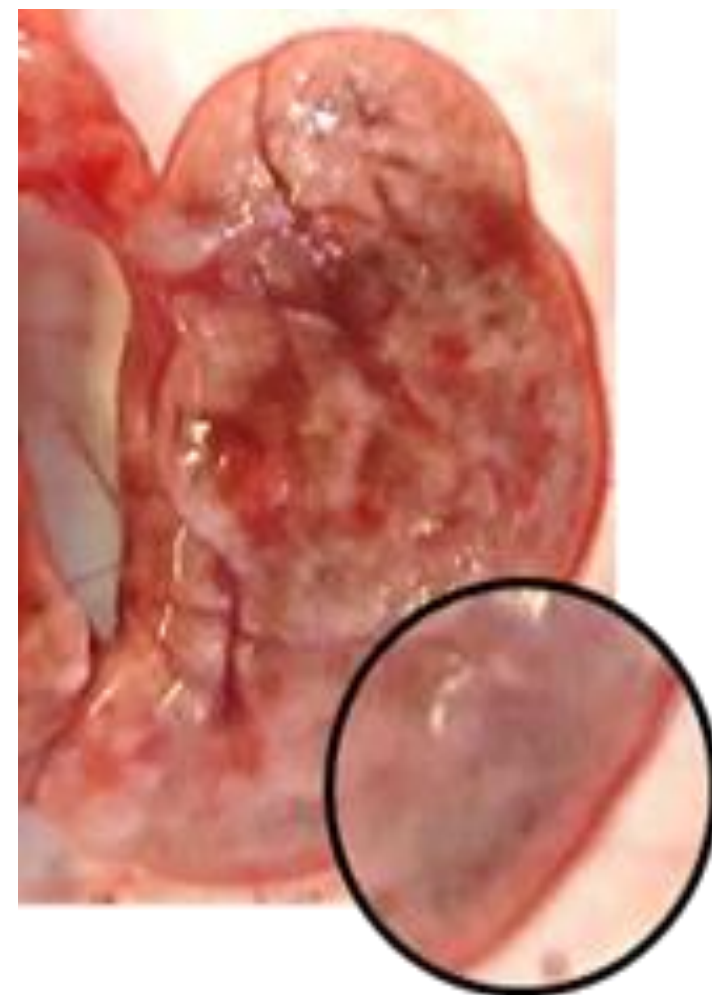


THS aerosol

Carbon-based nanoparticles

Lung Deposition after 6 months

Cigarette smoke*

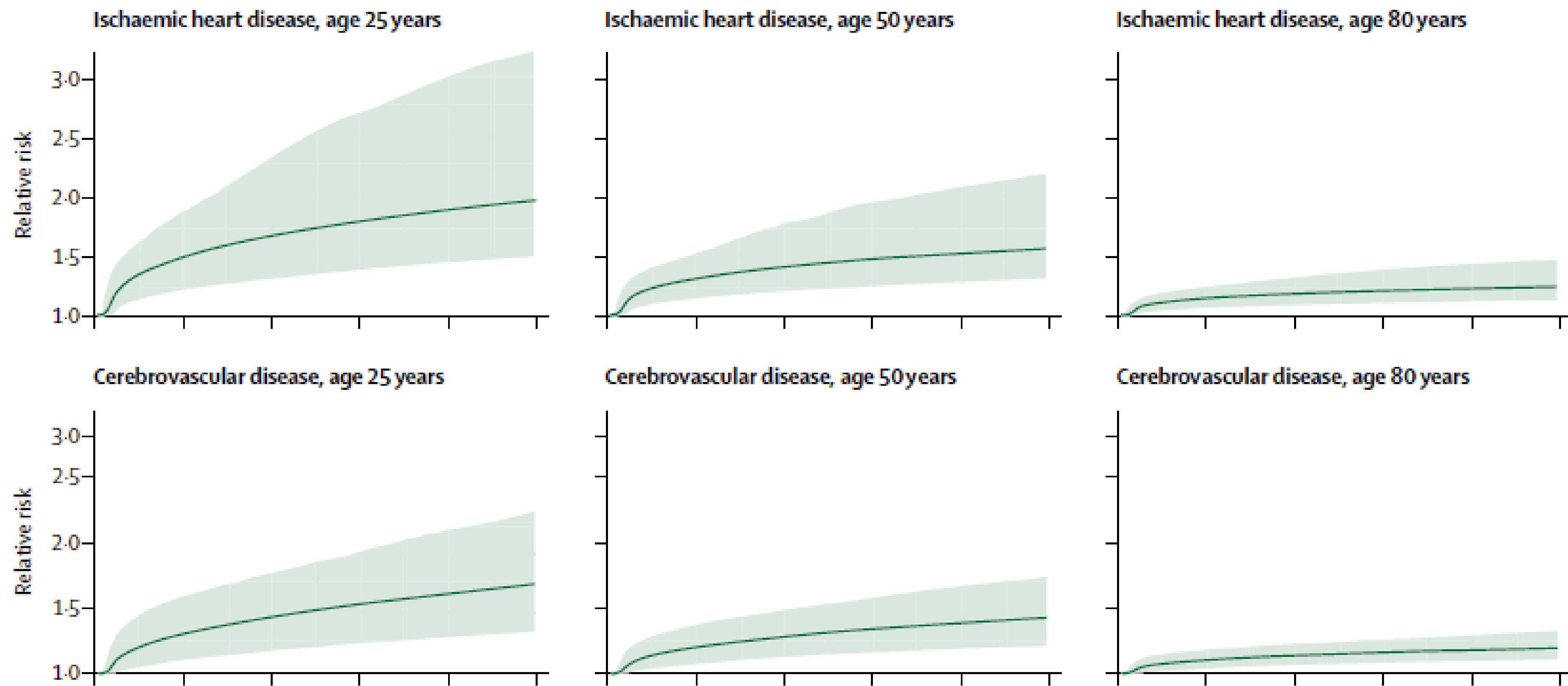


IQOS aerosol*



* Corresponding nicotine concentrations

Global Disease Risk Associated with PM 2.5



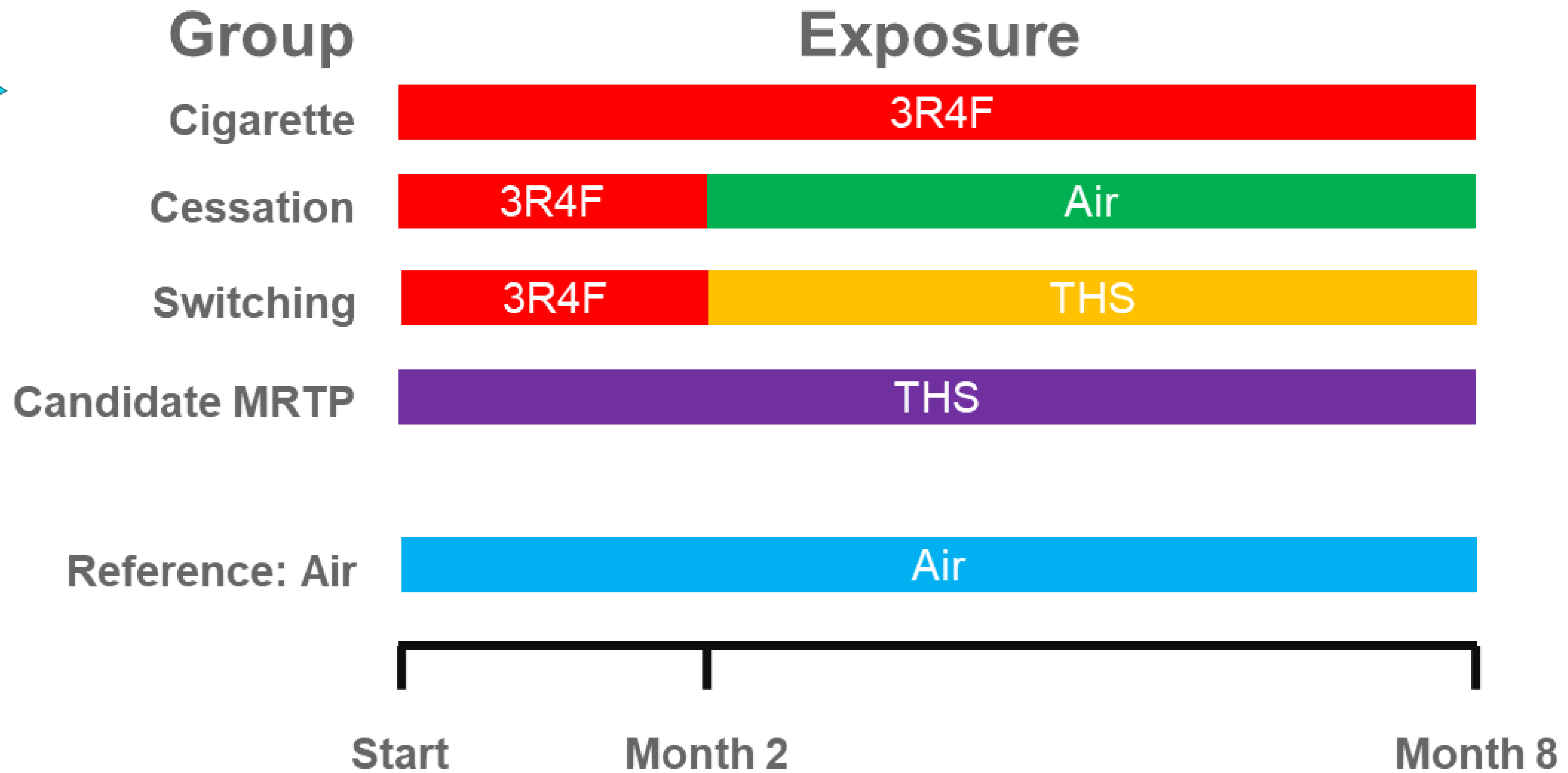


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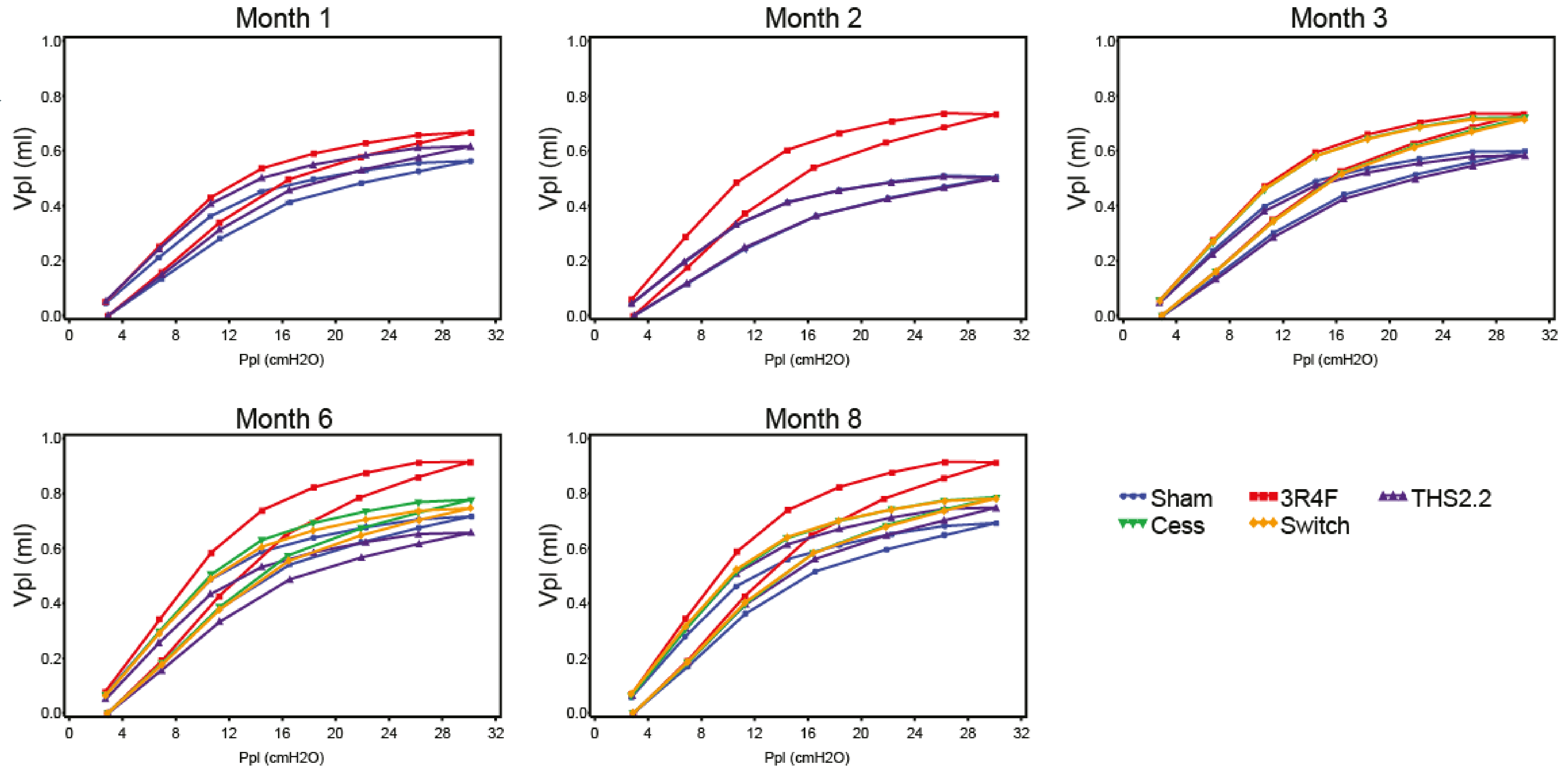
Respiratory Effects

The research described in this presentation was sponsored by Philip Morris International.

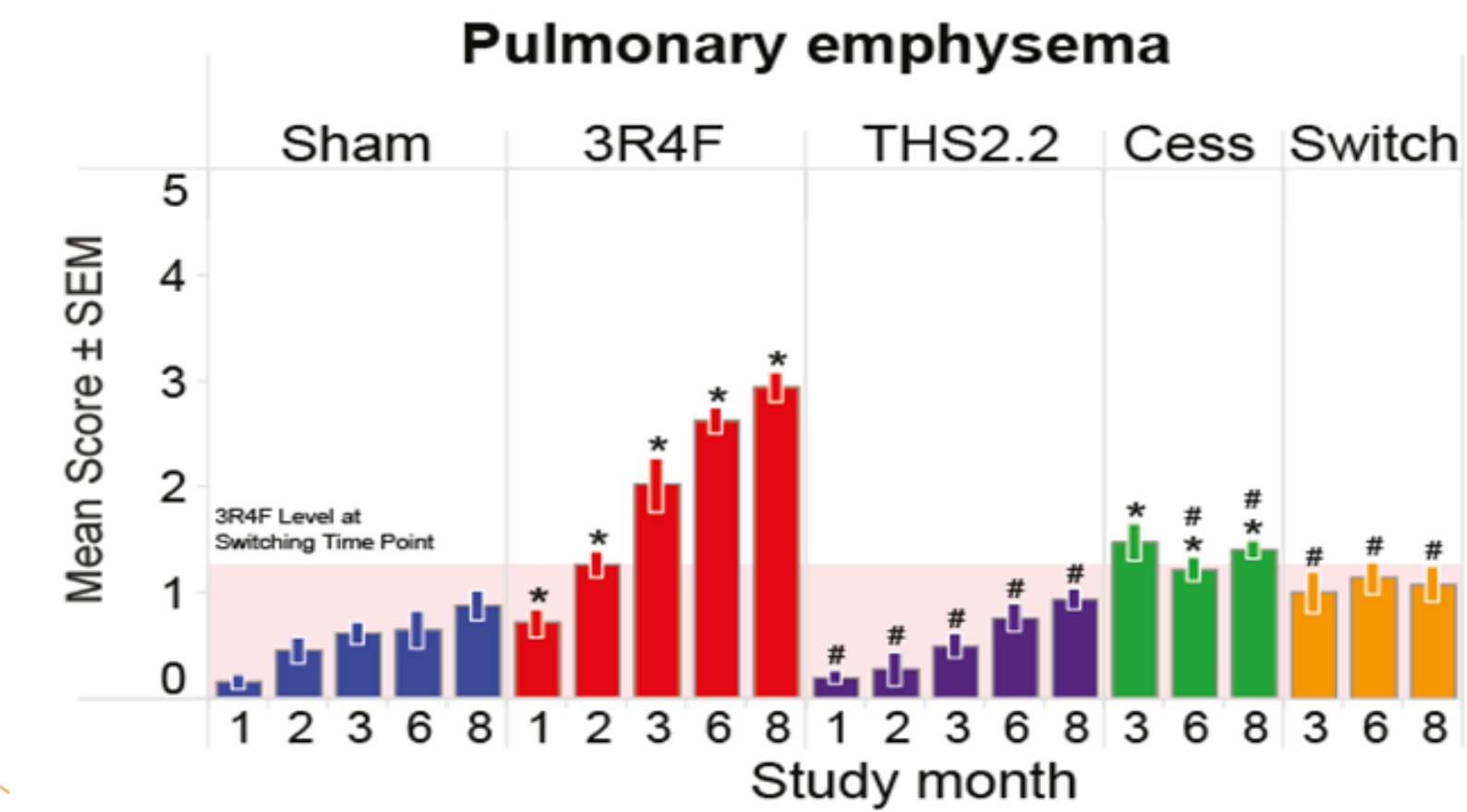
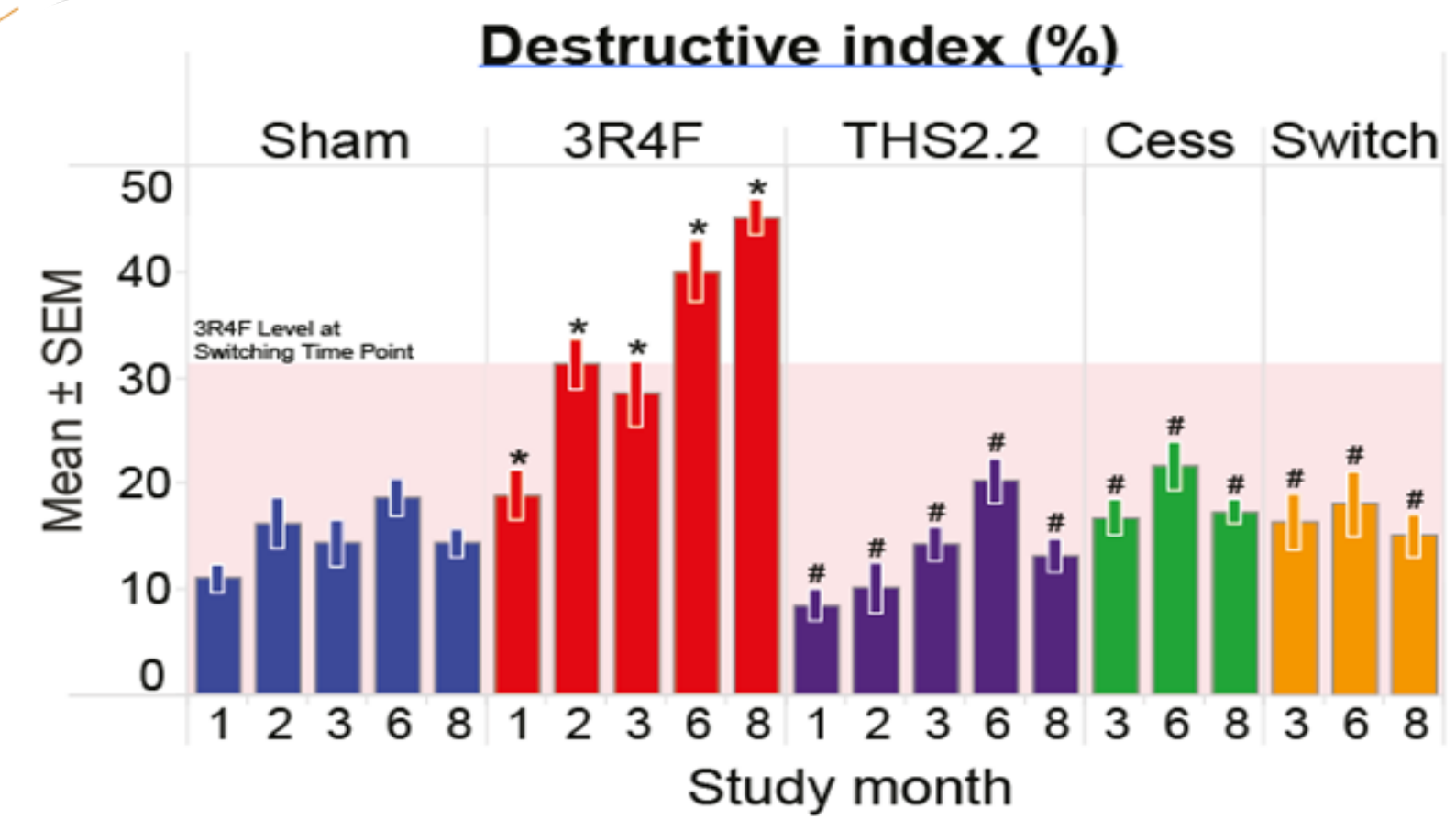
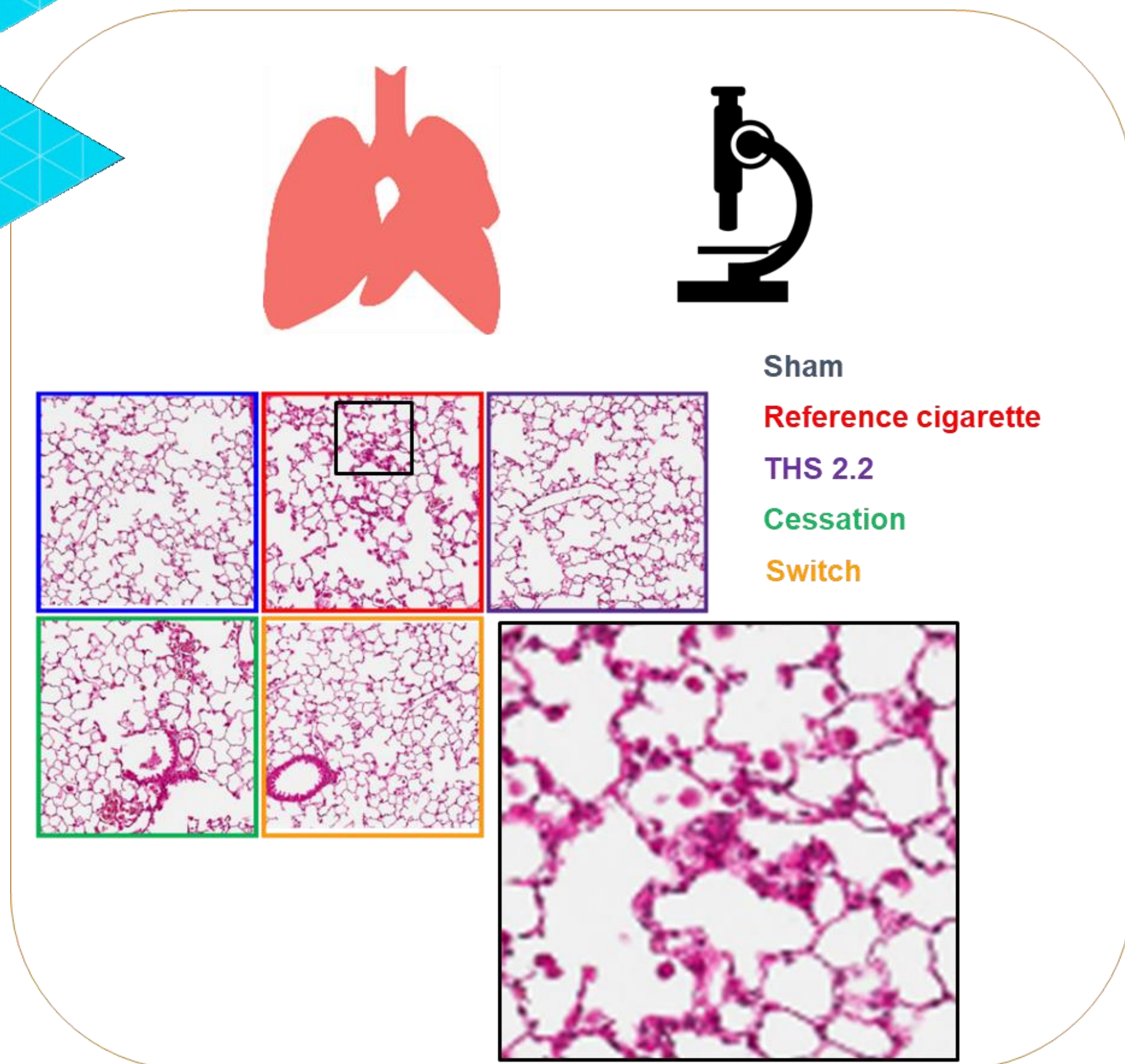
Animal Model of CVD and COPD in ApoE^{-/-} Mice



Lung Function - Pressure Volume Loops

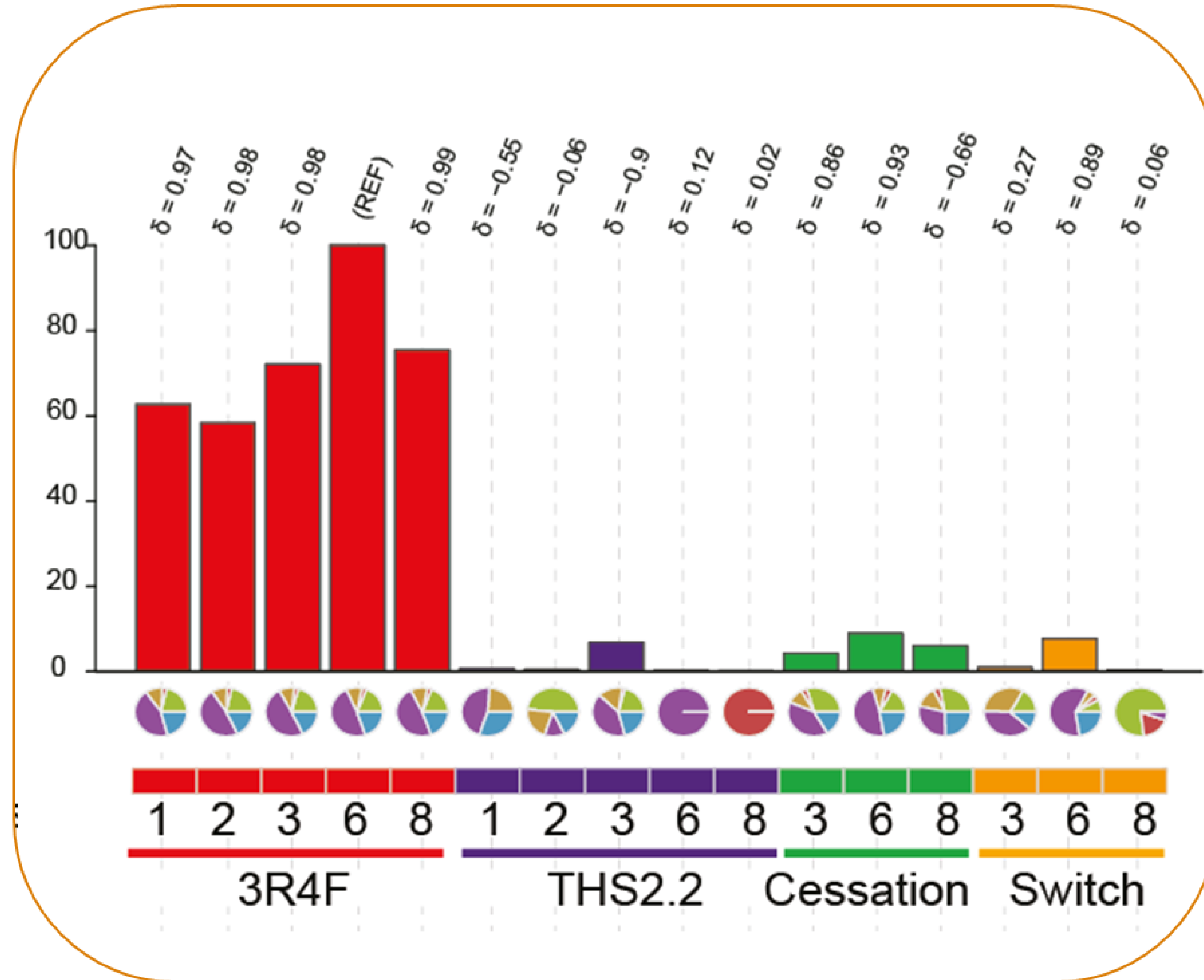


Respiratory Tract Histology

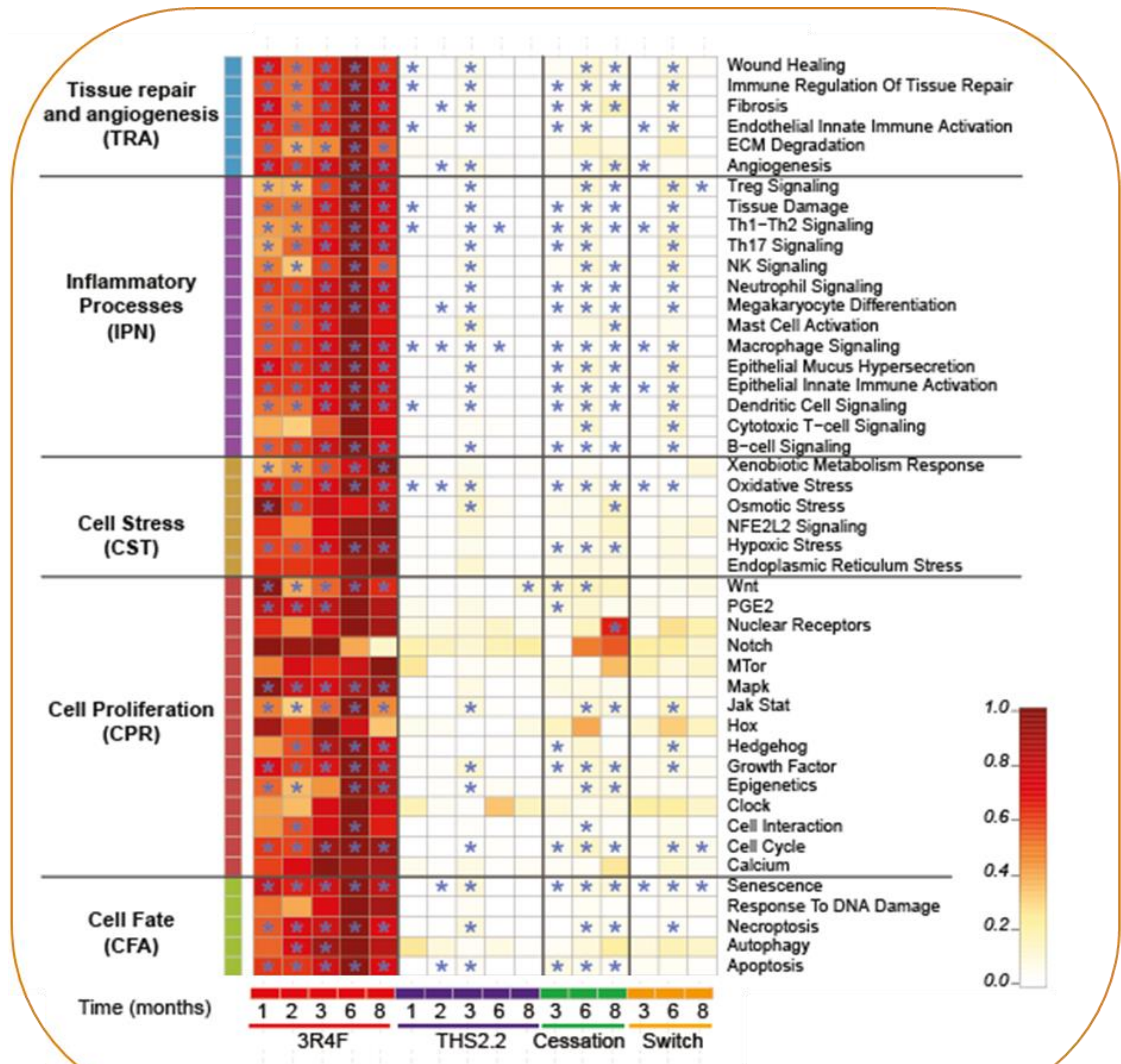


Biological Impact Factor (BIF)

Relative Biological Impact Factor (%)



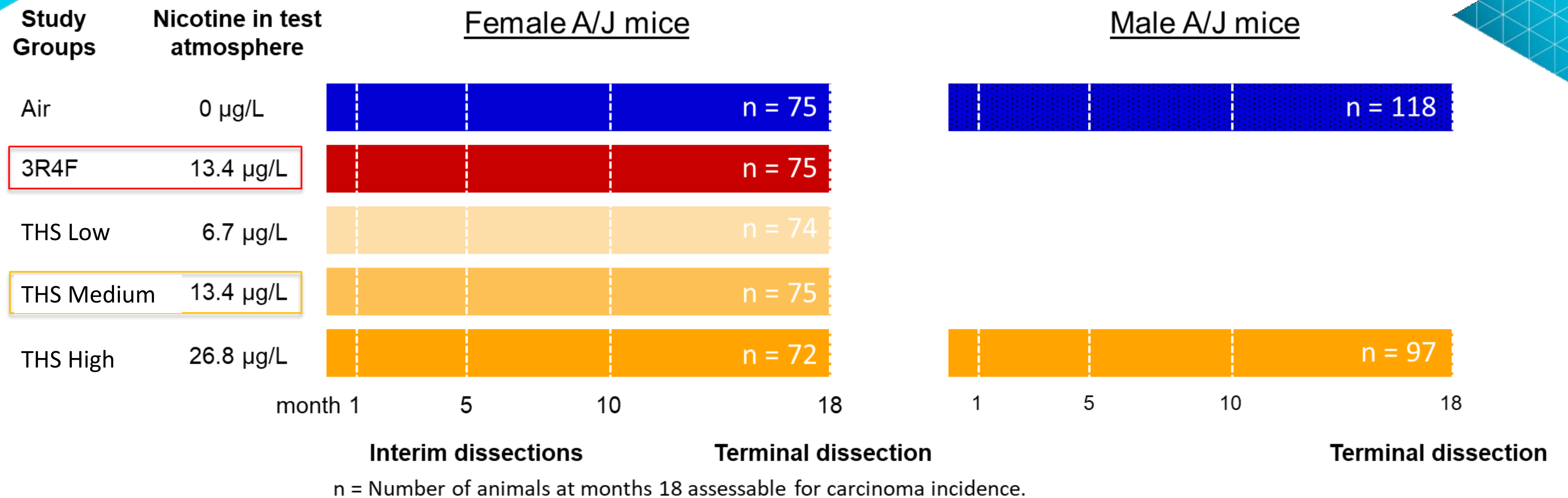
Network Perturbation Amplitude (NPA) - Lung



Note: These data alone do not represent a claim of reduced exposure or reduced risk. Source: Phillips, B., et al. (2015). "An 8-month systems toxicology inhalation/cessation study in Apoe-/- mice to investigate cardiovascular and respiratory exposure effects of a candidate modified risk tobacco product, THS 2.2, compared with conventional cigarettes." Toxicological Sciences 149(2): 411-432.

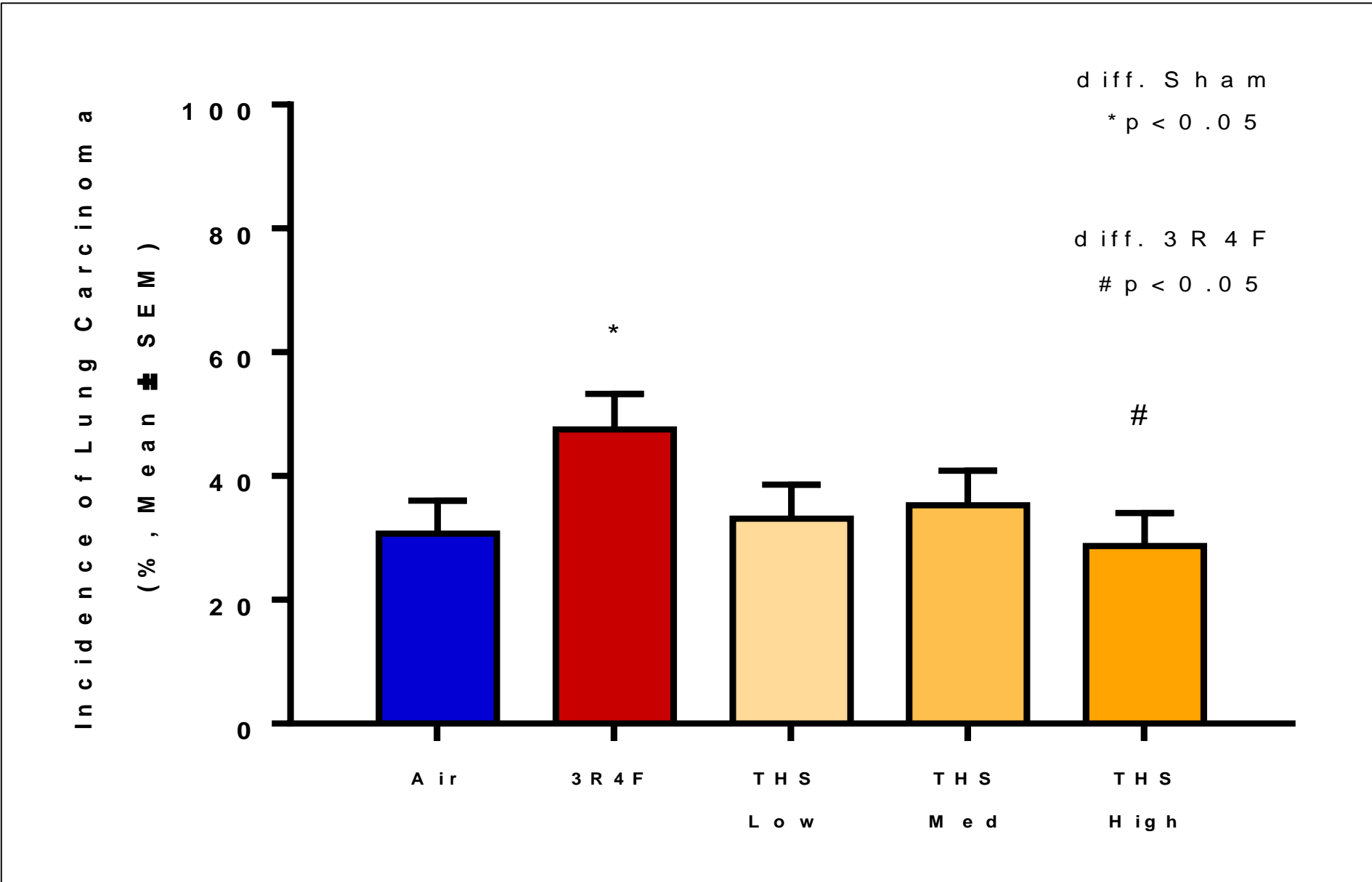
Animal Model of Lung Cancer in A/J Mice

26.8 µg/L nicotine concentration in THS aerosol represents 56 Sticks/day*

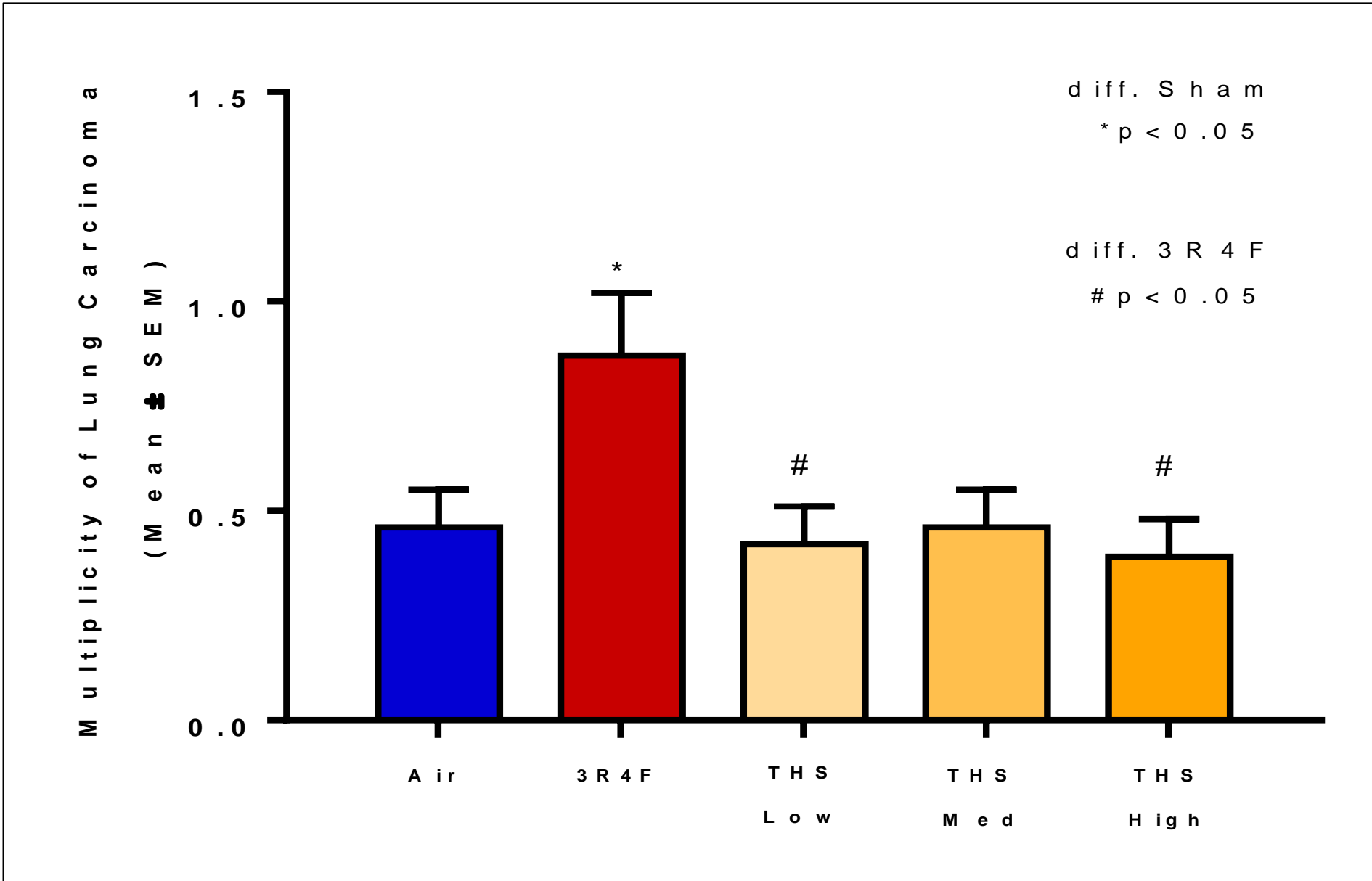


Incidence and Multiplicity of Lung Carcinoma in an AJ Mouse Cancer Study

Incidence Bronchiolo-Alveolar Carcinoma in AJ Mouse Lungs

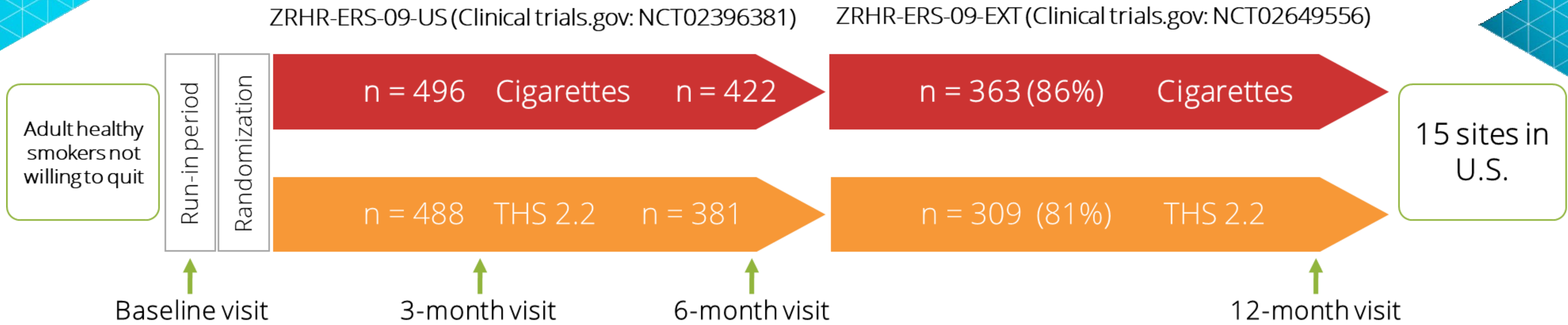


Multiplicity Bronchiolo-Alveolar Carcinoma in AJ Mouse Lungs



Incidence and multiplicity of Lung Carcinomas in THS exposed mice was significantly lower compared to 3R4F smoke exposed mice and similar to air exposed mice.

Exposure Response Study – 6 months



Statistical Analysis

Success criteria:

To establish that the risk profile of THS is cigarettes

- 1 **All** co-primary endpoints shift in the direction of cessation
- 2 ≥ 5 out of 8 clinical risk endpoints are statistically significant (Hailperin-Rüger Approach)
- 3 Majority of the smoking cessation effect is preserved

Primary analysis: Predominant users of THS > 70%

Establish modification of risk

Smokers' health profile

Study-wise $\alpha=0.05$
Test-wise $\alpha=0.031$

If modification of risk is established

$\geq 5/8$ significant clinical risk endpoints

Results of the study can be verified with the effects measured for smoking cessation

Changes in Clinical Risk Endpoints

Patho-Mechanisms	Co-Primary Endpoints	Type of Change	Observed Change*	Halperin-Ruger Adjusted CI	1-sided p-value (0.0156)	Statistical Significance
Lipid Metabolism	HDL-C	Difference	3.09 mg/dL	1.10, 5.09	<0.001	
Inflammation	WBC Count	Difference	-0.420 GI/L	-0.717, -0.123	0.001	
Endothelial Function	sICAM-1	% Reduction	2.86 %	-0.426, 6.04	0.030	Borderline
Clotting	11-DTX-B2	% Reduction	4.74 %	-7.50, 15.6	0.193	
Oxidative Stress	8-epi-PGF_{2α}	% Reduction	6.80 %	-0.216, 13.3	0.018	Borderline
Acute Effects	COHb	% Reduction	32.2 %	24.5, 39.0	<0.001	
Lung Function	FEV₁ %pred	Difference	1.28 %pred	0.145, 2.42	0.008	
Genotoxicity	Total NNAL	% Reduction	43.5 %	33.7, 51.9	<0.001	

Primary objective met:
5 of 8 clinical risk endpoints were statistically significant compared to continued smoking

Notes:

* Observed change presented as LS Mean Difference / Relative Reduction

Borderline = 0.05 > p-value > 0.0156

These data alone do not represent a claim of reduced risk.

THS stands for Tobacco Heating System version 2.2

Summary

- **THS significantly reduces systemic and lung inflammation compared to continued smoking.**
- **Switching to THS slows the decline in lung function compared to continued smoking.**
- **THS reduces incidence and multiplicity of lung adenomas and lung carcinomas in a validated animal model of disease.**
- **THS contains nicotine and is addictive. It is not risk-free, and the best alternative for smokers is to quit.**



*Thank you for your
attention.*